



COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
Tarrant County Affiliate



2009

DEDICATION

This report is dedicated to the memory of Anamaria Diaz Shaw, Tarrant Affiliate Board member, whose commitment to our cause was eclipsed only by her courage and grace in her personal battle against breast cancer.

ACKNOWLEDGEMENTS

"We will never surrender. We will never quit. We will never retreat, because we will defeat this disease. We will realize our vision of a world without breast cancer.".....Nancy Brinker

The Tarrant County Affiliate would like to thank the following people for their tireless efforts and exemplary commitment to this project.

Nancy Brinker for her vision, her daunting leadership, and her commitment to reach our goal of life without breast cancer.

Core Committee

Ann Greenhill, Tarrant County Affiliate Executive Director
Jeanne Ginsberg, Tarrant County Affiliate Education and Grants Manager
Fran Kirkley, LVN, Tarrant County Public Health
Dr. Sue Lurie, Ph.D, University of North Texas Health Science Center
Betty Nethery, Tarrant County Affiliate Board President
Don Reukema, Tarrant County Affiliate Board Member
Madeline Samples, Tarrant County Affiliate Board Member
Jim Stimpson, Ph.D, University of North Texas Health Science Center
Terry Wegemer, Tarrant County Affiliate Board Member

Review Team

Scott Assante, Patient Service Manager, Center for Cancer and Blood Disorders
Kimberly Britton, CFRE, JPS Health Network
Larry Chonko, Ph.D, University of Texas Arlington
Claudia Coggin, Ph.D University of North Texas Health Science Center
Rosemary Galdiano, RN, MPH, OCN, Manager, Wellness for Life, North Texas Health Resources
Terry Wilson-Gray, Executive Director, The Bridge Breast Network
Johnell Kelley, GPC, JPS Health Network
Jacque Lambiase, Ph.D., University of North Texas, Denton
Ann Salyer-Caldwell, MPH, RD, LD, Associate Director, Community Health Promotion Tarrant County Public Health
Diane Youngblood, Consultant, Baylor Healthcare System

Expert Partners

Courtney Biery, Tarrant County Affiliate Board Member
Bob Fulgham, The Buxton Company
Maritza Lopez, UNTHSC Public Health Graduate Student

Data Collections Assistants

Peggy Booher	Sallie Campbell	Elsa Guterrez
Elizabeth Edmonson	Sarah Erekson	Ollie Ferrell
Jacque Lambiase	Faye Landham	Tammy McDade
Ann Nayfa - BOD	Robyn Padgett	Joan Richardson - BOD
Penny Wallace	Barbara Williams	TCPH staff

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EXECUTIVE SUMMARY

Introduction

The purpose of this Community Profile (Needs Assessment) is to gain information on the breast health knowledge of the community and of services provided for the Tarrant County population with the greatest risk of breast cancer. The Susan G. Komen for the Cure® Tarrant County Affiliate in collaboration with faculty researchers and an MPH student assistant in the University of North Texas Health Science Center (UNTHSC) School of Public Health completed the data collection, analysis, and the draft report for presentation to the Review Committee.

A Core Committee (See Acknowledgement listing) was formed to develop and execute the study protocol. A Review Committee (See Acknowledgement listing) consisting of key stakeholders in breast healthcare in Tarrant County provided input and suggestions at regular intervals.

Breast Cancer Statistics and Demographic Data Key Findings

Komen Headquarters provided data packs from Healthcare Business of Thomson Reuters © 2007 and partnered with the National Cancer Institute to provide additional tools for accessing statistical data. These data sources were used to formulate the maps developed by Buxton Company. Jim Stimpson, Ph.D., Assistant Professor of Social and Behavioral Sciences, School of Public Health, UNTHSC, accessed additional data bases and led the effort of compiling and analyzing demographic and epidemiological data from public sources. The focus areas to be investigated were determined by the analyses of the demographic and breast cancer statistics.

The Core Committee chose four focus areas defined as neighborhoods consisting of one or more zip codes. The study of these divergent areas provided four snapshots of breast health in Tarrant County and resulted in two critical advantages. First was the ability to discover pertinent localized information which, secondly, could be extrapolated and expanded for use in similar areas throughout Tarrant County.

Criteria used for selection for the neighborhoods include such factors as: mortality rates; incidence rates; risk factors such as race/ethnicity; income; insured/uninsured; education levels; employment; implied barriers to screening and treatment, etc. Statistical data on incidence and mortality rates was somewhat evenly distributed throughout Tarrant County. (*See Figure 7, p.16. Asset Map of Incidence and Mortality Rates in Tarrant County Texas*) Consequently, the Core Committee elected to choose areas based not solely on incidence and mortality rates, but on other factors as well. For example, the need to know how an area viewed as “good” with low mortality but normal in incidence, compared with an area of high mortality influenced the selection of the “Southlake” area. The need to find new fundraising resources also influenced the decision to study the affluent Southlake area. Diverse ethnicity in Arlington as well as the need to know more about breast health in the second largest city in Tarrant County led to the selection of the area designated as “Arlington”. According to the U.S. Census Bureau, the median income for a family of four in Arlington is \$47,445, which is below the federal poverty guideline of \$55,125. The need to consider such factors as location and proximity to services influenced the selection of the rural area known as “Everman”. High incidence of stage III and IV breast cancer and high mortality along with a high percentage of families living in poverty influenced the selection of the area known as the “Hospital District” in Fort Worth.

The key findings from the statistical data show that Tarrant County continues to experience population growth, ranking fourth in the nation. According to the *Texas Cancer Registry of 2008*, (See Table 1, p. 9) the incidence rate for breast cancer in Tarrant County in 2001-06 is 123 women per 100,000 compared to the State of Texas rate of 115 per 100,000. The mortality rate in Tarrant County in 2001-05 is 22.6 compared to the State of Texas rate of 22.8. This data leads to the belief that incidence diagnoses may be at Stages I and II (stages that can be successfully treated) which possibly accounts for the stability of the mortality rate. Incidence is highest in the white, non-Hispanic population and mortality is highest in the African American population.

According to the *Texas State Data Center 2005 Report*, (Table 9, p. 15) in Tarrant County there are approximately 32,500 women between ages 45-64 who are uninsured. Dr. Jim Stimpson, UNT Health Science Center, estimates that with Tarrant County's rapid population growth since this report was published, the number of women uninsured between the ages 45-64 in Tarrant County might be closer to 47,000. Sources indicate that low cost or free screening mammograms provided annually by the Komen Tarrant County Affiliate, JPS, Moncrief/UT Southwestern, Tarrant County Public Health, and Kuperfle account for slightly under 10,000 mammograms. There may also be a small number of screening mammograms being done by Huguley Hospital, (serves extreme southern part of Tarrant County) but that number is not currently available. This data uncovers a significant gap in the number of lowcost/free mammograms provided for the uninsured, thus calling for a measured response by the Komen Tarrant County Affiliate and the community at large.

Demographic data indicates that, on average, the population of African Americans and Hispanics is greater in Tarrant County than in the state of Texas. Although the undocumented immigrant population is not reflected in the demographic statistics, their need is a growing concern the Affiliate must address. In 2007, the foreign born population of Tarrant County was 15.8% with approximately 140 languages spoken. These findings identify a need for the Affiliate to develop a culturally diverse educational program to broaden the ethnic base for those we serve.

Programs and Services Key Findings

Within Tarrant County, services are provided by hospitals, public health clinics/centers, cancer centers and social services organizations (See Figure 8, p. 24, *Asset Map of Services by Focus Areas in Tarrant County, Texas*). In addition, the Affiliate Grants Program seeks and strengthens partnering opportunities with these organizations by funding services and outreach programs to meet the needs of the under and uninsured women as well as the women at poverty level. Programs include screening mammograms, treatments, education, financial aid and quality of life programs. Best practices are shared through forums conducted by Affiliate staff and service providers.

Generally, findings indicate that women in the four focus areas can access services if they are adequately informed of the service availability. Despite the abundance of services offered in the Fort Worth Hospital District, women residing in that area are not taking advantage of them. In other areas, there is an indication of need for transportation, specifically, in Arlington, where public transportation does not exist. Also in Arlington, serving the high concentration of foreign immigrant population is difficult due to communication/language barriers. (See Appendix B, Table 1b, p. 43, for a Directory of Social Service Agencies, Government Agencies and Local Officials.)

Exploratory Data Key Findings

Sue Lurie, Ph.D., Assistant Professor of Social and Behavioral Sciences, School of Public Health, UNTHSC, designed and supervised the process for collecting and analyzing the exploratory data. The data collection was accomplished by conducting key informant interviews and focus groups. Over 125 individuals consisting of community leaders, healthcare providers, and breast health providers/navigators/educators, mammography screened patients and breast cancer survivors participated in the interviews. Three focus groups were conducted in Everman, Arlington, and Fort Worth.

Findings revealed that certain concerns among the focus areas need to be met in order to diminish service gaps. More funding for screening and diagnostic testing is necessary as well as the need for treatment for uninsured and undocumented patients. Social and culturally-relevant informational outreach to diverse groups and communities must be used in order to create a sense of inclusion among minority women. In addition, there is a need for the collaboration and coordination of health and social agencies and advocacy groups.

The information obtained from breast cancer survivors and screened patients validated many of the barriers and needs identified by providers. In both key informant interviews and focus groups involving breast cancer survivors, the fear of diagnosis, unsuccessful treatment and potential death were issues that deterred women from obtaining preventive care. Among the needs identified, better transportation and more financial assistance will enable more women to seek screening mammograms. In addition, survivors emphasized the importance of obtaining direct and detailed information from their physicians regarding diagnosis and/or treatment.

Affiliate Priorities and Action Plan

Based on the findings and analyses, our Affiliate established the following priorities:

1. Increase number of screening mammograms
2. Develop new methods of delivering education messages that are culturally sensitive
3. Increase fundraising revenue
4. Redefine grant priorities

The Review Committee was augmented by additional stakeholders from the Affiliate Service Area including community leaders, city and county government officials and breast health providers, including current and former Affiliate Grantees. A “summit meeting” of the aforementioned stakeholders was held for the purpose of providing an opportunity to participate and have a voice in determining best practices and developing an action plan for evidence-based programs and solutions.

Priority 1: Increase number of screening mammograms in Tarrant County

Action Plan:

1. Increase Komen Grant funding for screening mammograms to 4,000 annually
2. Recruit other stakeholders such as mammography centers, hospitals, etc. to provide an additional 2000 low cost mammograms by providing mammogram vouchers
3. Insure increased capacity for screening mammograms is viable by fostering exchange of information with mammography centers, hospitals, etc. on an ongoing basis, no less than twice yearly

Priority 2: Develop new methods of delivering culturally and ethnically sensitive education

Action Plan:

1. Enlarge Pink Sunday initiative to include 10 more churches in four focus areas
2. Develop program to train 20 African American hairdressers located in the four focus areas to deliver breast health education and to distribute mammogram vouchers to their clients
3. Develop Promotora program to reach the Hispanic population, working with JPS, Catholic Charities and other churches
4. Continue to participate in corporate, church and community health fairs
5. Explore and develop relationship with JPS and their school based clinics to deliver breast healthcare information and seminars at these locations
6. Hold annual meeting with Allied Communities and NICA, both interchurch organizations that serve health and social welfare needs, to explore ways to use their outreach to deliver the Early Detection message

Priority 3: Increase revenue

Action Plan:

1. Work with a partner such as Moncrief/UT Southwestern to host a “summit” of Human Resource managers with local organizations and companies to emphasize the need for financial support as well as the need to deliver breast healthcare message
2. Form a corporate Komen Ambassador program with current, past and potential Race sponsors for a quarterly “Lunch and Learn” seminar at current Grantee locations in order to expand awareness of where and how local Komen funds are allocated and used and to increase awareness of needs
3. Continue to grow the Affiliate individual giving program with targeted emails six times annually
4. Involve the Affiliate Advisory Committee in all Fundraising Action Plans including hosting a summit of business and government leaders to inform them of needs in the community

Priority 4: Define Grants priorities with relative evidence-based reporting by Grantees

Action Plan:

1. Review Grants Application and contract form to make appropriate changes which reflect Priorities before RFAs are mailed
2. Develop format for evidence-based reporting by Grantees before RFAs are mailed
3. Conduct grant writing workshops for current and potential Grantees in early summer in order to comply with Grant Request deadlines

INTRODUCTION

Tarrant County Affiliate History

The success of Susan G. Komen lies in its grassroots activities and volunteers. One such volunteer is Rozanne Rosenthal, who chartered the Tarrant County Affiliate in 1992 in honor of her friend and three-time breast cancer survivor, Joan Katz. Over \$100,000 was raised by 1,800 participants in 1993. In 2008, 16,000 people participated in the Race for the Cure—the largest charitable 5K race in Tarrant County and over \$1.6 million was raised. In 16 years the Tarrant County Affiliate has raised over \$13 million for breast cancer research, education, screening and treatment.

Seventy-five percent of net funds support breast health programs in Tarrant County and help uninsured or underinsured individuals in our community receive continuous care and needed treatment. The other twenty-five percent of net funds is allocated to national cancer research initiatives.

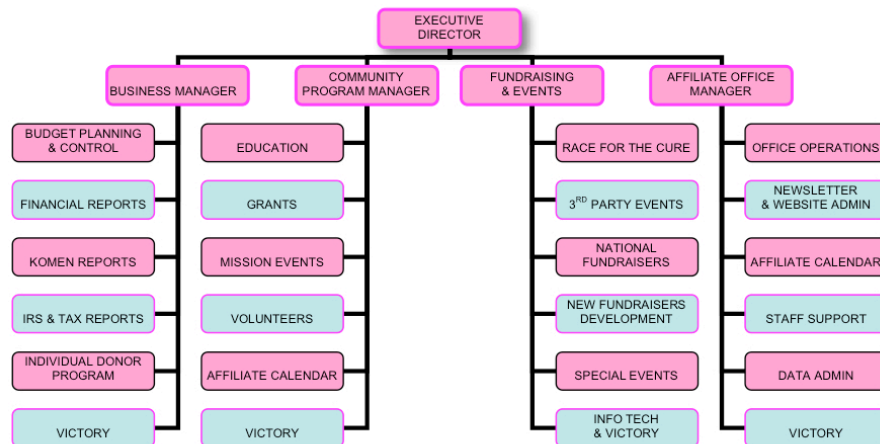
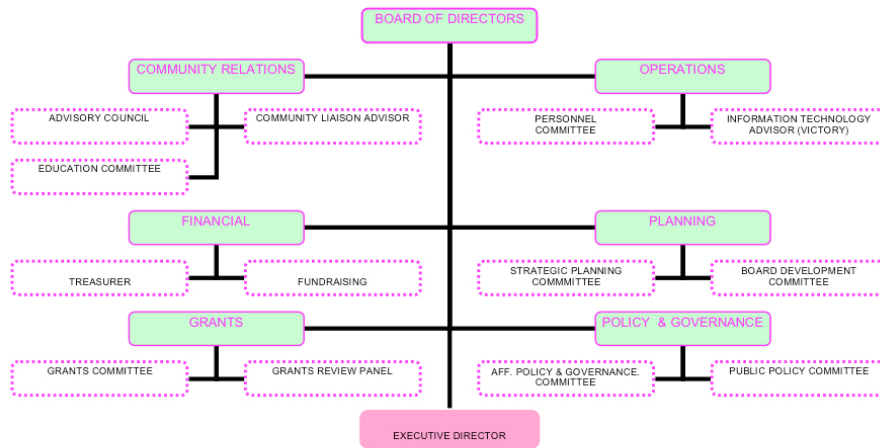
Organizational Structure

The Corporation is incorporated in Texas as a nonprofit corporation that is organized and operated exclusively for charitable, scientific, and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended, or the corresponding section of any future tax code.

- Board Structure: The Board is currently comprised of sixteen members with officers consisting of President, Vice-President, Secretary, and Treasurer. These officers function as the Executive Committee. Other committee members may serve as Committee Chairs. (See organization chart below.)
- Staff: The Affiliate staff is comprised of two full time employees, the Executive Director and Education and Grants Manager. There are two part time employees, the Fundraising and Events Manager and the Business Manager. Additionally there is one part-time employee who currently functions as the Office Manager. (See organization chart below.)

Tarrant County Affiliate Organization Chart

SUSAN G. KOMEN FOR THE CURE TARRANT COUNTY AFFILIATE ORGANIZATION CHARTS



Description of Service Area

Tarrant County is the second most populous county in the Dallas/Fort Worth Metroplex area with the second and third largest cities, Fort Worth and Arlington. It covers a total of 863 sq. miles and is the fourth fastest growing metro area in the nation. In 2007, Tarrant County had a total population of 1.7 million.

Purpose of Report

The purpose of this project is to develop a Community Profile for the Tarrant County Affiliate for needs assessment. However, even more important, a quality community profile “guarantees mission and non-mission work is targeted and non duplicative” for our affiliate. It will allow the Tarrant County Affiliate to:

- Drive inclusion and show our effective and positive influence in our community
- Establish focused granting priorities and allocate appropriate funding levels
- Establish focused education needs that will move us to a more pro-active and need directed role
- Measure Affiliate success based on key breast health indicators and evidenced based programs
- Strengthen sponsorship efforts by telling our story
- Drive public policy efforts
- Establish directions of marketing and outreach
- Align our strategic and operational plans

DEMOGRAPHIC AND BREAST CANCER STATISTICS

Data Source and Methodology Overview

The methodology of the statistical analysis was the collection and interpretation of publicly available data from various sources listed below.

2008 US Census Projections

The Population Projections Program produces projections of the United States resident population by age, sex, race, and Hispanic origin. The 2008 projections are based on Census 2000 and were produced using a cohort-component method. The projections are based on assumptions about future births, deaths, and net international migration. The Census Bureau releases new national population projections periodically.

Behavioral Risk Factor Surveillance System (BRFSS) 2007

The BRFSS is a national Health survey conducted individually by each state with the help of the CDC. Each state is required to ask the same base questions but is allowed to add any other questions they feel are relevant to their particular state

Texas Cancer Info, 2008

The Texas Cancer Info provides reliable online data for Cancer information. They are sponsored by the Cancer Prevention and Research Institute of Texas (CPRIT) and the University of Texas school of Medicine.

Texas Cancer Registry

The Texas Cancer Registry is maintained by the Texas Department of State Health Services. They supplied actual data at the zip code level for race, staging and mortality. Rate data is not supplied at the zip code level. Their data is over a 5-year interval from 2001-2005. This data was supplied by request from the Affiliate to the State Health Services.

Texas State Data Center

The Texas State Data Center and Office of the State Demographer, in cooperation with a network of affiliates, also functions as a focal point for the distribution of Census information for Texas. The Center also disseminates population estimates and projections for Texas, as well as other information from the federal government, state government, and other sources.

Healthcare Business of Thomson Reuters © 2007

Projections of demographic and breast cancer statistics were obtained using existing local and national data sources. This data source was used to formulate the maps done by Buxton.

Breast Cancer and Demographic Data

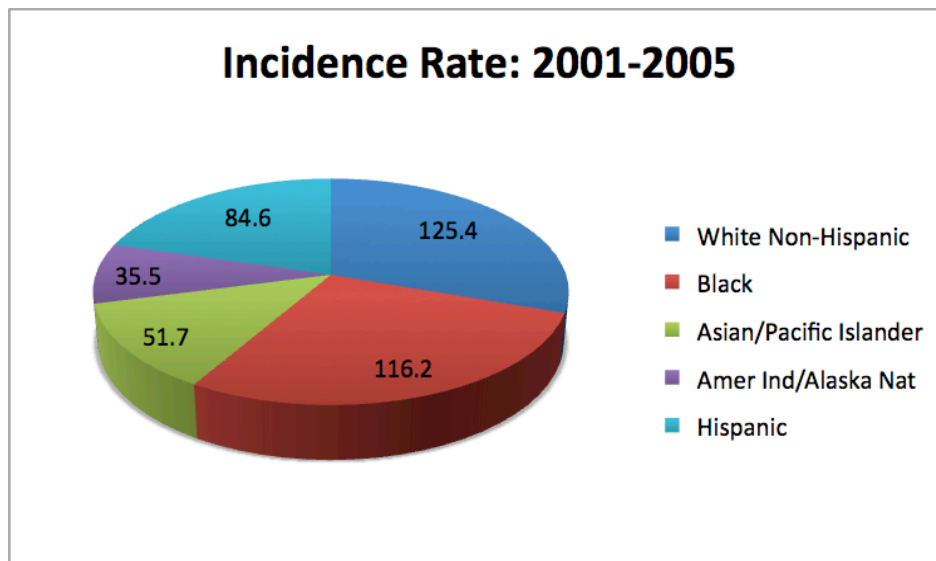
Table 1. Female Invasive Breast Cancer Incidence Rates in Tarrant County, Texas, 2001-06

Year	2001	2002	2003	2004	2005	2006	2001-06
Population at Risk	750674	767827	782725	796749	812342	837094	4747411
Total Cases	876	863	895	860	870	879	5243
Crude Rate	117	112	114	107	107	105	110
Age-Adjusted Rate	133	127	128	116	116	114	123
Statewide Age-Adjusted Rate	121	123	115	111	111	111	115

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

(This table provides a comparison of incidence rates in Tarrant County and the state of Texas. Comparison of this data with that in Table 2 showing mortality rates led to the conclusion that although incidence is higher in Tarrant County than in the State, mortality is lower.)

Figure 1. Incidence Rates by Race/Ethnicity in Tarrant County, Texas



Source: Texas Cancer Registry

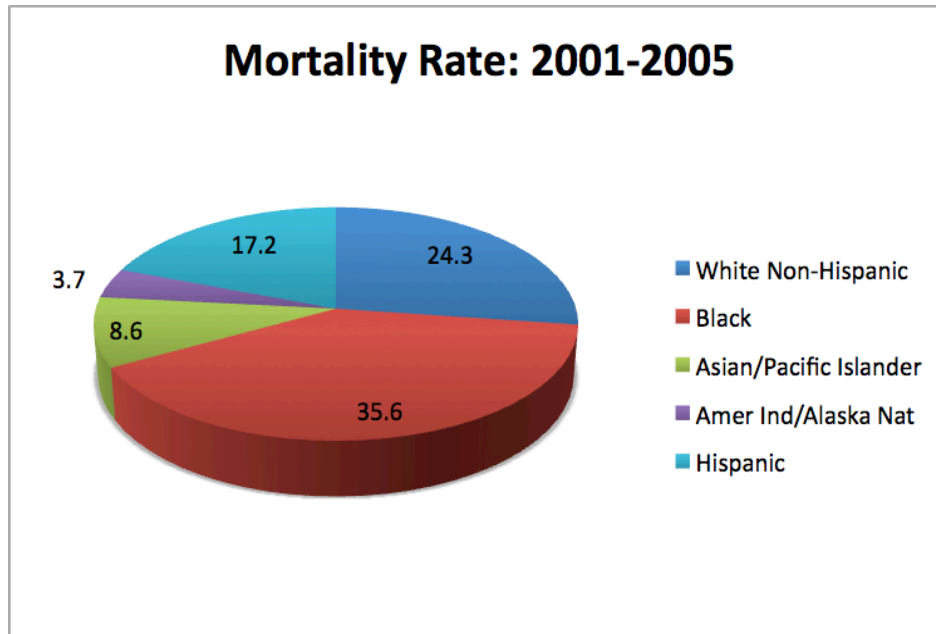
Table 2. Female Breast Cancer Mortality Rates in Tarrant County, Texas, 2001-05

Year	2001	2002	2003	2004	2005	2001-05
Population at Risk	750628	768225	783024	797121	813271	3912269
Total Deaths	179	163	158	177	166	843
Crude Rate	23.9	21.2	20.2	22.2	20.4	21.6
Age-Adjusted Rate	28.1	24.7	23.1	25.1	22.6	24.7
95% Confidence Interval	24.2 - 32.6	21.1 - 28.9	19.6 - 27.0	21.5 - 29.2	19.3 - 26.4	23.1 - 26.5
Statewide Age-Adjusted Rate	24.8	24.5	24.2	22.9	22.8	23.8
Statewide 95% Confidence Interval	23.8 - 25.8	23.6 - 25.5	23.3 - 25.1	22.0 - 23.9	21.9 - 23.7	23.4 - 24.2

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

(The information from the comparison of mortality rates in Tarrant County and the state of Texas and the figure below indicate that while incidence in Tarrant County is higher than the state, mortality is lower.)

Figure 2. Mortality Rates by Race/Ethnicity in Tarrant County, Texas



Source: Texas Cancer Registry

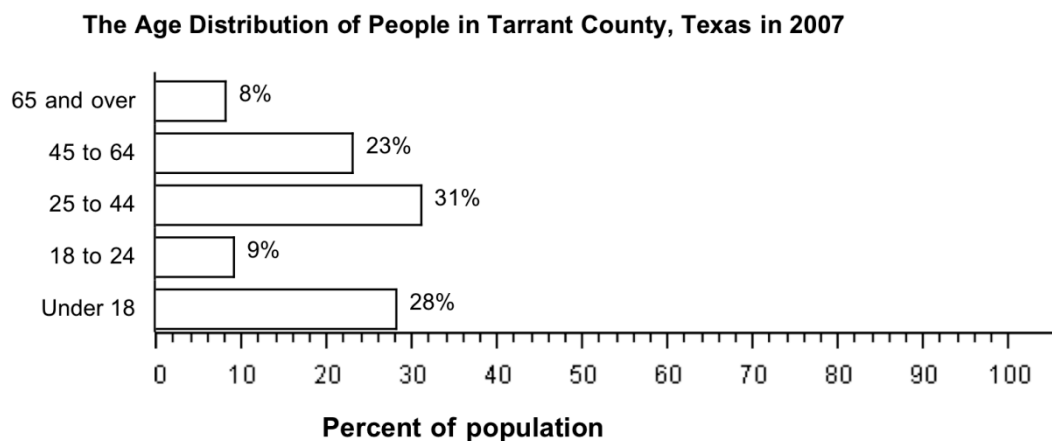
Table 3. Expected New Breast Cancer Cases and Deaths, Tarrant County, Texas in 2008

	Cases	Deaths
Women	1035	184
Men	7	2
Total	1041	186

Source: Texas Department of State Health Services

(This information along with the data in Table 9, page 15. regarding numbers of uninsured women in Tarrant County support the need to increase the number of screening mammograms.)

Figure 3.



Household and Families: In 2007 there were 610,000 households in Tarrant County. The average household size was 2.8 people. Families made up 69 percent of the households in Tarrant County. This figure includes both married-couple families (51 percent) and other families (18 percent). Nonfamily households made up 31 percent of all households in Tarrant County. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder. A quarter portion of the population living alone (25%) lack the value of social and family support, key factors in dealing with health crises.

Figure 4.

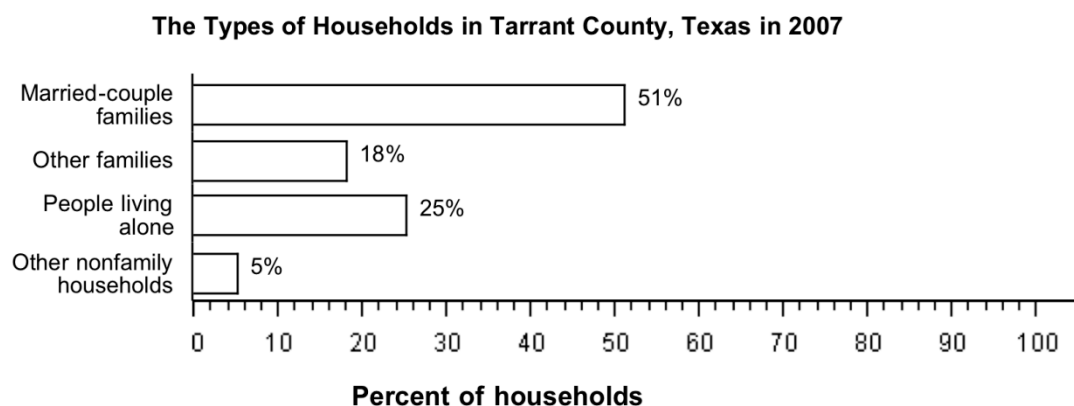


Table 4. Race and Ethnicity: Total Population in Tarrant County, Texas in 2007

	Number	Percent
Total Population	1,717,435	100
Hispanic or Latino	436,366	25.4
Mexican	375,410	21.9
Puerto Rican	10,141	0.6
Cuban	4,322	0.3
Other		2.7
Not Hispanic or Latino	1,281,069	74.6
White	940,701	54.8
Black or African American	233,662	13.6
American Indian/Alaskan Native	6,862	0.4
Asian	72,226	4.2
Hawaiian/Pacific Islander	2,868	0.2
Other	4,020	0.2

(This data supports the need for ethnically sensitive programs and information)

Nativity and Language: Sixteen percent of the people living in Tarrant County in 2007 were foreign born. Eighty-four percent were native, including 55 percent who were born in Texas. Among people at least five years old, living in Tarrant County in 2007, 26 percent spoke a language other than English at home. Of those speaking a language other than English at home, 78 percent spoke Spanish and 22 percent spoke some other language; 48 percent reported that they did not speak English "very well."

Table 5. Nativity and Foreign Born Population in Tarrant County, TX 2007

	Number	Percent
Total Population	1,717,435	100
Native Born	1,446,173	84.2
Foreign Born	271,262	15.8
Naturalized Citizen	84,573	31.2
Not a U.S. Citizen	186,689	68.8
Entered 2000 or Later	83,640	30.8
Entered before 2000	187,622	69.2

(This data indicates the level of population diversity, which is essential in planning and executing ethnically sensitive programs.)

Education: In 2007, 84 percent of people 25 years and over had at least graduated from high school and 29 percent had a bachelor's degree or higher. Sixteen percent were dropouts; they were not enrolled in school and had not graduated from high school. The total school enrollment in Tarrant County was 463,000 in 2007. Nursery school and kindergarten enrollment was 59,000 and elementary or high school enrollment was 304,000 children. College or graduate school enrollment was 100,000.

Figure 5.

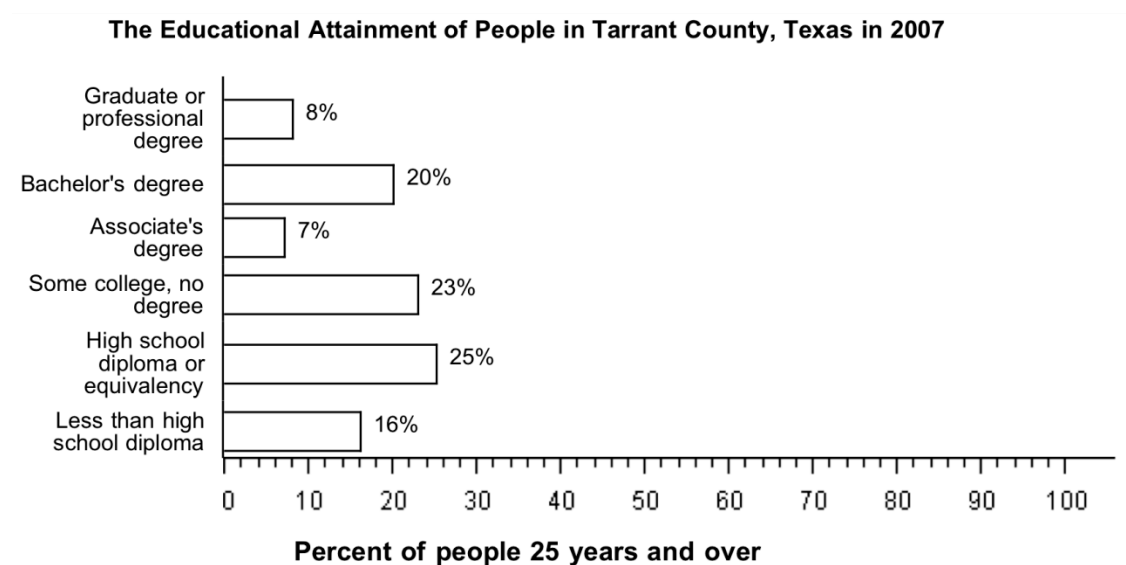


Table 6. Employment Status of Tarrant County, Texas

	Number	Percent
Population 16 years and Over	1,285,338	100
Not in Labor Force	380,007	29.6
In Labor Force	905,331	70.4
Employed	853,176	66.4
Unemployed	50,839	4.0
Armed Forces	1,316	0.1

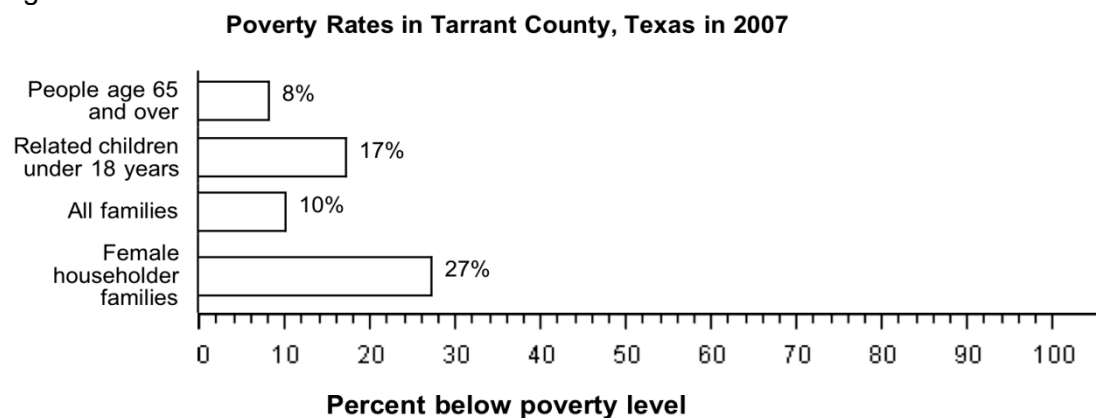
Income: The median income of households in Tarrant County was \$53,459. The mean household income was \$70,865. The per capita income was \$26,243. Eighty-eight percent of the households received earnings and 13 percent received retirement income other than Social Security. The average income from Social Security was \$14,529. These income sources are not mutually exclusive; that is, some households received income from more than one source.

Table 7. Inflation Adjusted Household Income

	Number	Percent
Total Households	610,185	100
Less than \$10,000	34,797	5.7
\$10,000 to \$14,999	27,343	4.5
\$15,000 to \$24,999	61,962	10.2
\$25,000 to \$34,999	66,067	10.8
\$35,000 to \$49,999	95,092	15.6
\$50,000 to \$74,999	115,325	18.9
\$75,000 to \$99,999	79,775	13.1
\$100,000 to \$149,999	81,108	13.3
\$150,000 to \$199,999	25,978	4.3
\$200,000 or More	22,738	3.7

Poverty: In 2007, 12 percent of people were in poverty. Seventeen percent of related children under 18 were below the poverty level, compared with 8 percent of people 65 years old and over. Ten percent of all families and 27 percent of families with a female householder and no husband present had incomes below the poverty level. (This data is critical in planning programs to meet the needs of under and uninsured.)

Figure 6.



Transportation and Commuting: Five percent of the households did not have access to a car, truck, or van for private use. Multi- vehicle households were not rare. Forty-three percent had two vehicles and another 18 percent had three or more. Eighty-three percent of Tarrant County workers drove to work alone in 2007, 10 percent carpooled, less than 1 percent took public transportation, and 3 percent used other means. The remaining 4 percent worked at home. Among those who commuted to work, it took them on average 25.3 minutes to get to work. (See figure 10, p. 28, *Asset Map of Transportation Routes in Tarrant County*)

Cancer Services and Access

Table 8. Health Insurance: Behavioral Risk Factor Surveillance Survey, 2007

	Percent	95% Confidence Interval
Yes	80.5	77.1 – 83.9
No	19.5	16.1 – 22.8

Table 9. Uninsured Women in Tarrant County: Texas State Data Center, 2005

	White		Hispanic		Black	
	Number	Percent	Number	Percent	Number	Percent
Total	51,204	14.2	57,137	45.3	30,371	26.8
Age 18-34	23,431	22.8	36,638	55.8	16,179	36.5
Age 35-44	10,634	14.4	12,210	41.2	5,551	21.5
Age 45-64	16,382	12.6	8,048	32.2	8,124	25.9
Age 65+	757	1.4	240	4.1	517	5.8

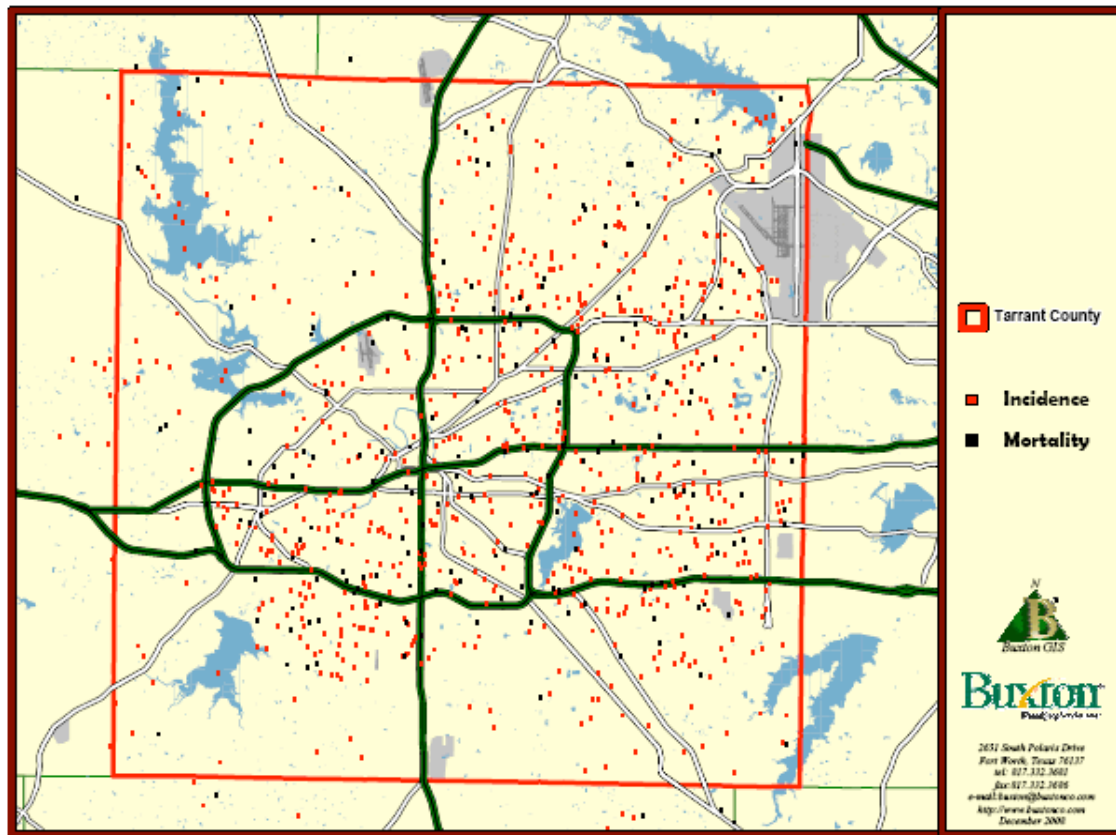
(Tables 8 and 9 support the need for increase in screening mammograms)

Selection of Focus Areas

In addition to reporting information at the county level, four specific neighborhoods within Tarrant County were identified as Fort Worth Hospital District; Arlington; Southlake; Everman.

These neighborhoods were selected based on numerous criteria. Examination of available epidemiological data suggested that incidence and mortality rates of breast cancer did not vary significantly by neighborhood. (See Figure 7, *Asset Map of Incidence and Mortality rates in Tarrant County, Texas*)

Figure 7. Map of Incidence and Mortality Rates in Tarrant County, Texas



However, the data source used for this examination was projected numbers supplied by a third party (Healthcare Business of Thomson Reuters © 2007) which could not be independently verified. Other sources of data on the demography of neighborhoods within Tarrant County suggested significant variation by race/ethnicity and socioeconomic status and age. These demographic factors are typically associated with breast cancer, which suggested to the committee that breast cancer should vary by neighborhoods.

Consequently, the Core Team elected to choose neighborhoods based on a more diverse set of criteria. For example, there is an interest in understanding how areas with relatively equivalent levels of breast cancer incidence might vary in mortality rates. The practical need to identify areas of new fundraising resources led to the selection of the Southlake area. Relatively little information is known about Arlington despite being the second largest city in Tarrant County. Fort Worth is the largest city in Tarrant County and has a unique neighborhood with very high levels of morbidity and mortality relative to other areas within Fort Worth. There were some

preliminary indications from the epidemiological data that the Hospital District has the highest incidence and mortality rates of breast cancer in the county. Paradoxically, this neighborhood is located in closest proximity to the largest aggregation of health services in the area. Given this paradox and the very high rates of poverty in the neighborhood, the Hospital District was chosen. Finally, Tarrant County has some rural areas and there is a need to understand the challenges that persons in rural areas face with access to screening and treatment services. As a result, Everman was selected.

Focus Area Demographics

Arlington, Texas

Population in July 2007 was 371,038, which is an increase of 10.2% since 2000. Women make up 50% of the population of Arlington. The median age is 30.7 years. The average household size is 2.6 persons, and 68% live in family households. The median household income was \$50,447 with 13% of the residents living in poverty.

Arlington compared to Texas state average:

- Median household income above state average
- Unemployed percentage below state average
- Black race population percentage above state average
- Hispanic race population percentage significantly above state average
- Foreign-born population percentage significantly above state average
- Median age significantly below state average
- Length of stay since moving in significantly below state average
- Percentage of population with a bachelor's degree or higher above state average

Everman, Texas

Population in July 2007 was 5,757, which is a decrease of 1.7% since 2000. Women make up 52% of the population of Everman. The median age is 31.5 years. The average household size is 3.0 persons, and 79% live in family households. The median household income was \$45, 173 with 10% of the residents living in poverty.

Everman compared to Texas state average:

- Black race population percentage significantly above state average
- Hispanic race population percentage significantly above state average
- Foreign-born population percentage significantly above state average
- Median age significantly below state average
- Percentage with a bachelor's degree or higher significantly below state average

Southlake, Texas

Population in July 2007 was 26,224, which is an increase of 19% since 2000. Women make up 49.8% of the population of Southlake. The median age is 36.7 years. The average household size is 3.4 persons, and 93% live in family households. The median household income was \$152,287 with 1.8% of the residents living in poverty.

Southlake compared to Texas state average:

- Median household income above state average
- Unemployed percentage below state average
- Black race population percentage below state average
- Hispanic race population below state average

- Foreign-born population percentage below state average
- Percentage with a bachelor's degree or higher significantly above state average

Hospital District

Fort Worth 76104

Estimated population for 2007 was 21,932. Women make up 48.8% of the population. The median age is 35.2 years. The average household size is 2.7 persons, and 61% live in family households. The median household income was \$23,585 with 36% of the residents living in poverty.

Fort Worth 76105

Estimated population for 2007 was 22,047. Women make up 50% of the population. The median age is 26.6 years. The average household size is 3.3 persons, and 75% live in family households. The median household income was \$22,710 with 33% of the residents living in poverty.

Fort Worth 76112

Estimated population for 2007 was 39,436. Women make up 51% of the population. The median age is 32.7 years. The average household size is 2.3 persons, and 61% live in family households. The median household income was \$34,295 with 16% of the residents living in poverty.

Fort Worth 76119

Estimated population for 2007 was 40,484. Women make up 51% of the population. The median age is 30.7 years. The average household size is 3.1 persons, and 76% live in family households. The median household income was \$27,377 with 28% of the residents living in poverty.

Table 10. Percentage of Race/Ethnicity and Nativity by Focus Area in Tarrant County

	Arlington	Everman	Southlake	Hospital District			
				76104	76105	76112	76119
Race/Ethnicity (%)							
White non-Hispanic	59.6*	46.2	92*	24.5	26	45	32
Hispanic	18.3*	23*	3.7	26	41*	11	23
Black	13.7*	27.7*	1.4	57*	50*	48*	56*
Other race	8.9	12.6	0.8				
Two or more races	2.9	2.9	1.2				
American Indian	1.2*	0.8	0.6	0.7	0.6	1.0	0.8
Asian Indian	0.9		0.6	2.3	0.8	3.0	1.0
Chinese	0.9		0.5				
Other Asian	0.6	0.8					
Foreign Born	15*	10*	5.0	16*	23*	7.0	12

*Above the state average (This data supports the need to provide ethnic sensitive programs)

Table 11. Percentage for Education and Employment by Focus Area in Tarrant County

	Arlington	Everman	Southlake	Hospital District			
Education				76104	76105	76112	76119
High school or higher	84.9*	74.2	96.6*	55	49	83*	62
Bachelor's degree or higher	30.4*	8.4	59.2*	7.6	4.0	20	7.0
Graduate or professional degree	8.8*	1.1	19.1*	0.0	1.4	5.0	2.3
Unemployed	4.2	6.6	2.0	53*	46*	34	46*

*Above the state average

(This data helps in developing programs for the diversity of each focus area.)

Demographic and Breast Cancer Findings

Preliminary Demographic and breast cancer findings led to the selection of four focus areas for Tarrant County. Data revealed by the Texas Cancer Registry of 2008 showed the incidence rate for breast cancer in Tarrant County from 2001-06 was 123 women per 100,000 compared to the State of Texas rate of 115 per 100,000. The mortality rate in 2001-05 was 22.6 compared to the State of Texas Rate of 22.8. This data may possibly lead to the belief that incidence diagnoses may be at Stage I and II (stages that can be successfully treated) and accounts for the stability of the mortality rate. Other factors including nativity, income levels, insurance, and poverty rates were used as determinants for the selection of these areas based on breast cancer impact. The diverse population of race and ethnicity in these areas of Tarrant County can be a factor for language barriers. Another language is spoken by 26% of the population. Other findings include the moderately high percentage of individuals living alone, which can be a potential source for lack of family and social support. High unemployment in the Hospital District is a significant factor which probably results in little or no insurance. In 2009, it is estimated that approximately 47,000 women are uninsured in Tarrant County.

PROGRAMS AND SERVICES



Data Source and Methodology Overview

The internet, phone book and local directories were used to compile a list of programs and services in addition to the ones provided by past and current Grantees. Interviews with current Grantees as well as other service providers were conducted. In some cases discussions with several groups or organizations were held. The Affiliate fosters regular meetings with groups such as patient navigators, grantees, service providers, and even third party funding events that provide ongoing information and needs.

Programs and Services Overview

An overview of programs and services in Tarrant County include Tarrant Affiliate Grants, hospitals, public health clinics and centers, cancer centers, and social service organizations. All of the Tarrant Affiliate Grantees serve the entire Tarrant County area as do most of the aforementioned entities. Following is a list of the 2009 Grantees.

Recipient	Program	Grant
American Red Cross	<i>Transportation for Breast Cancer Patients</i> The program provides approximately 1,200 transport trips through the WHEELS program to underserved and un/under insured breast cancer patients for treatment and screening as needed.	\$26,238

The Joan Katz Breast Center Baylor All Saints Medical Center	<p><i>The Motion for Living Comprehensive Wellness Program for Breast Cancer Rehabilitation</i> \$31,500</p> <p>The program will provide breast cancer patients with a rehabilitation program designed specifically to meet their needs.</p>
Bridge Breast Network	<p><i>Bridging Breast Health Access in Tarrant County</i> \$112,000</p> <p>The Bridge Breast Network links low income, uninsured individuals to diagnostic and treatment services for breast cancer. The program provides the following services: diagnostic evaluations, biopsies, surgery, imaging, chemotherapy and radiation oncology. Physicians donate their professional services to Bridge clients, and medical facilities offer their services at reduced rates.</p>
Bridge of Blessings	<p><i>Bridge of Blessings: Tarrant County Fund</i> \$35,000</p> <p>The project provides temporary financial assistance to qualified individuals in the Tarrant County area who are undergoing treatment for breast cancer.</p>
Cancer Care Services	<p><i>Patient Services</i> \$173,742</p> <p>The program provides the following services: purchasing prescription medications, nutritional supplements, medical equipment, medical supplies, personal/respite care and homemaker services, dental work, emergency funds, transportation assistance, COBRA payments, employment assistance, counseling, support groups, case management, expression outlet programs, social activities, Bible studies, prayer, family programs, education, resource center, etc. The breast cancer navigator helps those who are concerned about their breast health to find the detection, treatment and other services they need.</p>
Cancer Education and Research Foundation of Texas (CERFT)	<p><i>Physician Partnership to Provide Treatment of Breast Cancer</i> \$70,000</p> <p>The program provides medical care from participating medical and radiation oncologists, chemotherapy and other treatment, radiation services, chemotherapy and radiation supplies, and lab and diagnostic testing incidental to cancer treatment. The cost for physician office visits, consults, and/or hospital visits must be</p>

	donated. Eligibility requirements are: 1) uninsured or under insured 2) income equal to or less than 300% of the federal poverty level 3) limited to \$10,000/patient	
Catholic Charities, Diocese of Fort Worth, Inc. St. Joseph Health Care Trust	<p><i>Breast Cancer Outreach</i></p> <p>The St. Joseph Health Care Trust, a program of Catholic Charities, Diocese of Fort Worth, Inc. expands breast health awareness and outreach program that reaches medically uninsured women through Church based health care teams. This program will recruit and train volunteers in fourteen Catholic churches in Tarrant County to educate women about breast health and coordinate mammogram screenings, provided without cost, through collaboration with Harris Methodist Mobile Mammography unit. The program focuses on Hispanic, Asian and African American communities and also provides free diagnostic mammograms to those who have had an abnormal mammogram screening or clinical breast exam, and case navigation for clients who test positive for breast cancer.</p>	\$55,938
Harris Methodist Health Foundation/Klabzuba Cancer Center	<p><i>Lymphedema Therapy Community Service Program</i></p> <p>The program is designed for post-mastectomy/post radiation therapy women. Any woman who is financially underserved (200% poverty level) in Tarrant County is eligible to receive this therapy at no cost.</p>	\$35,700
Harris Methodist Health Foundation/Kupferle Breast Center	<p><i>Reducing Breast Cancer Disparities in Early Detection Screening Mammography</i></p> <p>This program offers free mammography screening and prevention services, diagnostic procedures, and educational and support resources to high risk population of financially/medically underserved women in Tarrant County.</p>	\$238,162
JPS Health Network, JPS Center for Cancer Care	<p><i>Bridging the Gap Between Diagnosis and Cure</i></p> <p>The project provides treatment for women with breast cancer who may not otherwise have received treatment. These women fall outside the circle of eligibility for financial sponsorship through the usual outlets. These patients had advanced stages of</p>	\$154,000

	breast cancer, requiring months of treatment including surgery, chemotherapy, radiation and more.	
MCC for Human Services	<p><i>MCC Breast Cancer Awareness Program</i></p> <p>The program provides outreach services through community education and breast cancer screenings to immigrant populations. MCCHS programs target a special needs population of multi-racial and/or multi-ethnic women, most of whom are foreign-born and experience barriers to maintaining wellness such as limited funds, no health insurance, cultural isolation and language differences. Health care information is provided in Urdu and Arabic as well as English to increase the potential for immigrants to benefit from MCCHS resources.</p>	\$22,000
Tarrant County Public Health	<p><i>Breast Cancer Screening Program</i></p> <p>The project provides medically underserved women in Tarrant County with breast self exam education, clinical breast exams, and screening mammograms. When abnormal findings on clinical breast exams or screening mammograms are detected, women are referred and funded for follow-up diagnostic studies. If a cancer diagnosis is determined, the BCCCP provides case management services and refers to appropriate agencies to expedite treatment. Many patients will be funded by the breast and cervical cancer treatment act for their treatment.</p>	\$122,500
UT Southwestern / Moncrief Cancer Resources	<p><i>Genetic Testing for Breast Cancer</i></p> <p>This grant provides DNA testing and counseling to uninsured and under insured patients who would otherwise go without the critical information with which to make decisions about their breast health. This information will also be used to identify at-risk family members to promote early prevention of breast cancer.</p>	\$131,132
UT Southwestern / Moncrief Cancer Resources	<p><i>Mobile Unit</i></p> <p>Mobile mammography screening program for the uninsured/underserved women of Tarrant County.</p>	\$167,434

In addition to the large Grants, small grants are given for travel and continuing education in order to help Grantees improve their services. Small grants are also awarded for such needs as patient transportation.

Figure 8 is an Asset map showing the locations of a number of hospitals, public health centers, cancer centers, Affiliate Grantees and social service organizations in Tarrant County, including the four focus areas. (See map below) The Directory of Program and Services may be found in Appendix B, 1b, page 43. Figure 9 shows the mammography sites. (See map below and Appendix B, Table 3b, p. 47) The information provided with the asset map of services is critical to determining where gaps exists to access.

Figure 8. Asset Map of Services by Focus Areas in Tarrant County, Texas

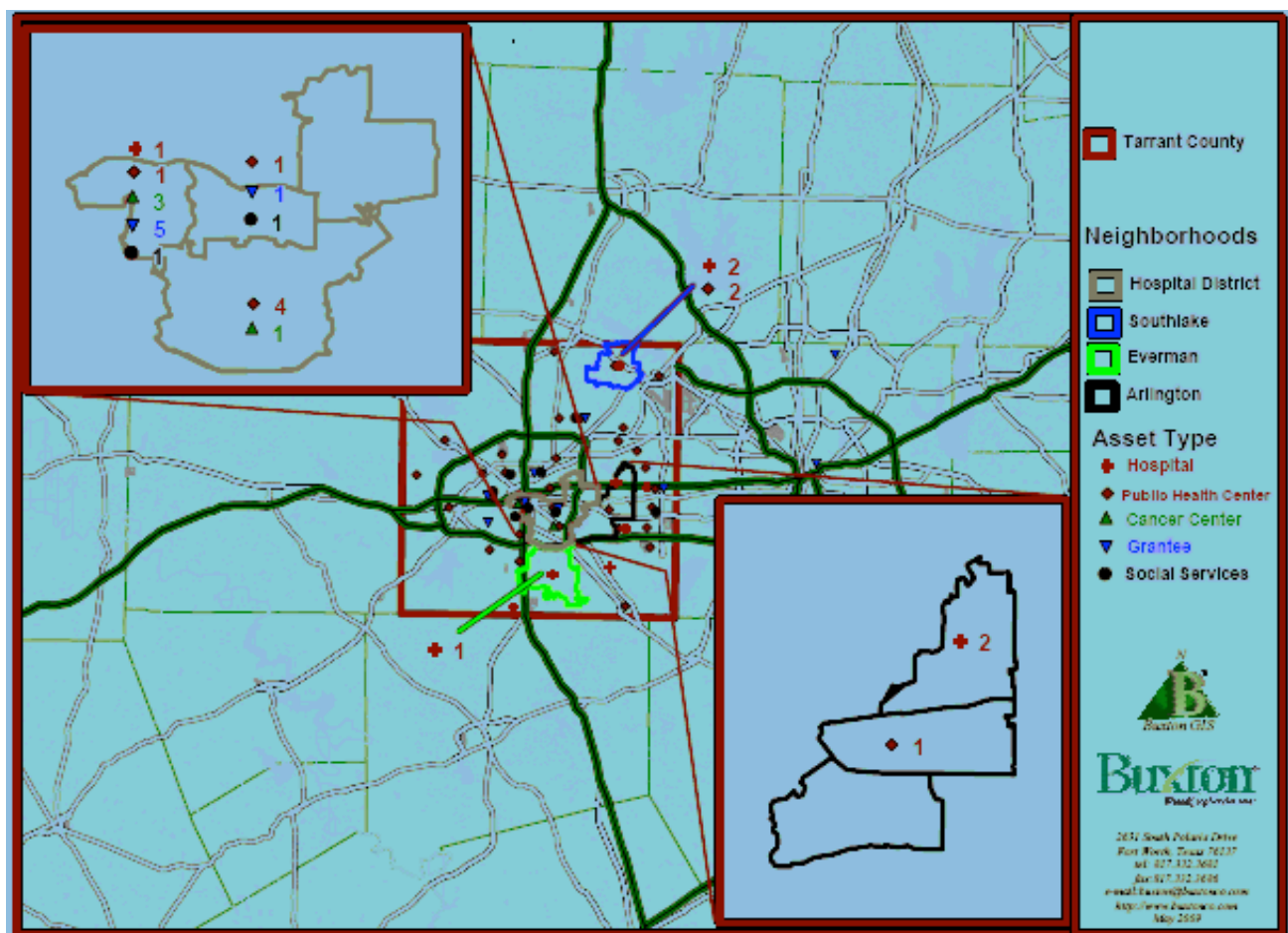
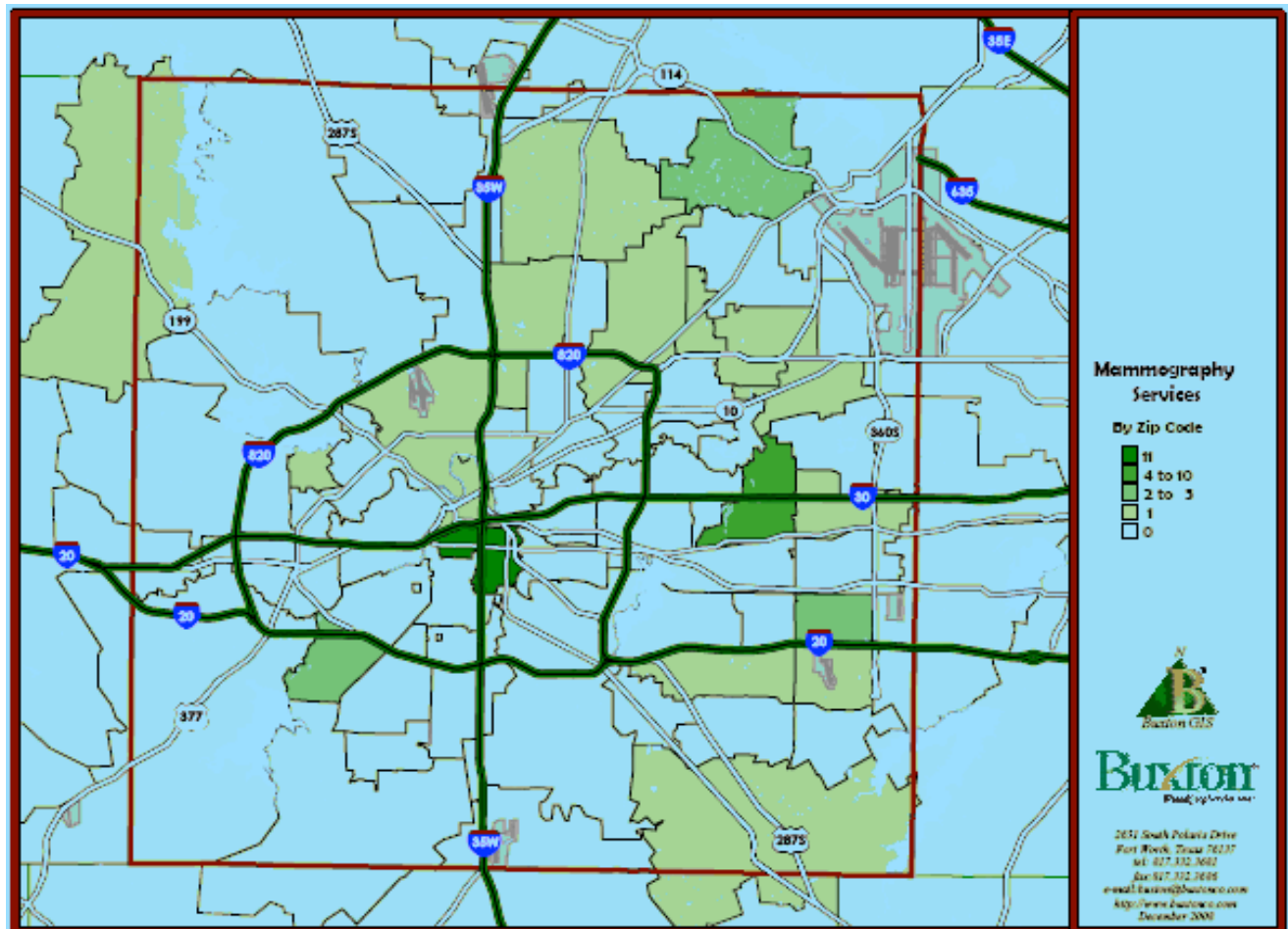


Figure 9. Asset Map of Mammography Services in Tarrant County, Texas
 The asset map of mammography services will assist in determining location for increased screening mammograms.



Partnerships and Grant Opportunities

Partnerships in Education and Screening Mammography: The Affiliate participates in major health fairs including the Hispanic Health Fair, the African American Health Fair and church sponsored health fairs. These health fairs are well attended and the Tarrant Affiliate usually is positioned with one of our Grantees such as Moncrief/UT Southwestern Mobile Unit, JPS Healthcare, etc. Both the Harris and Moncrief mobile mammography units conduct screening mammograms at the large health fairs. Because of the limited number of screening mammograms that can be scheduled at the health fairs, the two directors have collaborated to develop vouchers that are passed out providing Komen funded mammograms at future mobile mammography sites. For 2008, approximately 400 vouchers were passed out at the health fairs. A growing trend is being observed in crossover of ethnic groups attending health fairs, e.g., Hispanics will attend an African American Health Fair because of immunization opportunities. The Affiliate has a longstanding relationship with Catholic Charities as a Grantee and participates in health fairs sponsored by Catholic schools and churches.

Educational Partnerships: The Pink Sunday program, an initiative that partners our Affiliate with local churches to promote breast health information, has proven very successful. This program has grown from 28 churches participating in 2007 to 60 churches participating in 2008. However, of the 60 participating churches in 2008, only 8 were from the four Community Profile focus areas. (See Appendix B, table 2b, p. 45) Recruiting more churches from the four focus areas is needed. The exploratory data revealed consistently that churches and schools are viewed as resources of information and present viable and valuable venues to deliver breast health information.

New Potential Partnerships: Exploring new partnerships with Mission Arlington, Allied Communities (Hospital District) and Northside Inter-Church Agency, all interdenominational church associations who provide health and social services to the underserved, is essential as a means to involve more churches in educational efforts and to give our Affiliate's educational effort a broader and more targeted influence. These organizations along with Muslim Community Clinic and Catholic Charities (county-wide) also provide services to the growing immigrant population in Tarrant County, both documented and undocumented. Developing broader and meaningful partnerships with these agencies is essential to the Tarrant Affiliate's ability to deliver education messages to drive more screening mammograms, which hopefully will detect breast cancer at Stages I and II when treatment is most effective and life saving.

Expanding Existing Partnerships: JPS Health Network operates 14 school based clinics in Tarrant County and is opening an additional school based clinic in the Everman area. Developing a breast health program of information for these sites is key in linking the breast health message with a venue that is shown to be trusted by the local communities. Both Catholic Charities and Muslim Community Clinic, provide the Affiliate access to the Hispanic and Muslim community with breast health information. Catholic Charities and MCC schedule screening mammograms through the mobile units the Affiliate funds with grants to Harris Methodist/Kuperferle and to Moncrief/UT Southwestern.

BCCCP: The Tarrant Affiliate has a strong working relationship with Tarrant County Public Health which administers the BCCCP program. TCPH's main campus is located in the Hospital focus area. Cheryl Loudermilk, RN, BSN, is the charge nurse at TCPH. Imelda Garzia is the state and regional manager for BCCCP. TCPH is also a longstanding Tarrant Affiliate Grantee and often our funding supplements BCCCP funds. In the process of completing this report, TCPH informed our Affiliate that through April they had spent the equivalent of all the 2009 Komen Tarrant County Grant funding. Additionally, the BCCCP funding is close to depletion. These dire circumstances will have significant influence on 2010 Grant funding and serve as a reminder of the need to increase fundraising efforts.

Best Practices and Evidenced-Based Programs

The example given below is not a report on a single agency or initiative, but rather a report on how individuals, organizations and agencies work collaboratively. It is felt that this patient example is truly "Best Practices" in action and exemplifies the need for and benefits of inclusion and collaboration.

The Tarrant Affiliate began several years ago to host Navigator meetings and Community Liaison meetings and we quickly became the "Switzerland" for the breast health service providers in the community. As the needs become increasingly critical, the necessity for more summit or roundtable discussion meetings is clearly apparent. A recent example of Carol B proves the advantages of working collaboratively. Carol B is an Inflammatory Breast Cancer

patient who lost her job and insurance after initial diagnosis. She was first seen by a patient navigator at Harris Methodist, Fort Worth, who referred her to Tarrant County Public Health. Carol was next referred to a breast surgeon and her surgery was done at Baylor Health Systems in Fort Worth. Both navigators from these competing hospitals maintained contact with each other to ensure Carol got the attention and care she needed. She was subsequently referred to a breast oncologist at The Center for Cancer and Blood Disorders where she is receiving treatment. Additionally, she is receiving services from Cancer Care Services which is helping her with bills and other support services. Diagnostic and treatment funding is being provided by BCCCP administered by TCPH. All of these organizations are Tarrant Affiliate Grant funding recipients. This patient example underscores the value of working together and the need for our Affiliate to continue to host community meetings that foster inclusion and cooperation.

Moncrief/UT Southwestern Mobile Mammography Unit is another example of the best practices of a Grantee. The Affiliate funds this organization for screening mammograms through a mobile unit. Moncrief has sent two nurses to M.D. Anderson for training in giving clinical exams so that when a woman presents at one of their mobile units with symptoms, she can quickly be scheduled for a clinical exam and further diagnostic testing. If a positive breast cancer diagnosis occurs, the patient navigator starts the process of securing treatment for the patient often through the BCCCP. This model can be duplicated with other screening mammogram mobile units or sites. Moncrief/UT Southwestern has initiated discussion in this direction providing another example of the collaborative culture that exists in Tarrant County. It is an example of insuring that women are navigated through the system, which is often a challenging experience to patients. The 2008 Grant Moncrief/UT Southwestern report revealed 12 women diagnosed at Stage I and II, which can happily be considered 12 lives saved.

Public Policy Perspectives

In Public Policy and Advocacy matters, the Tarrant Affiliate participates in Lobby Days both in Austin and in Washington, D.C. We are also members of the Texas Breast Health Collaborative. All Affiliate Board Members and staff are strongly encouraged to join the Komen Advocacy Alliance and contact elected officials regarding breast health issues and legislation. We were active participants in the Proposition 15 effort, which established the Cancer Prevention and Research Institute. On the local level, however, there is significant opportunity to develop better relationships with area officials that will result in opening doors in specific localized areas in Tarrant County. Ongoing and open relationships with local officials will improve our ability to deliver educational messages with the hope of getting more people to get screening mammograms. Plans to be more proactive in developing working relationships with local government officials are recommended and suggested means of accomplishing this are “Lunch and Learn” sessions at local Grantees sites .

A directory of churches, social service agencies, government agencies and local, state and national officials is shown in Appendix B: Table 1b and 2b, p. 43-46.

Programs and Services Findings

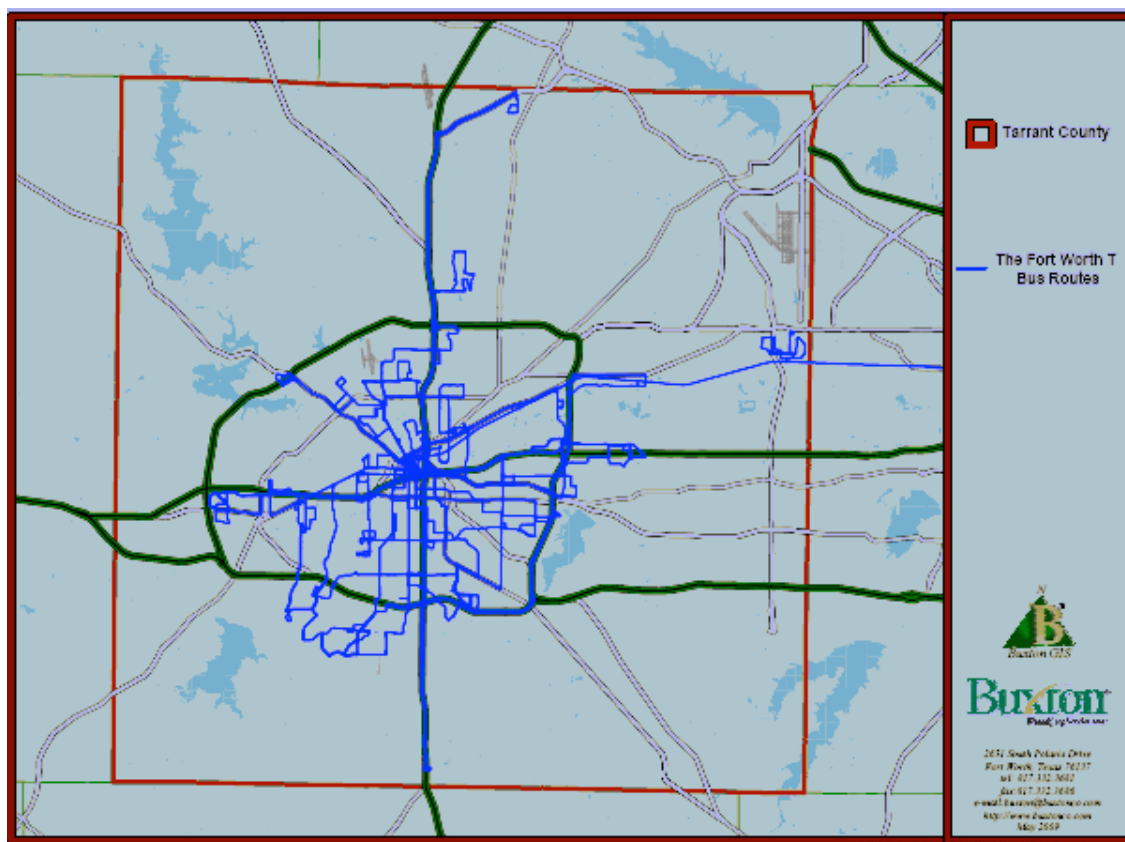
Generally, women in the four focus areas can access services if they are adequately informed and motivated. Despite the availability of abundant services for the women residing in the Hospital District focus area, these women are not taking advantage of what is being offered. Treatment is provided for the under and uninsured primarily through JPS Health Network, located in the Hospital District in Fort Worth. Patients living some distance from the downtown JPS Cancer Center may face transportation issues. Public transportation does not exist in Arlington and there is no county-wide public transportation service. Transportation continues to

be a need for cancer patients in treatment and the current Tarrant Affiliate Grant to Red Cross is an effort to bridge this gap. (See figure 10, p. 28)

The mobile mammography units are available to serve all four focus areas and meet current demand. However, uninsured women data indicates the need is much greater than the service being offered at this time. Increased screening needs will require not only more mobile mammography, but also increased onsite mammography.

As stated in other sections, the need for more culturally and ethnically sensitive educational programs is important. Outreach to local government officials is also needed

Figure10. Asset Map of Public Transportation Routes in Tarrant County,Texas
(The public transportation routes will assist in planning for transportation grants)



EXPLORATORY DATA



Data Sources and Methodology Overview

To provide community contexts and complement quantitative demographic and statistical data for Tarrant County, exploratory data was collected and analyzed using qualitative methodology. An extensive series of face-to-face interviews was conducted with major healthcare and social service providers and community leaders. Other interviews were conducted with mammogram screened patients and breast cancer survivors from the four focus areas. (See sample questionnaire, Appendix C, page 48) Focus groups discussions were also conducted in focus areas that were selected based on high risk of breast cancer, need for services and/or the need to increase awareness. These were: Fort Worth Hospital District (low-income inner-urban African American/Hispanic area); Everman (semi-rural area, mainly African-American with growth in Hispanics and young workers); Arlington (mixed income/ethnic urban area east of Fort Worth). The focus group scheduled for Southlake (an affluent, largely white suburb in Northeast Tarrant County) was cancelled due to lack of participants. Interviews were conducted and focus group data was collected by a team of Komen staff, volunteers and service providers for a total of 125 respondents. The University of North Texas Health Science Center Institutional Review Board approved the purposive sampling, semi-structured questionnaires and interviewing guidelines.

Key informant interviews were conducted with focus area respondents in each of the following categories:

- (1) *Community leaders*: local government representatives, advocacy and faith-based group leaders who are aware of local health care needs.
- (2) *Community service providers*: social, governmental and non-governmental agencies that have a relationship with Susan G. Komen for the Cure and are knowledgeable about programs and services provided by organizations.

- (3) *Breast health service providers*: public and non-profit health care organizations, such as Tarrant County Public Health Department, Harris Methodist Hospital Fort Worth, and the county hospital, John Peter Smith Health Network.
- (4) *Breast health educators*
- (5) *Breast health navigators*
- (6) *Breast cancer screened patients*
- (7) *Breast cancer survivors*

Focus groups were conducted with women living in focus areas, with an age range from 40-59, in diverse socioeconomic levels, race and ethnicity. They were recruited as voluntary participants using contacts from local health agencies, community programs and neighborhood centers, or from the sample of participants in breast cancer survivor interviews. Each session was held at a community site with six or more participants, moderated by a volunteer. Interviews and focus groups were tape-recorded, and responses were transcribed and compared by University of North Texas Health Science Center faculty and students to derive and compile major themes.

Exploratory Data Overview

Key Informant Interviews:

Community leaders and Service providers identified health and social issues of greatest concern. Chronic illnesses, of greatest concern include diabetes, high blood pressure, heart attacks, Alzheimer's disease, prostate and breast cancer. Although breast cancer is the "greatest fear for most women", it is of less concern than diabetes or heart disease for African Americans, unless they receive health education in church or other programs. Basic needs and economic survival of families come first. Other needs are accessible, affordable healthcare for the uninsured and self-employed, children, and elderly on social security. In addition, preventive care, mammograms, social services and transportation are identified needs. Community health and social services pertinent to breast health currently include medical and dental care, counseling, screening, referral, transportation, and child care. For underserved cancer patients, medicines, respite care, equipment, supplies, financial aid, and emotional, social and spiritual programs are available including support groups, exercise, education and family activities.

Women in all of the focus areas may "put themselves last". A Southlake woman with ovarian cancer had insurance but did not go to the doctor for 15 years, while another who lacked insurance did not get care, but sent her daughter out-of-state for a drill team camp. Fear, myths and cultural stigma against going to doctors affect Hispanics and African Americans, who guard health privacy. For some, "cancer is no longer a death sentence". The three barriers that hinder women from receiving breast cancer education and services are: (1) language and culture for Hispanic, Vietnamese, African American and Muslim women; (2) economics - lack of screening, genetic testing, care and services, despite referrals from health fairs; (3) social - lack of knowledge, awareness, or involvement in community. A major role of the Komen Tarrant County Affiliate should be to reach out to those "who are dying", in areas with high mortality rates. Komen has educated the public, but needs "hands-on" presence to "make minority women feel cared about" through support and coordination with other groups for outreach and screening.

Breast health service providers, navigators and educators primarily serve local communities and offer mammograms or provide mobile mammography units that come at least once a year. Hospital, cancer centers, cancer related social service

organizations offer screening, diagnostic, procedures, treatment, and education accessible to all of Tarrant County. The majority of services are located within the Hospital District focus area.

Navigators serve women with breast cancer and/or those with other cancers and blood disorders. The age range of women seeking breast health services is 30-70 and they tend to be in lower or working class; many are uninsured or undocumented and unable to access care. Most learn of services by “word of mouth” or referral from physicians. Patients in hospitals are referred to social workers if they are over 70 years old, have a new cancer diagnosis, live alone or need assistance when they return home. Others get referrals from the Komen Tarrant Affiliate, community agencies or clinics, and use websites, flyers, brochures, and billboards for information. Most patients use services for yearly exams: “Patients don’t ever really go away; follow-ups and check-ups are needed for years to come.” Chemotherapy, surgery, specialists such as oncologists, physicians who take Medicaid, treatment for undocumented women, follow-up after diagnostic screenings (biopsies), and post-operative care are needed.

Educators participate in health fairs sponsored by local breast health service providers and breast cancer service organizations, and other community organizations. Komen educational literature is provided at most of these events. Educators also participate in corporate employee health fairs, church health fairs, etc.

Breast health service providers, navigators and educators find that accessibility is an issue: transportation, lack of child care, not being able to take time off work, and financial challenges prevent use of providers in low-income communities. Some women do not use JPS services because of its stigma as a place for “poor people”. Cultural barriers and unwillingness to talk about breasts are found among immigrants and older persons. Other barriers are education, language and religion. Women from Mexico who are used to “universal health care” may not be able to navigate private care in the U.S. Barriers for religious and ethnic groups, especially Vietnamese and Hispanics, include not seeking treatment when families are their first priority, beliefs about blood products or medicines, need for a female physician, and lack of communication between doctor and patient. Economic barriers for undocumented or uninsured women, and fear of the unknown, denial, or lack of knowledge also prevent care.

Most breast service providers agreed that having one contact or agency to answer questions and provide services would be ideal for those with breast cancer. The current process is confusing and some women give up due to the emotional toll of cancer. Increasing Hispanic outreach, evening hours and multi-cultural staff would improve early stage diagnoses. Cultural presentations, outreach and increased accessibility are ways in which breast healthcare could be improved. Education through media in various languages, early detection, health fairs, mammography mobile vans, funding for diagnostics and clinics for women who are uninsured, free services and reconstructive surgery for undocumented women are needed. Transportation and babysitting facilities need to be available, along with education, services and volunteers of the same race/ethnicity as the target population. Although many referrals come from Komen, it is not as recognized as JPS by non- English speaking or indigent women.

Within Tarrant County, the Keller suburb has grown and needs more services, as do uninsured and under-insured patients. Several providers participate in Komen-sponsored activities so the community will learn about them. Some need more bilingual

case-managers or navigators. More funding is needed, especially for undocumented patients.

Breast cancer screened patients receive mammograms because of family members or friends with cancer beginning from ages in the 20's to age 43. Some, not all do self-exams. Most did not have trouble getting a low-cost or free mammogram. Others would go if mammography sites were closer to home, they had babysitting or screenings were free. Most are usually screened at a "mammogram place", JPS, Tarrant County Public Health in Arlington, at doctor's offices or Radiology Associates. They get most information about breast cancer from the Tarrant County Public Health nurse, doctors, news media or the internet. One heard of Susan G. Komen for the Cure when her mother had breast cancer. Others learned from news media, or because "I live in the DFW area..." Some contacted the local Affiliate when seeking a mammogram because they did not have health insurance.

Breast cancer survivors have usually conducted breast self-exams, and most had regular screening mammograms; several did not and one skipped a year. Some did not have insurance; others received low-cost/free mammograms, with exception of one who was too young for assistance (age 35). They were diagnosed at ages 35-57 with various stages of breast cancer. They received treatments from hospitals, clinics and cancer centers, ranging from chemotherapy and radiation to surgery. Several had no delay but one had problems getting a free mammogram because of her young age. With the help of social service providers, she was treated. Family helped one pay; others used charities and Medicaid; one received insurance through "Cancer Center", several did not; one "had a cancer servicer where I got chemo...(got) voucher for my medicine."; others received help from social service organizations for chemo and radiation, and for wigs and prostheses.

Survivors find adjustments after diagnosis and during treatment most difficult. For one individual, the concerns are the ill effects of chemo, hair loss, and transport arrangement to treatment sessions. For others, "most difficult adjustment was realizing I had cancer and knowing what to do next" or "facing death - chemo has worked and now chemo has stopped". Some survivors felt glad they caught it early, or "It's been rough, but not as rough as I thought it would be." One wanted nutritional/alternative care information "... coming from the hospital instead of having to go outside the system. Cancer patients go look under every rock we can to find information... medical people offer a very important life saving aspect...There are supplemental things that we can do and we have to search long and hard on the internet to find ...vitamins even while under chemotherapy..." Survivors want to find support groups, specifically inflammatory breast cancer survivors.

Survivors go to the doctor for blood tests to make sure cancer has not come back; one takes care of herself with dieting, exercising, healthy relationships, prayer. Most receive care from oncologists. Others would tell other women to get an exam as early as possible and not wait until 40, or felt a lump. "The breast area is still personal, so putting on commercials is not going to go well...I tell women to get exams, volunteer at the Cancer Research Foundation because I want a cure to be found...showing women ...what breast cancer looks like." Some survivors have read or heard about Susan G. Komen for the Cure on television; one was given information at a hospital. Komen is "for breast cancer alone...it is education and treatment...can be a resource for people who need help..."

Focus Groups Discussions:

Most important health problems for women in communities are: cancer of all types, breast cancer in African American women, heart problems, Alzheimer's disease, and diabetes. Health and social needs are: finding the right doctor due to disjointed medical services; finding the right pathway after diagnosis; access to care; or help from others who have gone through the same experience. Women expressed fear of the unknown.

Most get health information from other people with the same problem; networks or places of worship; also Komen, Lance Armstrong Foundation, Cancer Center, primary care physicians or health fairs. Everman residents use John Peter Smith Hospital or emergency room, if they do not have insurance. While many do not want to go to JPS, one received "super care". Educational resources are National Night Out, schools, internet, church members who are nurses. However, many are afraid to ask and do not want to know about cancer. Social needs include child care for young women with cancer, transportation, support groups for patients and partners to help deal with loneliness and "stigma of being a survivor". Young women with children, people who live alone or are financially challenged and those with pre-existing conditions need assistance. In Fort Worth Hospital District, people without insurance assume they cannot get mammograms; churches can reach African American women.

Barriers that prevent women from seeking or getting breast health screening are: fear, myths, lack of education; culture or ethnicity; time; insurance and finances; and "doctor culture". Fear is related to culture: Hispanic women do not get mammograms and African American wait so they are diagnosed at later stages. "Women put themselves last."

For breast health information women use the internet, social networking with friends and colleagues; Title I schools; American Cancer Society community manager's booklet. Everman can use Huguley mobile mammography unit; and new JPS clinic. JPS school clinics provide information and it also should be in doctors' offices, churches, on billboards and flyers, so women know about low cost mammograms and treatment. Other sources of information are support groups, corporate wellness programs and health fairs.

For breast cancer patients if language is a barrier, husband and children may help translate for treatment. Other patient needs are information about lymphedema; national standard for diagnosis. Some expressed that lumpectomy vs. mastectomy should not be personal choice, but "best option for survivorship". For one patient, her Ob/Gyn doctor was trusted to navigate system. Other experiences for some patients were lost insurance; lost records; poor communication with medical personnel. Some felt "society views sexuality and breasts as sign of femininity" or "cancer means death", radiation was devastating and affected reconstructive surgery. Some sought counseling or psychotherapy; for others, another survivor helped or "church family" prayed. Diagnosis was shocking, frightening, overwhelming; reactions of "Am I going to die?" or anger meant patients did not want to admit cancer. Harris Hospital STEPS program was helpful; oncologist and care were good.

Knowledge and association with Tarrant County, Susan G. Komen for the Cure means the Walk for the Cure, Race or 3-Day, or Texas Christian University Frogs for the Cure. Some residents help with fundraising or have friends in women's group or church team, and families participate. Survivors feel "We're the face of cancer" or "ambassadors for cancer". In Everman, Komen known for its work with breast cancer, gives information and supports survivors. Fort Worth Hospital District residents hear about the race on the news; some work for a company with mobile unit or a race team. A nurse/survivor also talks about breast cancer. Komen or partner agency could best get the word out using posters, media, community events, advocacy groups and churches, with education by survivors of breast and other cancers.

Exploratory Data Findings

Findings revealed that certain needs among the focus areas need to be met in order to diminish service gaps. More funding for screening and diagnostic testing are necessary as well as the need of treatment for uninsured and undocumented patients. Social and culturally-relevant informational outreach to diverse groups and communities must be used in order to create a sense of inclusion among minority women. In addition, there is a need for the collaboration and coordination of health and social agencies and advocacy groups.

The information obtained from breast cancer survivors and screened patients validated many of the barriers and needs identified by providers. In both key informant interviews and focus groups involving breast cancer survivors, the fear of diagnosis, unsuccessful treatment and potential death were issues that deterred women from obtaining preventive care. Among the needs identified, better transportation and more financial assistance will enable more women to seek screening mammograms. In addition, survivors emphasized the importance of obtaining direct and detailed information from their physicians regarding diagnosis and/or treatment.

CONCLUSION

Target Area Findings

As stated in previous sections, breast cancer incidence and mortality analyzed at the county level show an even distribution among the focus areas. Overall, the incidence of breast cancer increased while mortality rates remain steady. These results suggest that diagnoses are occurring at early Stages I and II, which can be successfully treated.

Arlington, Texas

- 13% of the residents are living in poverty and therefore financial restraints are a barrier to this population
- Black race population percentage is above state average
- Hispanic race population percentage is significantly above state average
- Foreign-born population percentage is significantly above state average
- Higher education (bachelor's or higher) is above state average
- Medical service is disjointed
- Central database of information for women in community is lacking
- Childcare for younger women and support groups is needed
- Transportation to cancer centers located mainly in Hospital District are a necessity for easier access
- Health information is mainly obtained through places of worship and people with similar problems
- Barriers that prevent women from seeking breast health screenings include fear, myths, lack of education, language, culture, time and finances
- Mobile units for low cost/free mammogram screening is absent

Everman, Texas

- 10% of the residents are living in poverty
- Black and Hispanic race percentage is significantly above state average
- Foreign-born population percentage is significantly above state average
- Percentage with a bachelor's degree or higher is significantly below state average
- Most important health problems for women include breast cancer in African American women and knowing where to go for help
- Information is mainly obtained through health fairs and John Peter Smith Health Network (JPS)
- Majority go to JPS or emergency room for health information and services, especially those uninsured
- Language, ethnic diversity, cost and insurance issues are all main barriers

Southlake, Texas

- Median household income is significantly above state average
- Hispanic race population percentage is below state average
- Foreign-born population percentage is below state average
- Percentage with a bachelor's degree or higher is significantly above state average
- Lack of self-importance and fear were barriers for not seeking mammogram screenings

Hospital District (Fort Worth 76104, 76105, 76112, 76119)

- About 36% of the residents are living in poverty
- Harris mobile mammography unit is used in area for breast screenings
- Areas in zip codes 76104 and 76105 are growing in need
- Services are abundantly available, however, not accessed
- Many patients interviewed had no previous knowledge of free mammograms and had no insurance for treatment
- The fear barrier related to culture was significant in Hispanic and African American women-lack of trust.
- There is a need for support groups, perhaps through churches, for African American women
- Women most in need for information are the uninsured

Putting the Data Together

Among the factors selected for the four focus areas, incidence and mortality rates were shown to be somewhat evenly distributed throughout Tarrant County. Statistical data showed a higher incidence rate yet stable mortality rate for the overall county. Consequently, other factors such as ethnicity and race were examined and revealed that there is a vast and growing population of Hispanics and African Americans in Tarrant County, specifically in some of the focus areas chosen. The statistics in breast cancer incidence and mortality rates as well as ethnic diversity led to the evaluation of local programs and potential barriers for these focus areas using key informant interviews and focus groups. As demographic data also supports, fear and cultural background were found to be the main barriers for women not seeking breast health screenings. In addition, although many informants stated lack of health insurance to be a key deterrent for women, statistical data did not support those results. Many of these areas have high education levels, yet with low rates of women accessing services. As a result of these findings, the focus on ethnic and cultural sensitivity in local programs was also investigated.

Some of the major findings included an apparent need for culturally and ethnically sensitive educational programs. Although the high incidence rate and stable mortality rates indicate the Affiliate is reaching women at an early stage, data indicates that out of the 47,000 women with little or no insurance between the ages of 45-74 residing in Tarrant County only 10,000 are being reached and screened. Therefore, there is a strong incentive to improve and increase the number of low cost/free screenings to achieve a higher discovery rate.

Selecting Affiliate Priorities

The Community Profile study yielded the following barriers and gaps to good breast health in Tarrant County

Barriers to good breast health in Tarrant County

- Little or no insurance for a projected number of 47,000 women between ages of 44-65
- Fear of having a life threatening disease and no resources to treat it are major barriers to women in seeking screening mammography
- Language barriers (140 languages are spoken in Tarrant County), primarily Spanish, often make seeking screening mammography challenging
- Cultural barriers created by language and other cultural influences prevent women from accessing service
- Inadequate funding for screening mammograms and other diagnostic testing

Demographic and epidemiological data indicates that incidence and mortality rates among ethnic groups in Tarrant County are consistent with state and national trends. The most significant statistical data finding is the large number of uninsured women in Tarrant County compared with the small estimated number of free or low-cost screening mammograms being done. Couple this finding with the most significant exploratory finding that barriers to good breast health care are fear and finance and the conclusion is clear. Education to alleviate fear and increase financial assistance will overcome barriers to good breast health. A better informed population will seek services.

Current programs and services appear to be the types of programs needed, but are lacking in the numbers of services delivered. Efforts to increase the number of services is critical to meet the identified needs and is particularly critical with the likelihood that more education will drive demand for more screening mammograms and treatment. It is recognized that for the purposes of this study, only documented individuals have been studied and the undocumented population is the iceberg beneath the water. Anecdotally and unofficially, there is indication that some of the undocumented population are being screened and treated, but it is usually by self-pay for a portion of the costs. While some of these undocumented women may be receiving Komen funded screening mammograms, if breast cancer occurs, the treatment options are extremely limited. It is known that these individuals sometimes return to their country of origin to get treatment, disrupting families and adding stress to the patient.

Funding resources from the Komen Tarrant County Affiliate obviously are not sufficient to address the needs of the service area and indications reveal that other funding sources such as BCCCP funds are also inadequate. Increasing Affiliate funding resources is particularly challenging in these times of economic downturn. The need to involve more community sources for funding is apparent and plans to explore ways to accomplish this are strongly recommended.

The Affiliate has a history of engaging health care providers in dialogue and positive action. It is felt that this approach can also be utilized to engage the community, with corporate, governmental and individual alliances to address the funding issues. In developing the Priorities and Action Plan, the Review Committee was augmented by additional stakeholders from the Affiliate Service area including community leaders, city and county government officials and breast health providers, including current and former Affiliate Grantees. A “summit meeting” of the aforementioned stakeholders was held for the purpose of providing an opportunity to participate and have a voice in determining best practices and developing an action plan for evidence-based programs and solutions. The following Priorities and Action Plan was subsequently crafted by the Core Committee and presented to the Review Committee for approval before presenting to the Affiliate Board of Directors.

Affiliate Action Plan

Priority 1: Increase number of screening mammograms in Tarrant County

Action Plan:

1. Increase Komen Grant funding for screening mammograms to 4,000 annually
2. Recruit other stakeholders such as mammography centers, hospitals, etc to provide an additional 2000 low cost mammograms by providing mammogram vouchers
3. Ensure that capacity for providing increase in screening mammograms is viable by fostering exchange of information with mammography centers, hospitals, etc. on regular and ongoing basis, no less than twice yearly

Priority 2: Develop new methods of delivering culturally and ethnically sensitive education

Action Plan:

1. Enlarge Pink Sunday initiative to include 20% more churches in four study areas
2. Develop program to train 20 African American hairdressers located in the four study areas to deliver breast health information and to distribute mammogram vouchers to their clients
3. Develop Promotora program to reach the Hispanic population, working with JPS, Catholic Charities and other churches
4. Develop a similar program to reach the African American population and white population working through churches and other community centers and organizations such as the Mission Arlington, Allied Communities, NICA, LINKS, etc.
5. Continue to participate in corporate, church and community health fairs
6. Explore and develop relationship with JPS and their school based clinics to deliver breast healthcare information and seminars at these locations
7. Hold annual meeting with Allied Communities and NICA, both interchurch organizations that serve health and social welfare needs, to explore ways to use their outreach to deliver the Early Detection message

Priority 3: Increase fundraising revenue

Action Plan:

1. Work with a partner such as Moncrief/UT Southwestern to host a “summit” of Human Resource managers with local organizations and companies to emphasize the need for financial support as well as the need to deliver breast healthcare message
2. Form a corporate Komen Ambassador program with current, past and potential Race sponsors for a quarterly “Lunch and Learn” seminar at current Grantee locations in order to expand awareness of where and how local Komen funds are allocated and used and to increase awareness of needs
3. Continue to grow the Affiliate individual giving program with targeted emails six times annually
4. Involve the Affiliate Advisory Committee in all Fundraising Action Plans including hosting a summit of business and government leaders to inform them of needs in the community

Priority 4: Define Grants priorities with relative-evidence-based reporting by Grantees

Action Plan:

1. Clearly define Grants Priorities to reflect needs and services as defined in the Community Profile
2. Review Grants Application and contract form to make appropriate changes which reflect Priorities before RFAs are mailed
3. Develop format for evidence-based reporting by Grantees before RFAs are mailed
4. Conduct grant writing workshops for current and potential Grantees in early summer in order to comply with Grant Request deadlines

APPENDIX A: Breast Cancer and Demographic Data

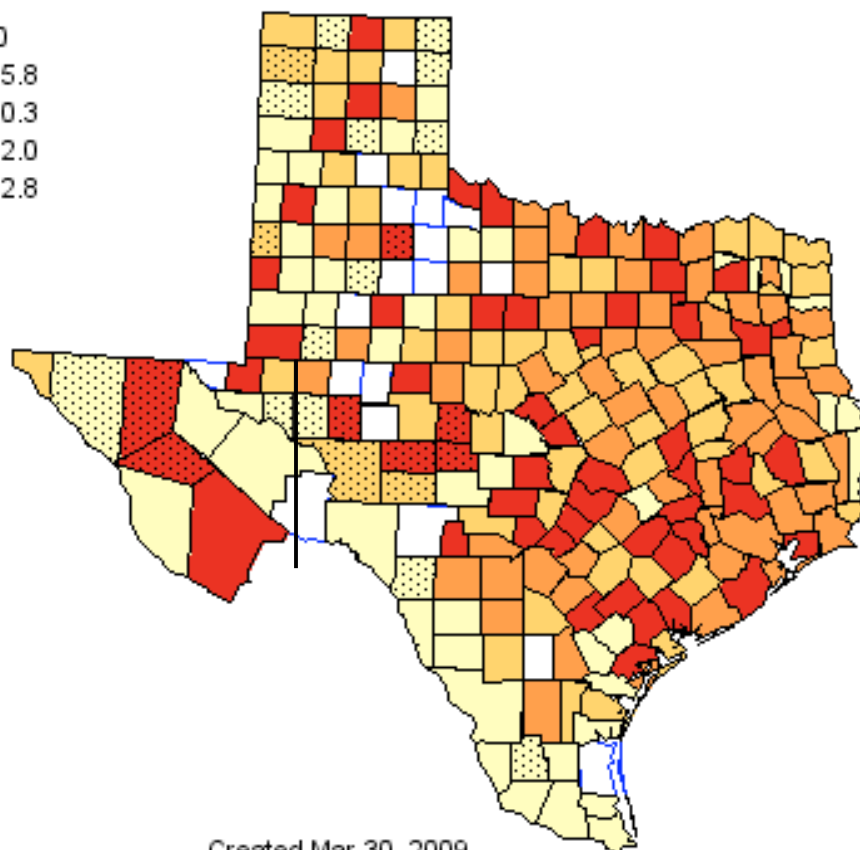
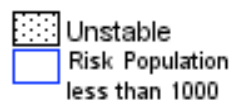
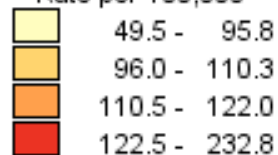
Figure 1a. Incidence of Breast Cancer in Texas by County

Age-Adjusted Invasive Cancer Incidence Rates in Texas Female Breast, 2001-2006 By County

Age-Adjusted to the 2000 U.S. Standard Population

Texas Rate: 115.3

Rate per 100,000



Created Mar 30, 2009
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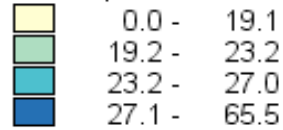
Figure 2a. Mortality from Breast Cancer in Texas by County



**Age-Adjusted Cancer Mortality Rates in Texas
Female Breast, 2001-2005
By County**

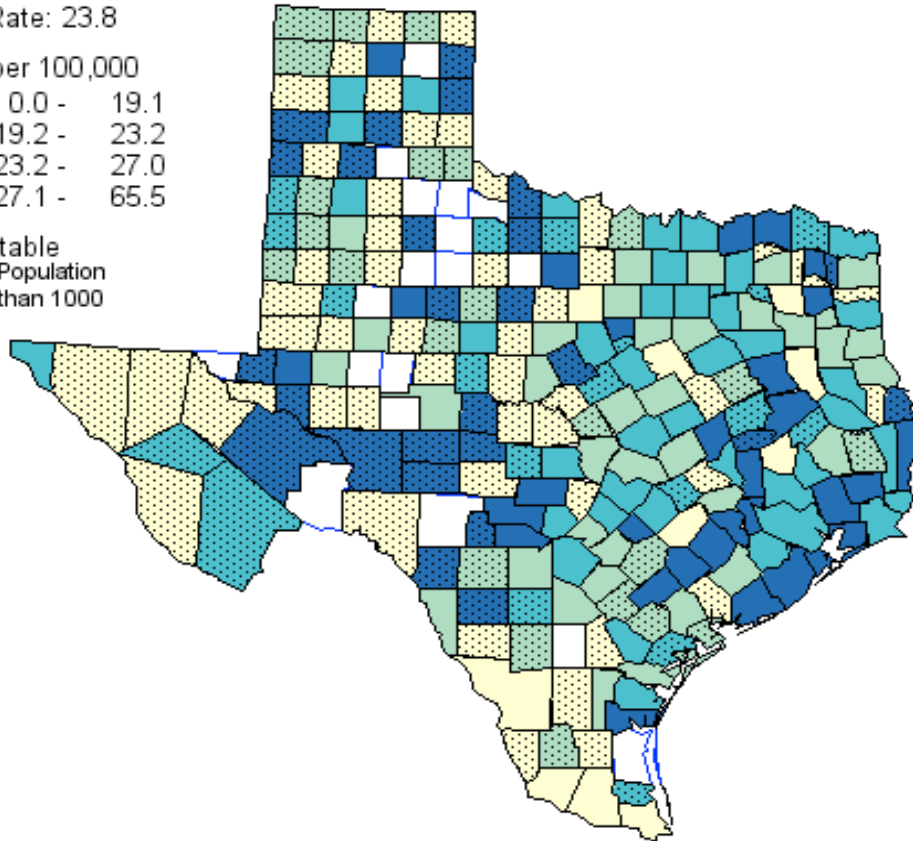
Age-Adjusted to the 2000 U.S. Standard Population

Texas Rate: 23.8

Rate per 100,000



 Unstable
 Risk Population
less than 1000



Created Dec 18, 2008
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Table 1a. Comparison of Health Risks for Texas and Tarrant County: Behavioral Risk Factor Surveillance Survey, 2007

	Texas	Tarrant
Health Fair/Poor	15.6%	13.6%
No Exercise past 30 days	23.8%	22.6%
Diabetes	9.1%	8.0%
No Flu Vaccination past 12 months	31.7%	30.7%
Current Smoking	21.7%	20.8%
Binge Drinking	15.5%	15.2%
Obesity, 30+ BMI	28.5 (3.2)	26.9 (3.4)

Table 2a. Demography of Tarrant County, Texas: 2007 American Community Survey, US Census Bureau

	Number	Percent
Total Population	1,717,435	100
Male	857,317	49.9
Female	860,118	50.1
18 Years or Over	1,233,646	
Male	609,926	35.5
Female	623,720	36.3
65 Years and Over	143,884	
Male	60,426	3.5
Female	83,458	4.9

Figure 3a. Map of Zip Code Areas in Tarrant County, Texas

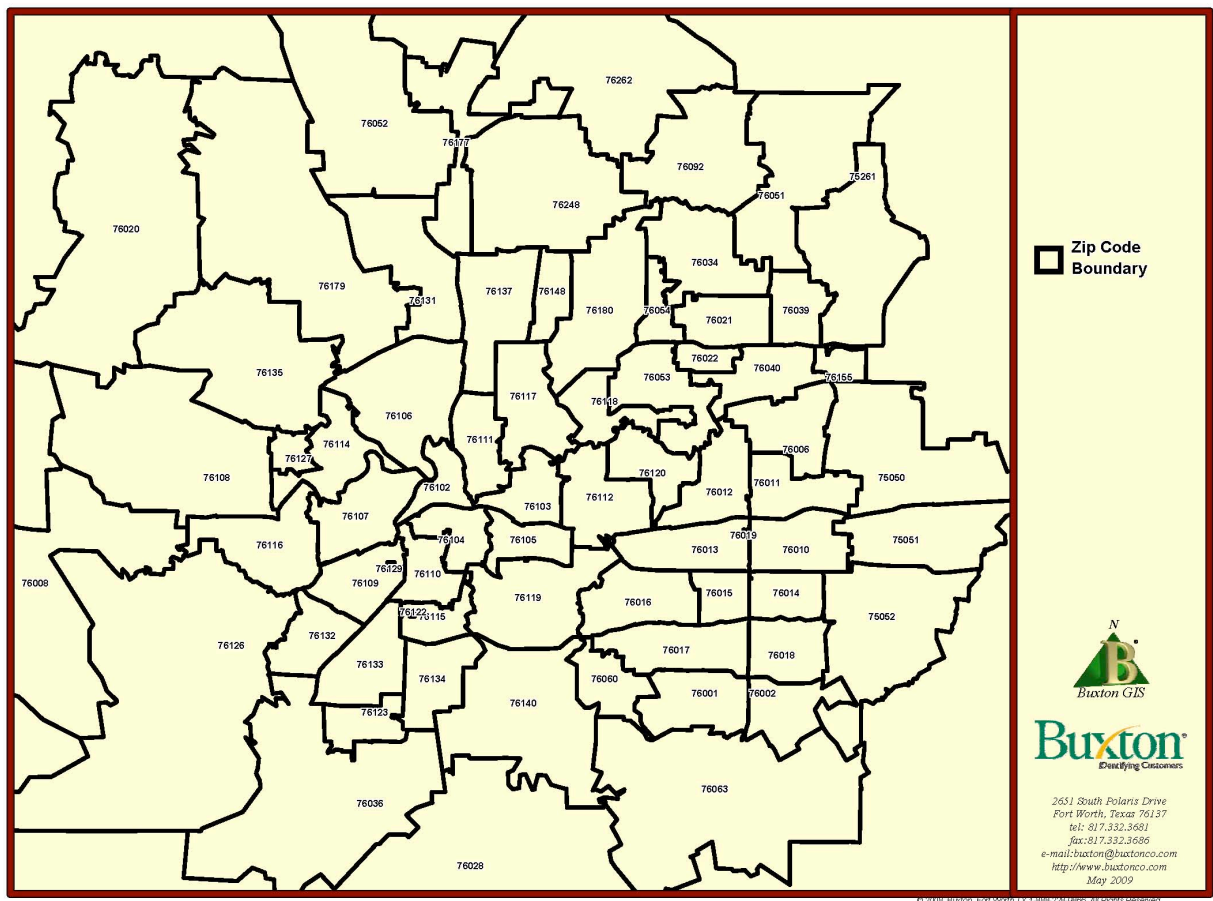


Figure 4a. Map of Education Levels in Tarrant County, Texas

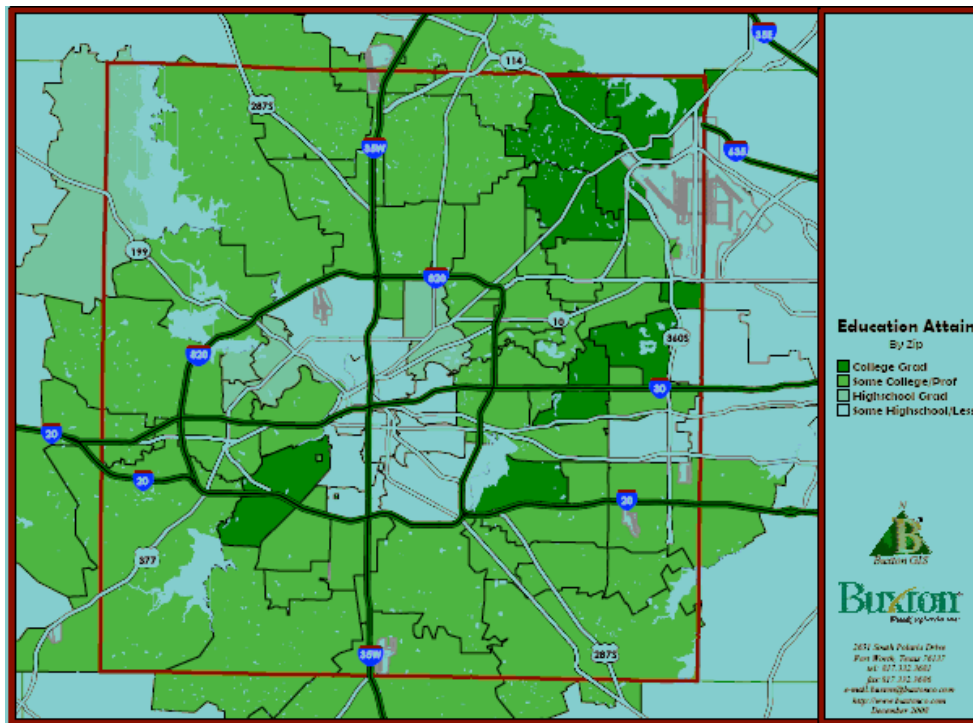
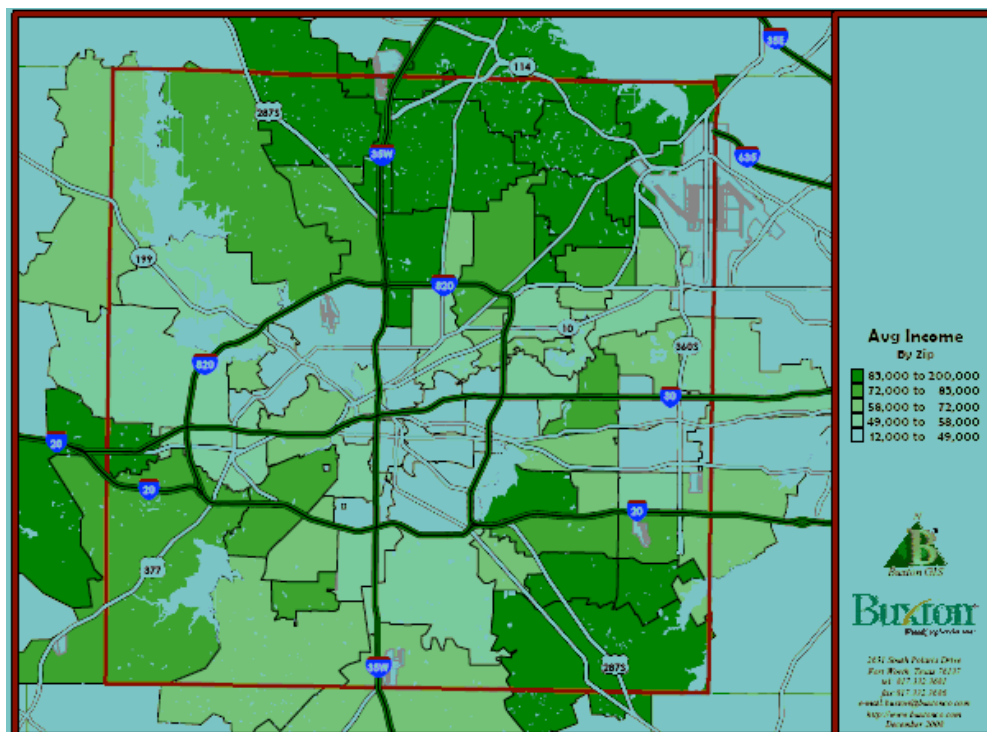


Figure 5a. Map of Average Income in Tarrant County, Texas



APPENDIX B: Programs and Services Data

Table 1b. Directory of Social Service Agencies, Government Agencies and Local Officials

Office	Address	City	State	Zip
TCPH Arlington Health Center	536 W. Randol Mill Rd	Arlington	TX	76011
TCPH Bagsby-Williams Public Health Center	3212 Miller Ave	Ft. Worth	TX	76119
TCPH La Gran Plaza Mall Public Health Center	4200 S. Freeway	Ft. Worth	TX	76115
TCPH Northeast Public Health Center	813 Brown Trail	Bedford	TX	76022
TCPH Northwest Public Health Center	3800 Adam Grubb	Lakeworth	TX	76135
TCPH Southwest Public Health Center	6551 Granbury Rd	Ft. Worth	TX	76133
TCPH Watauga Public Health Center	6601 Watauga Rd., Ste 122	Watauga	TX	76148
Texas Department of Health	1301 South Bowen Rd	Arlington	TX	76013
Cook Children's Physician Network	480 West Southlake Blvd., Suite 133	Southlake	TX	76092
Fiends of Grapevine	1601 Hart Court	Southlake	TX	76092
Harris Methodist Southlake Center	1545 E. Southlake Blvd.	Southlake	TX	76092
Huguley Memorial Medical Center	11807 S Freeway	Burleson	TX	76038
Concentra Medical Center	1132 Everman Parkway	Fort Worth	TX	76140
Arlington Medical Center	3301 Matlock	Arlington	TX	76015
Arlington Memorial Hospital	801 Interstate 20 W	Arlington	TX	76012
Harris Methodist Fort Worth	611 Ryan Plaza Drive	Arlington	TX	76011
Kindred Hospital - Tarrant County	1000 N Cooper St	Arlington	TX	76011
Millwood Hospital	1011 N Cooper St	Arlington	TX	76011
USMD Hospital	801 Interstate 20 W	Arlington	TX	76012
Zale Lipshy University Hospital	2001 S Cooper	Arlington	TX	76001
Women's Center of Tarrant County	401 W Sanford #1200	Arlington	TX	76011
JPS Health Center for Women	979 N Cooper	Arlington	TX	76011
Arlington Cancer Center	906 E Randol Mill Rd	Arlington	TX	76119
Cancer Education & Research Foundation	800 W. Magnolia	Fort Worth	TX	76104
Texas Health Resources (Harris Methodist)	1301 Pennsylvania Avenue	Fort Worth	TX	76104
JPS Health Network, JPS Center for Cancer Care	1101 S Terrell Ave	Fort Worth	TX	76104
Plaza Medical Center		Fort Worth	TX	76104
Baylor All Saints, Joan Katz Breast Center		Fort Worth	TX	76104
Cancer Care Services	623 S. Henderson	Fort Worth	TX	76104
Catholic Charities	2701 Burchill Rd	Fort Worth	TX	76105
American Red Cross	1515 Sylvania Ave	Fort Worth	TX	76111
Bridge of Blessing		Richardson	TX	75080
MCC	7600 Glenview Drive	Richland Hills	TX	76180
UT Southwestern/Moncrief Cancer Resources	1701 River Run, Suite 500	Fort Worth	TX	76107
Bridge Breast Network	3600 Gaston Ave,	Dallas	TX	75246

JPS School-Based Health Center- Forest Oak	329 S Henderson	Fort Worth	TX	76104
JPS School-Based Health Center Easter Hills Elementary	2462 Mansfield Hwy		TX	76119
JPS School-Based Health Center - Birdville	8200 O'Brian Way	North Richland Hills	TX	76180
JPS School-Based Health Center - Chapel Hill	4640 Sycamore School Road	Fort Worth	TX	76133
JPS School-Based Health Center - Crowley	1320 W Everman Pkwy	Fort Worth	TX	76134
JPS School-Based Health Center - Grapevine/Colleyville	3050 Timberline Drive	Grapevine	TX	76051
JPS School-Based Health Center - Haltom City	2807 Layton Ave.	Fort Worth	TX	76117
JPS School-Based Health Center - HEB	1100 Raider Drive	Euless	TX	76040
JPS School-Based Health Center - Mansfield	1015 E Broad Street, Suite B	Mansfield	TX	76063
JPS School-Based Health Center - Nichols	1850 Brown Blvd	Arlington	TX	76006
JPS School-Based Health Center - Northside	2011 Prospect St	Fort Worth	TX	76106
JPS School-Based Health Center - Veda Knox Elementary	2315 Stonegate Street	Arlington	TX	76010
JPS School-Based Health Center - White Settlement	8307 Downe Drive	Fort Worth	TX	76108
JPS School-Based Health Center - Workman	701 E. Airbrook Blvd., Suite A	Arlington	TX	76014
JPS Health Center for Women - Fort Worth	1201 S. Main St.	Fort Worth	TX	76104
JPS Health Center for Women - Northwest	2200 Ephriham Ave.	Fort Worth	TX	76164
JPS Health Center for Women - Arlington	979 N. Cooper	Arlington	TX	76011
PS Health Center - Arlington/Kathryn Wilemon	601 West Sanford	Arlington	TX	76011
JPS Health Center - Central Arlington	501 West Main Street	Arlington	TX	76010
Community Health Partnership of Tarrant County	1855 East Lancaster Avenue	Fort Worth	TX	76103
JPS Health Center - Diamond Hill	3308 Deen Road	Fort Worth	TX	76106
JPS Family Health Center	1500 S. Main Street	Fort Worth	TX	76104
Gertrude Tarpley-JPS Health Center at Watauga	6601 Watauga Road	Watauga	TX	76418
JPS Health Center - Northeast	837 Brown Trail	Bedford	TX	76022
JPS Health Center - North Tri-Ethnic	2950 Roosevelt Avenue	Fort Worth	TX	76106
JPS Health Center - Northwest/Iona Reed	401 Stribling	Azle	TX	76020
JPS Orthopedic & Sports Medicine Center	701 E. I-20	Arlington	TX	76018
JPS Health Center - Polytechnic	1650 South Beach Street	Fort Worth	TX	76105
JPS Health Center - Stop Six/Walter B. Barbour	3301 Stalcup	Fort Worth	TX	76119
JPS Health Center - Viola M. Pitts/Como	4701 Bryant Irvin Road N.	Fort Worth	TX	76107
JPS Health Center for Women - Northwest	2200 Ephriham Ave.	Fort Worth	TX	76164
JPS Family Practice and Urgent Care Center	1741 East Bardin Road	Arlington	TX	76018
JPS Family Medicine Center - Alliance	2400 Westport Pkwy	Fort Worth	TX	76177
Planned Parenthood o North Texas, Inc (PPNT)-Arlington North Center	1305 East Abrams	Arlington	TX	76010
PPNT-Arlington South	3701 S Cooper	Arlington	TX	76015
PPNT-Northeast Center	2816 Central Drive #160	Bedford	TX	76021
PPNT-Henderson Clinic	301 S Henderson	Fort Worth	TX	76104

PPNT-Northside Center	2470 Jacksboro	Fort Worth	TX	76114
PPNT-West Center	6775 Camp Bowie	Fort Worth	TX	76116
PPNT-Southeast Center	3863 miller	Fort Worth	TX	76119
Mission Arlington	210 W South St	Arlington	TX	76010
Community Alliance	1903 W Bowie	Fort Worth	TX	76110
NICA Northside Inter-Church Agency	1600 Circle Park Blvd	Fort Worth	TX	76164

Table 2b. Pink Sunday Churches

Church Name	Church Address	City	Zip Code
Blue River Fellowship	1802 Hat Powell Rd	Caddo, OK	74729
Southern Worship Center SDA Church	P.O. Box 180413	Arlington	76001
Congregation Beth Shalom	1212 Thannisch Dr.	Arlington	76011
Mount Olive Baptist Church	301 West Sanford Street	Arlington	76011
Graceway Church	1130 West Division St.	Arlington	76012
St. Maria Goretti Church	1200 S. Davis	Arlington	76013
Zeta Tau Alpha (UTA Sorority)	1114 Greek Row	Arlington	76013
Lake Arlington Baptist Church	2912 Little Road	Arlington	76016
St. Joseph Catholic Community	1927 S.W. Green Oaks Blvd	Arlington	76017
Western Hills Church of Christ	8800 Chapin Road	Fort Worth	76021
William C. Martin United Methodist Church	2621 Bedford Road	Bedford	76021
St. Vincent's Episcopal Cathedral Church	1300 Forest Ridge Road	Bedford	76022
St. Mark United Methodist Church	1109 W. Henderson Street	Cleburne	76033
First United Methodist Church of Colleyville	5601 Pleasant Run Rd.	Colleyville	76034
Vida Nueva Baptist Church	772 Keel Line Dr.	Crowley	76036
First Christian Church of Granbury	2109 West Highway 377	Granbury	76048
Crossroads United Methodist Church	12501 U.S. Highway 287	Haslet	76052
Chosen Generation Fellowship Church	817 West Pipeline	Hurst	76053
First United Methodist Church of Joshua	P.O. Box 376	Joshua	76058
Hope Lutheran	4795 Hwy 199	Springtown	76082
"Destiny" in Forest Hill	P.O. Box 286	Fort Worth	76101
Antioch Missionary Baptist Church	1063 East Rosedale	Fort Worth	76104
Mayfield Baptist Church	P.O. Box 50454	Fort Worth	76105
New Bible Way Baptist Church	5336 Carver Drive	Fort Worth	76107
Beth-El Congregation	4900 Briarhaven Road	Fort Worth	76109
St. Stephen Presbyterian	2700 McPherson Avenue	Fort Worth	76109
Richard J. Wilson School	900 W. Fogg St	Fort Worth	76110

Templo Bautista Emanuel	3940 8th Avenue	Fort Worth	76110
University United Methodist Church	2416 West Berry	Fort Worth	76110
Handley Baptist Church	6801 Church St.	Fort Worth	76112
Faith Lutheran Church	4551 Southwest Blvd.	Fort Worth	76116
Redeemer Lutheran Church	4513 Williams Rd	Fort Worth	76116
Holy Tabernacle Church of God in Christ	2800 East Loop 820 South	Fort Worth	76118
Agape Metropolitan Community Church	4615 E. California Parkway	Fort Worth	76119
Corinth Baptist Church	2316 Donnyville Ct.	Fort Worth	76119
First Baptist Church Benbrook	1015 McKinley	Benbrook	76126
Genesis United Methodist Church	7635 S. Hulen	Fort Worth	76133
Great Commission Baptist Church	7700 McCart Avenue	Fort Worth	76133
Unity Church of Fort Worth	5051 Trail Lake Dr.	Fort Worth	76133
Westminster Presbyterian Church	7001 Trail Lake Dr.	Fort Worth	76133
Edge Park Methodist Church	5616 Crowley Rd	Fort Worth	76134
St. Anne's Episcopal Church	6055 Azle Avenue	Fort Worth	76135
Iglesia Centro De Fe (Faith Center Christian Fellowship)	P.O. Box 136821	Fort Worth	76136
First United Methodist Church of Watauga	61112 Watauga Rd	Watauga	76148
Weston, Kim for 3 churches	6813 Bernadine St.	Watauga	76148
Muslim Community Church	7600 Glenview Drive	North Richland Hills	76180
Mid-Cities Community Church	P.O. Box 820766	North Richland Hills	76182
Morse Street Baptist Church	921 Morse St	Denton	76205
St. Peter Lutheran Church	312 North Highway 377	Roanoke	76262
Baker Chapel of Ft. Worth			
Community Christian Church			
Destiny Worship Center		Cedar Hill	
Grace Tabernacle Missionary Baptist Church			
Morning Star Baptist Church		Grand Prairie	
New Bethel Complete in Christ Church			
New Independent Missionary Baptist Church			
St. Stephen United Methodist Church			
West Vickery Church of Christ		Fort Worth	
Zion Missionary Baptist Church			

Table 3b. Mammography Services in Tarrant County by Zip Code

Name of Facility	Zip Code
JPS Health Network Arlington Health Center	76011
Arlington Cancer Center	76012
Arlington Memorial Hospital	76012
Medical Clinic of North Texas	76012
Radiology Associates of Tarrant County	76012
HealthSouth Diagnostic Center of Arlington	76014
Solis Women's Health of Arlington	76014
USMD Hospital at Arlington	76017
Diagnostic Surgery Center of Arlington	76018
Harris Methodist North West Hospital	76020
Hills Outpatient Imaging Center	76021
Solis Women's Health Lisa Trent Breast Center	76022
Consultants in Radiology- Euless	76040
HealthSouth Diagnostic Center of Hurst	76054
Methodist Mansfield Medical Center	76063
Breast Diagnostic of North Texas, PA- Southlake	76092
Radiology Associates of Tarrant County- Southlake	76092
All Saints Episcopal Hospital- Fort Worth	76101
Solis Women's Health at Harris Memorial Hospital	76102
All Saints Advanced Imaging	76104
Baylor All Saints Imaging Center	76104
Consultants in Radiology, P.A.	76104
Doctors Herd, Herd, and Minton	76104
Doris Kupferle Breast Center	76104
Doris Kupferle Breast Center- Mobile Program	76104
Insight Diagnostic Center	76104
Radiology Associates of Tarrant County, P.A.	76104
Tarrant County Public Health, Hospital District	76104
Women's Diagnostic of Texas	76104
JPS Health Network Northwest Clinic	76106
Federal Medical Center Carswell	76127
All Saints Episcopal Hospital- Cityview	76132
Doris Kupferle Breast Center	76132
Fossil Creek HealthSouth Diagnostic Center	76137
North Hills Hospital	76180
Baylor Diagnostic Imaging Center- Keller	76248

APPENDIX C: Breast Cancer Survivor Key Informant Questionnaire

Komen Community Profile Key Informant Interview: Breast Cancer Survivor

Date: _____ Time: _____ Ethnicity: _____

Age bracket: _____ Location: City _____ Zip code _____

Introduction: Hello, my name is _____. I am assisting Komen Tarrant County Affiliate with the Community Profile, the assessment process conducted every two years to learn more about breast cancer in our county. The purpose is to assess the breast health needs and determine how we can best meet those needs through our Community Grants, Education programs and Fundraising activities. We would like to hear about your breast cancer experience. We want to learn from you to help improve breast health services, education programs and fundraising efforts. The interview will last about half an hour and is fully voluntary and will not affect your access to care and services. Participants may choose to withdraw from the study at any time. If you would like to be interviewed, we will record your answers and keep them private in the report. May I interview you?

Questions (ask and probe for responses):

1. Did you conduct breast self-exams?
2. Did you get regular screening mammograms? If yes, Why ?
3. Did your insurance cover the cost of the mammogram?
4. Did you get a low-cost or free mammograms?
5. Did you have trouble getting a low-cost/free mammogram?
6. How was your breast cancer discovered?
7. How old were you when you were diagnosed?
8. What stage were you when diagnosed?
9. What was your treatment?
10. Where did you decide to go for treatment?
11. Did you have help from a Navigator to guide you through the treatment options?
12. How long did it take from the time you found out you had breast cancer until you began treatment?
13. If there was a significant delay, what were the reasons and complications?
14. How did you pay for your diagnosis and treatment?
15. Did you have insurance? Do you currently have insurance?
16. Have you had help from community service providers such as Cancer Care Services, American Cancer Society, Red Cross, Catholic Charities?
17. What resources other than treatment were available to you during treatment? Now?
18. What were the most difficult adjustments after diagnosis and during treatment?
(*PROBE:*) Was it missing work; getting to treatment; finding someone to take care of your children; understanding treatment: knowing what to do next; speaking to people or finding a physician you liked; nutritional issues; personal appearance issues?
19. What would have made your breast cancer experience easier?

20. Are you currently in a support group? Have you ever been part of a survivor support group?
21. How long have you been a survivor?
22. What follow-up care have you had after treatment?
23. What type of doctor is caring for you as a survivor? Internist? Oncologist? Primary Care?
24. How are nurses or other healthcare givers assisting in your care?
25. How can we get other women to learn about breast cancer and get their breast exams?
26. Have you ever heard of Susan G. Komen for the Cure? When? How?
Do you know what our organization does?
27. Did you contact our local Affiliate at any time during diagnosis and treatment?
28. If so, was our Affiliate helpful during your diagnosis and treatment?
29. Did you use the national website for information during your diagnosis and treatment?
30. Was any of your diagnosis and treatment made possible through Komen grants?
31. Would you be willing to participate in a focus group on breast health care for women in Tarrant County?

Thank you very much. You have helped other women today.



We believe in the power of the individual,
recognizing the extreme value of one
and the dynamic force of many.