

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



**SUSAN G. KOMEN®**  
**NORTH TEXAS**  
**EXECUTIVE SUMMARY**

# Acknowledgments

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# Executive Summary

## **Introduction to the Community Profile Report**

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

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

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

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

## **Quantitative Data: Measuring Breast Cancer Impact in Local Communities**

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

The selected target communities are:

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

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

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

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

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

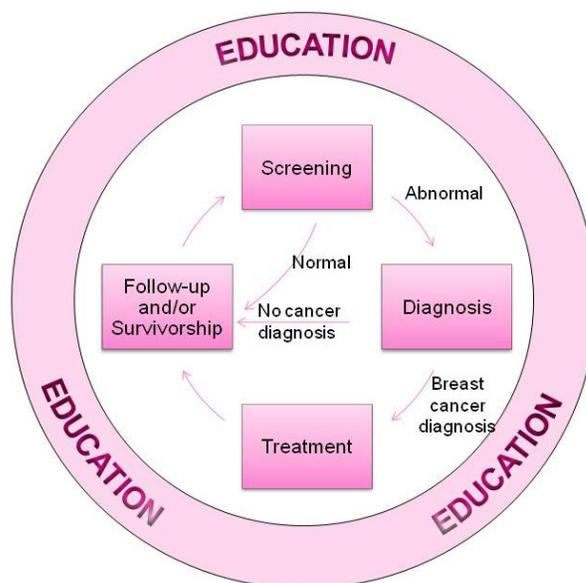
With screening percentages suppressed due to small numbers (fewer than 10) in Fannin and Hunt Counties, it is possible women are experiencing barriers to receiving mammography screening. Many residents live in rural areas and may not have easy access to health centers. Additionally, many residents are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

## **Health System and Public Policy Analysis**

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

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

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



**Figure 1.** Breast Cancer Continuum of Care (CoC)

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

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

## **Qualitative Data: Ensuring Community Input**

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

**Key questions included:**

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

**All Target Communities (All eight counties)**

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

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

**Target Community A: Collin and Denton Counties, Texas**

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

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

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

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

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

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

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

### **Mission Action Plan**

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

Here are the key findings for each Target Community:

#### **Target Community A (Collin and Denton Counties)**

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

#### **Target Community B (Cooke, Montague and Wise Counties)**

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

#### **Target Community C (Grayson, Fannin and Hunt Counties)**

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

#### **Target Community D (All Target Communities)**

- D1. Higher incidence rate

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

#### **Target Community A (Collin and Denton Counties):**

##### **Early detection for diverse populations**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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