



COMMUNITY PROFILE REPORT

Susan G. Komen for the Cure®
[Central Texas Affiliate]



2009

Acknowledgements

We would like to extend a profound thank you to the organizations and community members who assisted with this effort.

Disclaimer:

The Central Texas Affiliate Board Members functioned as Community Profile team members. Many are grant recipients. There was great effort to avoid bias or any manipulation of the data. We feel the 2009 Community Profile is as accurate a reflection of our communities as it was possible to project.

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Executive Summary

Introduction

The Central Texas Affiliate (CTA) was established in 1999. It is 100% volunteer driven and is governed by a twelve-member Board of Directors. The CTA is comprised of six counties to include Bell, Bosque, Coryell, Falls, McLennan, and Milam Counties. The area lies within the Heart of Texas, centrally located between the urban areas of Dallas/Ft Worth and Austin, Texas. Our promise is “to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cure”.

Overview Demographic and Breast Cancer Statistics Key Findings

The total population of the six counties comprising the CTA is 647,503. There is moderate racial diversity with 61.2% White, 17.2% African American, .5% American Indian, 2.0% Asian Pacific Islander, and 19.1% Hispanic. The Hispanic population is on the rise.

The median household income is \$41,646.00 with 11% of families at or below the federal poverty level. Over 30% of females between 18-64 years of age are uninsured, which mirrors the state’s uninsured rate of 30%. Unemployment is currently on the rise.

The region has a breast cancer incidence rate of 88.92/100,000. This falls below the national and state averages. The breast cancer mortality rate is 25.15/100,000 and exceeds the national average by 3%.

Target Areas

Falls County has a population of 16,900 and the largest African American population (as a percent of population) at 26.9%. It is the poorest county in the region, with a median household income of \$30,264 and 27.7% of families at or below the poverty level. Over 45% of females 18-64 are uninsured. The breast cancer mortality rate in Falls County exceeds the state and national averages at 25.2/100,000.

Milam County has a population of 24,892 and the largest Hispanic population (as a percent of the population) at 21.5%. The median household income is \$39,427, with 17.3% of families at or below the poverty level. Over 38% of females, ages 18-64 are uninsured and the county is experiencing the highest

unemployment rate at 10.7%. Milam County has a breast cancer mortality rate of 23.2/100,000 and an incidence rate of 102/100,000.

McLennan County has a population of 230,213, with the second largest Hispanic population (as a percent of the population) of 21.3%. The median household income is \$40,459, with 19.1 of families at or below the poverty level. Over 32% of females, ages 18-64, are uninsured. McLennan County has the highest incident rate in the region at 117.4/100,000, which exceeds the state average of 116.3/100,000.

Overview of Programs and Services Key Findings

There are a good number of health care services in the area, the majority clustered within the two centrally located counties of Bell and McLennan Counties. There are approximately 1273 hospital beds in the region, three cancer centers, and twelve mammography centers. The BCCS has a presence within the region, with services provided through the Planned Parenthood of Central Texas clinics. In 2009, the CTA had eight grantees, funding 13 grants. All grantees are physically located in Bell and McLennan Counties.

Church organizations have a strong influence in the region. These churches can play a key role in advocating for access and providing breast health education and breast cancer support. The CTA has an opportunity to strengthen their relationships with the church organizations in the target areas.

Additionally, there are limited patient navigation programs in the area. Patient navigation is a process by which patients with suspicious findings are guided through and around barriers in the complex cancer care system to ensure timely diagnosis and treatment. A good navigation system ensures access to breast health services information and treatment.

Target Areas

Falls County has a small 40 bed community hospital located in Marlin, Texas. The hospital supports a small physician's clinic, with two Family Practice physicians. Women in Falls County typically travel to Bell or McLennan Counties for cancer screenings and care. Other resources in the county include 55 churches/congregations.

Milam County has no health care providers/facilities located within the county boundaries. Women must travel to Bell or McLennan Counties for cancer screenings and care. There are 69 churches/congregations in the county.

McLennan County has a large pool of health care providers and facilities. It has 460 hospital beds, three cancer centers, and four mammography centers. All of these are located in the county seat of Waco, Texas. In addition, there are 252 churches/congregations in the county.

Overview of Exploratory Data Key Findings

The primary barrier to good breast health is poverty and the high rates of uninsured individuals in the target areas. Women who are uninsured and/or low-income do not seek out or participate in preventative and screening services, thus compromising early detection and a good outcome. The amount of indigent care surpasses the ability of the target counties to meet all needs.

Findings also indicate a need to provide education on breast health in all target areas. This education needs to occur within the target counties to improve community participation. Additionally there is a need for culturally specific education, especially for the growing Hispanic population.

The profiling process brought to light the need for CTA to increase marketing efforts within Marlin and Falls Counties. There is little knowledge and understanding of Komen's role and purpose in the fight against breast cancer. Developing relationships with county and community leaders is critical.

Narrative of Affiliate Priorities

After review and analysis of the data gathered during the community profile process, the Board of Directors of the CTA approved two priorities.

Priority 1: Increase awareness of breast health and breast cancer services in the target counties.

Priority 2: Partner with community leaders to increase access to services for all women in target counties.

Affiliate Action Plan

Priority 1: Increase awareness of breast health and breast cancer services in the target counties.

Objective 1: In FY 2010, fund two outreach/awareness campaigns for women in each target county.

Objective 2: In FY 2010, fund one awareness campaign for county and church leaders in both Milam and Falls Counties, with the intent of forming long-term working relationships with these leaders.

Objective 3: In FY 2010, establish a relationship with the leaders of Falls Community Hospital, using the facility as a venue for education and awareness programs.

Priority 2: Partner with community leaders to increase access to services for all women in target counties.

Objective 1: In FY 2010, incorporate in RFP a partnership grant encouraging providers in Bell and McLennan Counties to initiate the provision of services locally in Milam and Falls Counties.

Objective 2: In FY 2010, begin a small grants program with extensive outreach to community based organizations and churches in Milam and Falls Counties.

Objective 3: In FY 2010, partner with/provide funding to an area health care provider(s) to establish a patient navigation program.

Objective 4: By December 2009, hold one grant writing workshop in each target county aimed at existing health care providers, churches and faith-based organizations, and other appropriate community organizations.

Introduction

Affiliate History

Susan G. Komen for the Cure was established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died of breast cancer at the age of 36. The Central Texas Affiliate (CTA) was founded in 1999 and held their first race in 2000. The Komen Central Texas Race for the Cure® features 5K and 1K courses with running and walking events for everyone. Participation in the race has grown every year to over 6800 registered participants in 2008. This event provides the community the opportunity to support the fight against breast cancer, to remember those who have lost the battle, and to celebrate those who are surviving.

Organizational Structure

The Komen Central Texas Affiliate is 100% volunteer driven. Offices are located at 2911 Herring, Suite 201, Waco, Texas. The Affiliate is governed by a 12-member Board of Directors, and coordinates/oversees seven working committees.

Description of Service Area

The Central Texas Affiliate lies within the Heart of Texas, centrally located between the urban cities of Dallas/Ft Worth and Austin, Texas (Figure 1). It is comprised of six counties to include McLennan, Bosque, Falls, Milam, Coryell, and Bell Counties (Figure 2). Primary industries in the area include manufacturing, health care/social assistance services, educational services, and professional and business services. Farming and ranching are also significant contributors to the economy of the area.

Purpose of Report

Susan G. Komen for the Cure's promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find a cure. The information obtained from the Community Profile will be used to assist the Central Texas Affiliate in directing the Affiliate's activities and resources to better ensure that this promise is kept.

The Community Profile contains an analysis of demographic and Breast Cancer statistics. This analysis helps to highlights target areas with the

greatest needs, barriers, and service gaps. The information from the Profile will be used to:

- Increase educational efforts in targeted areas
- Improve marketing and increase awareness of Komen For The Cure in targeted areas
- Prioritize the granting process
- Improve public policy efforts
- Identify opportunities for partnership and collaboration with community leaders

Figure 1: Central Texas (CTA highlighted)

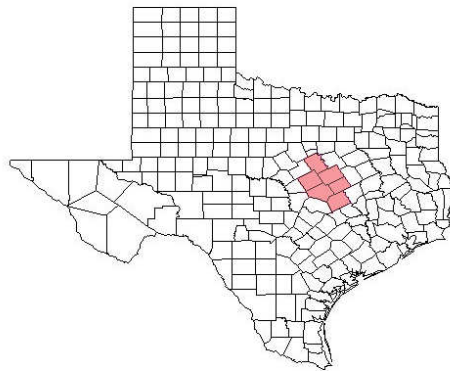
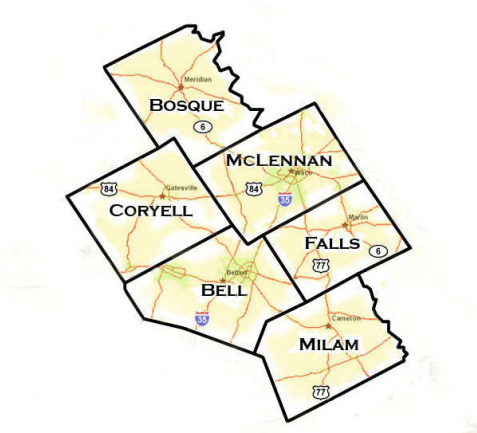


Figure 2: CTA Counties



Demographic and Breast Cancer Statistics

Data Source and Methodology Overview

County 2007 demographic estimates were obtained from Thomson Reuters. However, when available, sources of data that offered “actual” data variables were used as the primary measure for analysis. These sources included the U.S. Census Bureau, Centers for Disease Control and Prevention, National Association of Counties, and the Texas Medical Association.

State and County Breast Cancer incidence and mortality data was obtained from the National Cancer Institute’s State Cancer Profiles website. Most of the income/economic data came from the Indiana Business Research Center at Indiana University’s website www.statesindiana.edu, the Texas Workforce Commission, National Association of Counties, and a web data base www.city-data.com.

Demographic & Breast Cancer Statistics Overview

The incidence rate for breast cancer in Texas is 109.50/100,000. Prevalence of females diagnosed with cancer is 48,221. The national breast cancer mortality rate is 24.33/100,000. Texas ranks 18th, with a mortality rate of 23.20/100,000. Comparatively, the CTA has an incidence rate of 88.92/100,000 and a prevalence of 1044. The mortality rate for the region is higher than the national rate at 25.15/100,000.

The 2007 combined population of the six counties was 640,503. There is moderate racial diversity within the population, with 61.2% White, 17.2% Black, .5% American Indian, 2.0% Asian Pacific Islander, and 19.1% Hispanic. The Hispanic population is trending upwards.

The median household income in the CTA region is \$41,646.00 with 11% of family incomes falling below the poverty level. All six counties have experienced an increase in the unemployment rate, with not only a loss of jobs, but a loss of medical benefits/insurance. In 2007, 30.7% of females between 18-64 years of age were uninsured. This number is projected to be significantly higher in 2009.

County/Counties of Interest: What the Data Shows

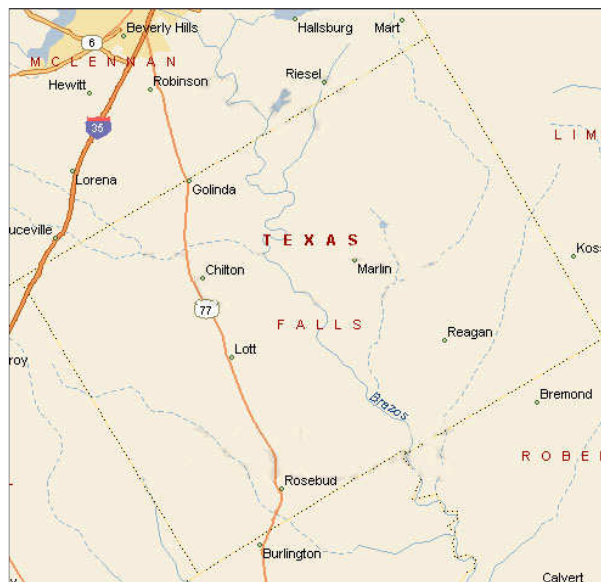
Falls County (Figure 3)

The breast cancer mortality rate for Falls County is above the state and national averages. According to the NCI, the breast cancer mortality is 25.2/100,000, with an incidence rate of 98/100,000. Additionally, over 41% of women, ages 40 and older, report no mammogram during the previous 12 months.

The population of Falls County is 16,900, with a racial diversity of 52.4% White, 26.9% Black, .7% American Indian, .2% Asian-Pacific, and 18.6% Hispanic. Of the six counties, it has the largest African American population (by percent of population).

Falls County is the poorest county, with a median income of \$30,264 and 27.7% of families at or below the poverty level. The unemployment rate is currently 7.6%. Over 45% of females 18-64 years of age in the county are uninsured. In addition, approximately 34% of adults, ages 25 and older, do not have a high school diploma.

Figure 3: Falls County

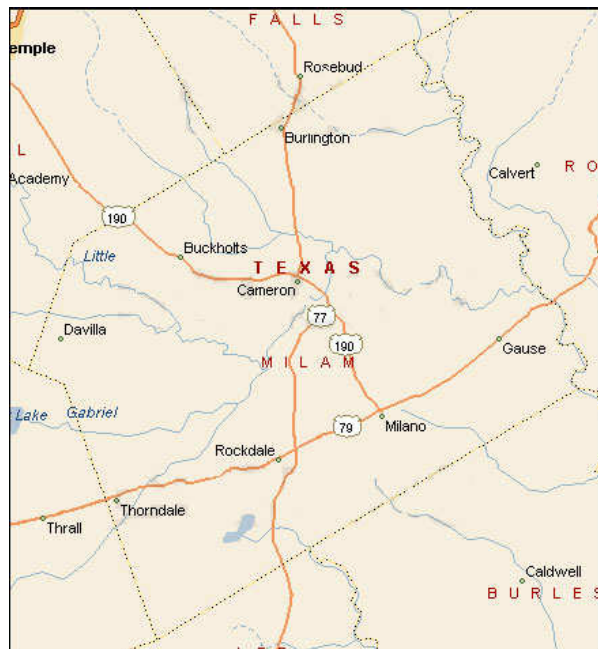


Milam County (Figure 4)

Milam County has a breast cancer mortality rate of 23.2/100,000 and an incidence rate of 102/100,000. Over 40% of females ages forty and over, have not had a mammogram in the last twelve months.

The population of Milam County is 24,892, with a racial diversity of 66.0% White, 10.7% Black, .6% American Indian, .5% Asian Pacific Islander, and 21.5% Hispanic. Milam County has the largest Hispanic population (by percent of population). The median household income is \$39,427, with 17.3% of families at or below the poverty level. Milam County has the highest unemployment rate at 10.7%. Approximately 38% of females, ages 18-64, are uninsured. In addition, 29.1% of adults, ages 25 and older, do not have a high school diploma.

Figure 4: Milam County



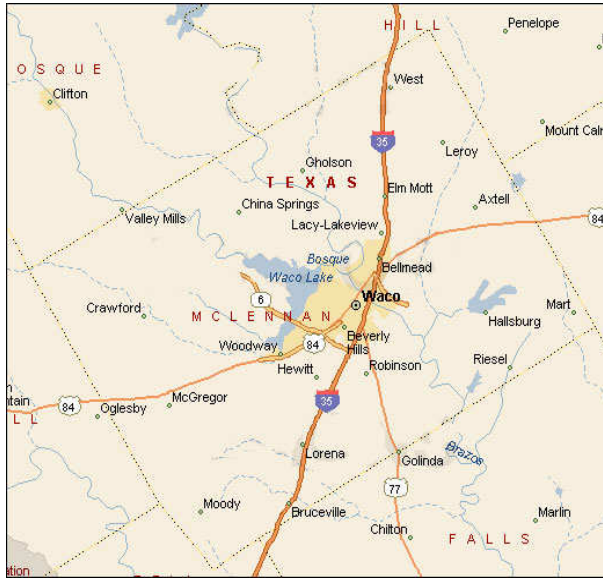
McLennan County (Figure 5)

McLennan County has the highest incidence rate of breast cancer at 117.4/100,000. This exceeds the state average of 116.3/100,000. The mortality rate is 22.9/100,000. Of the females, ages 40 and older, 37.9% have not had a mammogram in the last 12 months.

The population of McLennan County is 230,213, with a racial diversity of 61.5% White, 15.1% Black, 1.5% American Indian, 1.5% Asian Pacific Islander, and 21.3% Hispanic.

The median income for McLennan County is \$40,459, with 19.1% of families at or below the poverty level. The unemployment rate is 5.9% and 32.7% of females, ages 40 and older, are uninsured. Approximately 23.4% of adults, ages 25 and older, do not have a high school diploma.

Figure 5: McLennan County



Demographic and Breast Cancer Findings

After analysis of the demographic and breast cancer statistics, three counties were chosen as target areas. Falls County has a mortality rate that exceeds the state and national averages. It has the largest African American population, the highest percent of family incomes below the poverty level, and the highest percent of uninsured females.

McLennan County has the highest incident rate of breast cancer, exceeding the state average. It has the second largest Hispanic population and the second largest population of uninsured females.

Milam County is experiencing a significant increase in unemployment, currently at 10.7%. The county ranks third among the six counties in percent of uninsured females. However, this is on the rise with loss of jobs and benefits. It also ranks third in incidence of breast cancer and breast cancer mortality. Milam County has highest Hispanic population as a percent of the population.

Programs and Services



Data Source and Methodology Overview

The programs and services assessment included completing an inventory and mapping of providers and key organizations. Data resources included the Texas Medical Association, the National Association of Counties, the Texas Department of State Health Services, a web data base www.city-data.com, www.churchangel.com and the office of the Central Texas Affiliate.

Mapping was done in order to understand the geographical distribution of resources (Figure 6). Mammography services, hospitals and clinics, cancer centers, and Komen grantees are included on the asset map for the entire CTA area.

Programs and Services Overview

Health Care Services

Although there are a good number of health care services in the area, the majority of these services are clustered within the two centrally located counties of Bell and McLennan Counties. There are 1273 hospital beds within the six counties; 460 beds in McLennan County and 704 beds in Bell County. McLennan and Bell counties have the only cancer treatment centers, with

three each. There are twelve mammography facilities, five in Bell County, one in Bosque County, two in Coryell County (one of these at the women's prison), and four in McLennan County. The overwhelming majority of physician services are also located within Bell and McLennan counties.

The Breast and Cervical Cancer Early Detection Program has a presence within the affiliate counties. Services are provided through the Planned Parenthood of Central Texas clinics. These clinics are located in Waco, Texas (McLennan County), with one in Marlin, Texas (Falls County).

Komen Grants

The CTA granted thirteen grants to eight grantees in 2009. The grantees include Planned Parenthood of Central Texas, Inc., Providence Health Center, Community Cancer Association, Scott and White Center for Cancer Prevention and Care, Greater Killeen Free Clinic, American Cancer Society, Temple Community Free Clinic, and Hillcrest Hospital. Eight grants were for breast cancer screening/diagnostics and/or follow-up treatment. In addition, two were for breast cancer education, one for treatment of lymphedema, a condition that may occur following breast cancer treatment, one to cover cost of treatment medications and chemo-therapy, and one for symptom management. All grantees are physically located in Bell or McLennan Counties.

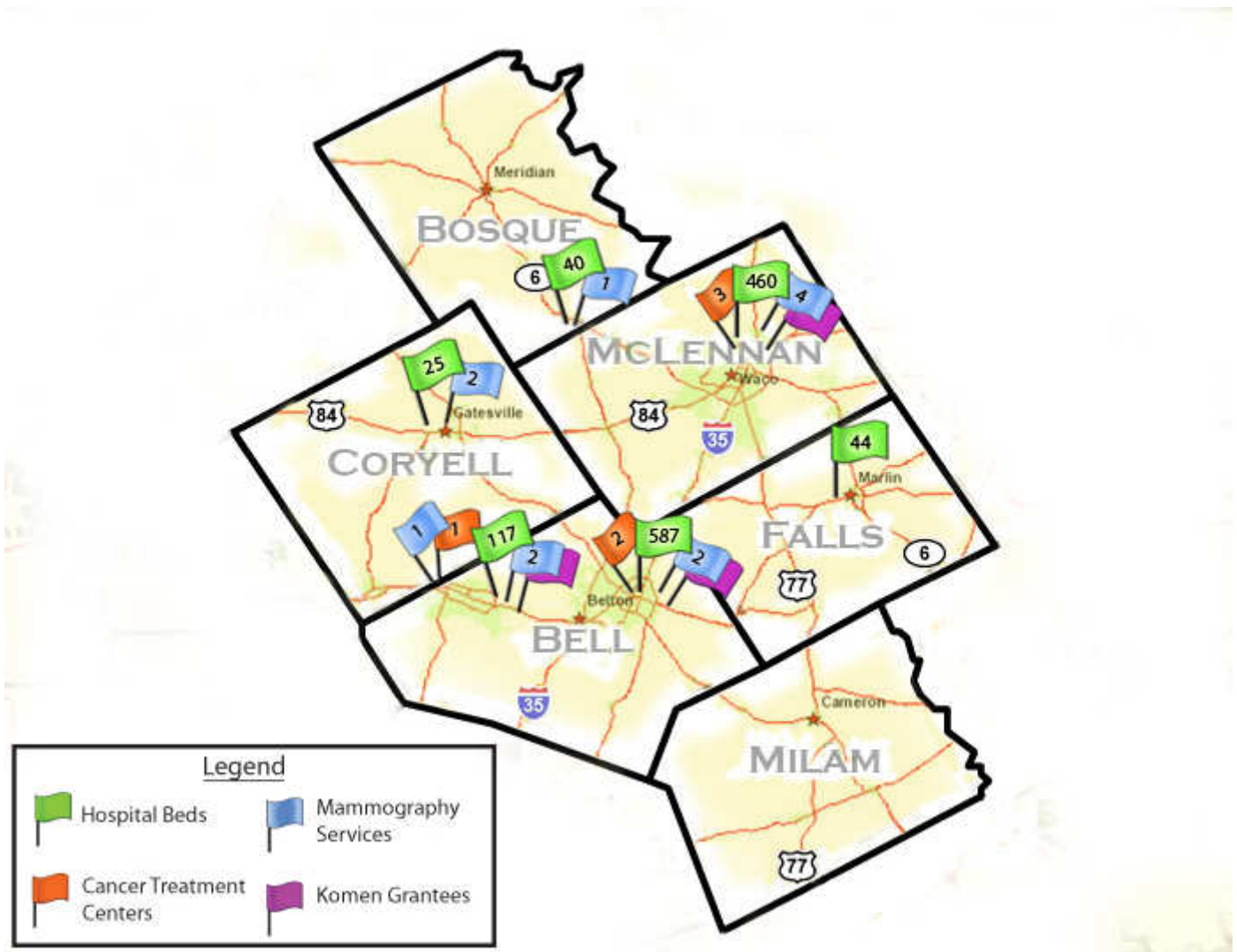
Target Areas

Falls County has a small 40 bed hospital in the county seat of Marlin, Texas. The hospital supports a small physician's clinic, with two Family Practice physicians. Women in Falls County typically travel to McLennan or Bell Counties to receive cancer screenings and care. The closest facilities are Hillcrest Hospital and Providence Health Center in Waco, Texas, a distance of approximately 30-35 miles. Falls County has the highest percentage of women who are uninsured and who have not had a mammogram. In addition it has one of the highest mortality rates and the highest percentage of an initial diagnosis of Stage IV breast cancer.

Milam County has no health care facilities located within the county. The closest facility for cancer care is Scott and White in Temple, Texas, a distance of approximately 35-40 miles. Of the six counties, it ranks third in incidence of breast cancer and breast cancer mortality. It has the second highest rate of uninsured females and the largest Hispanic population. It also has a high percentage of women who have not had a mammogram within the last twelve months.

McLennan County is fortunate to have a large number of services located within the county, the majority of them within the Waco, Texas area. However, it has the highest incidence of breast cancer, the second largest Hispanic population, and a large uninsured population. The scope of indigent care needs surpass the county's ability to meet those needs.

Figure 6: Asset Map





Partnerships and Grant Opportunities

The CTA has a real opportunity to strengthen their relationships with churches in the target areas. Church organizations are an ideal venue to provide education, support programs, and often times much needed services such as transportation. Faith based organizations have a strong presence in all the CTA communities and are ideally situated to reach out to a large portion of the population.

In addition, there is a unique opportunity to partner with health care providers in Bell and McLennan Counties to provide screenings and interventions locally in Milam and Falls Counties. Access is one of the greatest obstacles to good breast health care and lack of convenience is frequently cited as an access issue. Locally provided services would improve access and hopefully increase the number of women receiving screening and follow-up.

Promising Practices and Evidence-Based Programs

Patient navigation projects are prominent throughout the country. The first patient navigation program was established in 1990 at Harlem Hospital Center. The success of the program was demonstrated by a significant increase in the five year breast cancer survival rate following implementation of the program. Research on patient navigation is currently being done by the NCI's Center to Reduce Cancer Health Disparities.

Patient navigation is a process by which patients with suspicious findings are guided through and around barriers in the complex cancer care system to

help ensure timely diagnosis and treatment. Barriers include language, culture, communication, bias, and fear. A good navigation system ensures access to breast health services information and treatment.

Public Policy Perspectives

Breast and Cervical Cancer Services Program

Congress established the National Breast and Cervical Cancer Early Detection Program in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990.

The Breast and Cervical Cancer Services program (BCCS) offers clinical breast examinations and mammograms throughout Texas at no or low-cost to eligible women. These services are performed at over 200 sites throughout Texas by local and regional health care and community facilities. Since 1991, more than 194,000 women in Texas have received early cancer detection services, with over 2650 breast cancers diagnosed with BCCS funds.

The CTA is in the Region 7 service area of the BCCS. Services are provided through Planned Parenthood of Central Texas clinics. There are several clinics in the CTA areas, all in McLennan County except for one in Falls County. These clinics have received grants from the CTA for several years. However, that is the extent of the working relationship with the BCCS. The CTA will need to form a stronger, closer working relationship with the BCCS at both the Region 7 and state levels.

County Leadership

Currently, the CTA has no active role or relationship with local government. In order to address the disparities and service gaps within the communities, CTA will need to develop these relationships. Education and marketing will be crucial.

The county governments are made up of a five member Board of Commissioners, with four elected commissioners, one from each precinct, and an elected county judge. Efforts in Falls and Milam counties should focus on county governments, as both counties are substantially rural. In McLennan County, a strong working relationship should be developed between Waco City government as well as McLennan County government.

Policy Efforts:

Lack of insurance is one of the most critical factors for an individual diagnosed with breast cancer. Navigation through the system and access to good care become very difficult. It is imperative that the CTA continue to participate in advocacy programs related to the uninsured and access to care.

Texas currently ranks second among all states for the medically uninsured, with a rate of 30%. Disparities based on race and ethnicity also exist. People of racial and ethnic minorities are less likely to have health insurance than whites. In Texas, 60.4% of Hispanics, 43% of Blacks, and 35.85% of “other” ethnic minorities are uninsured.

Screenings and diagnostic services are provided to the uninsured through the BCCS. If diagnosed with breast cancer, the individual may qualify for Medicaid under certain conditions. Criteria include:

- A diagnosis of breast cancer
- Low-income, 200% of the Federal Poverty Level
- Uninsured
- Under age 65
- A Texas citizen
- A US citizen or qualified alien

Programs and Service Findings

Of the three target areas, McLennan County has the greatest number of health care providers and services. It has 560 hospital beds, four mammography centers, and three cancer centers. It also has a large Family Practice Clinic that treats a large indigent population. The BCCS provides services through the Planned Parenthood of Central Texas. All these services are concentrated in the Waco, Texas area of McLennan County.

By comparison, Milam County has no health care services located within the county. The closest facilities/services are in Bell County, a distance of 30-40 miles. Although health care services are non-existent, the county has a strong faith-based community, with approximately 69 churches located in the county. These churches can play a key role in advocating for access to care and providing breast cancer education.

Falls County has a small community hospital of 40 beds and two Family Practice physicians. There is a small Planned Parenthood of Central Texas clinic in Marlin, Texas. To receive cancer services, residents usually go to McLennan County, a distance of 30-35 miles. Falls County also has a strong faith-based community with 55 churches located in the county.

Of the eight grantees, three are physically located in Bell County and five in McLennan County. Six of the grantees report providing services to residents

in all six CTA counties. However, only Planned Parenthood of Central Texas has a physical presence in Falls County and there is no grantee presence in Milam County. None of the grantees report focused efforts to market to or improve access to care in either Falls or Milam Counties.

Exploratory Data



Data Sources and Methodology Overview

The weakness in this profile is related to the lack of exploratory data. Fifty surveys were sent to health care providers and key informants. Only six were returned. Twenty-six surveys were completed during a Survivor Support meeting in April, 2009. Numerous attempts were made to telephone interview key informants, but all failed. Due to the scarcity of data, the decision was made to include results from a selected number of interviews and surveys completed for the 2006 Community Profile, reconciling the data for current conditions.

The survey mailed to health care providers included a mixture of 20 open and closed questions. The questions were further divided into topics of breast health education, diagnostics and treatment, financial support, and partnerships. Of the surveys returned, four were from providers in McLennan County, the remaining two from Bell County.

Twenty-eight surveys were completed by survivors. The survey included eight open-ended questions. The questions included type of cancer, the method of discovery, the course of treatment, and where treatment was received. In addition, the survey attempted to discover anything that was

particularly helpful for the survivor, either during or after the course of treatment. Twenty-six survivors completing the survey live in McLennan County. One survivor was from Falls County and one from Hamilton County.

The 2008 grant applications were mined for additional data. Information of interest included service areas, number of women served and types of services provided. This information was found on the Komen web site, in the Affiliate Corner.

Exploratory Data Overview

Grantees

Of the nine 2008 grantees, three are physically located in Bell County, with two providing services to Bell County residents only. Scott and White Cancer Prevention and Care reported services provided to residents in all six CTA counties. The grant focused on screening mammography for low-income Hispanic women. Scott and White is located approximately 30-45 miles from the target counties. Access for those living in the target counties may be difficult.

The remaining six grantees were physically located in McLennan County. The American Cancer Society, Community Cancer Association, Hillcrest Hospital, and Providence Health Center report serving residents in all six CTA counties. Family Health Center and Planned Parenthood of Central Texas limited grant funds to residents in McLennan County. As a target area, McLennan County realizes a disproportionate amount of support and services from grantees. Residents from Falls and Milam Counties must travel 30-45 miles to access services from these grantees.

Provider Surveys

All providers responding to the survey indicated the need for non-English breast health educational materials. Milam and McLennan Counties have the largest Hispanic populations and the greatest need cited was for Spanish materials. Sources for educational materials included the American Cancer Society, the National Cancer Institute, Health EdCo and Customized Communications, Inc. Only two respondents cited Komen as a source for educational materials. Several respondents cited a need for increased/improved minority education on breast cancer health.

Answers to the question, "How would you describe the women in your community who are least likely to be getting regular breast cancer screening", were all similar. Respondents indicated that these women are more likely to

be low-income and/or uninsured. In addition, the answers were the same to the question, “what are the biggest barriers that prevent women from seeking or obtaining breast health services in your community”. Texas has the second highest rate of medically uninsured at 30% of total population. The estimated uninsured rates for the target counties, adjusted for age and gender (women 40 years of age and older) are 40% in Falls County, 38% in Milam County and 32% in McLennan County.

Additional responses to the above questions included fear and lack of knowledge. Fear was cited as a barrier to regular breast cancer screening and diagnostics. Providers also reported lack knowledge regarding available resources and treatment options.

All providers indicated they provide indigent care. Many of them provide free or discounted screening mammography through the Komen granting process. The Family Practice Center in McLennan County is a federally qualified health center, providing care to the residents of McLennan County with incomes below 200% of federal poverty guidelines.

Survivor Surveys

There were 25 responses to the question, “how was your breast cancer initially discovered”. Sixty percent cited screening mammography, 32% self breast examination. The remaining responses included physician examination and breast discharge.

The overwhelming response to the question, “was there anything you did or someone did for you that you found especially helpful”, was emotional support. Several respondents cited support and prayers from their church congregations. Support of family and friends was crucial and shown in a variety of ways. Providing transportation to and from treatment facilities and physician office visits, making and delivering meals, changing bandages, making calls, and even making a “mastectomy pillow” to cushion the surgical site from the seat belt, were all examples of support given and considered important.

Two respondents cited Reach to Recovery as helpful, not only for aftercare support, but for the education provided as well. Two respondents reported that self-education, through the internet provided them with a level of control over their disease and treatment plan. One respondent reported emotional support through participation in a sentinel node research project.

Only 27% of survivors report participation in an organized support group. Of those that do participate, 40% cited the American Cancer Society support program, 40% cited Komen’s, and 20% reported participation in both.

Exploratory Data Findings

Findings indicate a need to educate women on breast health in all target areas, particularly in Falls and Milam Counties. This education needs to occur within the county to improve access. Additionally, there is a need to focus on education for minorities, particularly the Hispanic population.

The primary barrier to good breast health care is poverty and the high rates of uninsured individuals in the target counties. Women who are uninsured and/or low-income do not seek out or participate in preventative and screening services. The amount of indigent care surpasses the ability of the counties to meet all needs.

The poor participation of providers and key informants in this community profile process is a telling story. There is insufficient knowledge and understanding of Komen's and the CTA's role and purpose, particularly in Milam and Falls Counties. Although most are aware of the "Race", in many cases, that is the sum total of their awareness. There is a tremendous need and opportunity for the CTA to market their purpose and services in Falls and Milam Counties.

Conclusions

Putting the Data Together

A combination of breast cancer statistics, demographics, and economic factors determined the target areas for CTA's 2009 Community Profile. Disparity in the distribution of resources and services was also factor. The follow-up data collection was used to clarify and strength the choices made. The three target areas chosen include Falls, Milam and McLennan Counties.

Target Area Findings

Falls County

Falls County's breast cancer mortality rate is above the state and national averages at 25.2/100,000. It has the largest African-American population and the largest uninsured population. It is the poorest county in the CTA, with 27.7% of families at or below the poverty level.

Healthcare services are scarce in the county. There is a small 40-bed community hospital in the county seat of Marlin, but no structured mammography services, oncologists, or cancer treatment centers. Planned Parenthood of Central Texas has a small clinic in Marlin, functioning as a referral center. Residents are referred to McLennan or Bell Counties for screenings and cancer care, a distance of 30-45 miles.

There was zero response to provider surveys and requests for key informant interviews from Falls County. In addition, no relationship exists between county leadership and the CTA. There appears to be insufficient knowledge and awareness of Komen's role and purpose in the fight against breast cancer.

Milam County

Milam County has a breast cancer mortality rate of 23.2/100,000 and an incident rate of 102/100,000. It has the largest Hispanic population and the second largest uninsured population. Over 17% of families are at or below the poverty level and Milam County has the highest unemployment rate.

There are no health care providers/services in the county. The majority of the residents seek services in either Bell or McLennan Counties, a distance of 30-45 miles. The CTA has no relationship with county leadership.

McLennan County

McLennan County has the highest breast cancer incident rate at 117.4/100,000, exceeding the state average of 116.3/100,000. It has the second largest Hispanic population and a large uninsured population. Over 19% of families in the county are at or below the poverty level.

The county has a plethora of health care and cancer services, the majority located in the county seat of Waco, Texas. There are approximately 460 hospital beds, three cancer centers, and 4 mammography centers. These facilities and clinics provide a significant amount of indigent care. However, the needs exceed the resources.

Selecting Affiliate Priorities

After careful review of the demographic and breast cancer statistics, available community programs and services, and exploratory data, the Community Profile team established two priorities. The priorities were used to develop an action plan. These priorities and action plan were approved by the CTA's Board of Directors.

Priority 1: Increase awareness of breast health and breast cancer services in the target counties.

Priority 2: Partner with community leaders to increase access to services for all women in target counties.

Affiliate Action Plan

Priority 1: Increase awareness of breast health and breast cancer services in the target counties.

Objective 1: In FY 2010, fund two outreach/awareness campaigns for women in each target county.

Objective 2: In FY 2010, fund one awareness campaign for county and church leaders in both Milam and Falls Counties, with the intent of forming long-term working relationships with these leaders.

Objective 3: In FY 2010, establish a relationship with the leaders of Falls Community Hospital, using the facility as a venue for education and awareness programs.

Priority 2: Partner with community leaders to increase access to services for all women in target counties.

Objective 1: In FY 2010, incorporate in RFP a partnership grant encouraging providers in Bell and McLennan Counties to initiate the provision of services locally in Milam and Falls Counties.

Objective 2: In FY 2010, begin a small grants program with extensive outreach to community based organizations and churches in Milam and Falls Counties.

Objective 3: In FY 2010, partner with/provide funding to an area health care provider(s) to establish a patient navigation program.

Objective 4: By December 2009, hold one grant writing workshop in each target county aimed at existing health care providers, churches and faith-based organizations, and other appropriate community organizations.

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