

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



SUSAN G. KOMEN®
CENTRAL TEXAS

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® is the world's largest breast cancer organization, funding more breast cancer research than any other non-profit while providing real-time help to those facing the disease. Komen Central Texas' promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures for the people of Central Texas. The history of the Komen Central Texas is rich with many dedicated and passionate breast cancer survivors, volunteers, and advocates who donate their time, energy, and knowledge to the mission of eradicating breast cancer as a life-threatening disease.

Susan G. Komen Central Texas began in 1999 with a small group of survivors and activists committed to spreading the life-saving message of early detection and supporting breast cancer programs in Central Texas. In 2000, Komen Central Texas was incorporated and hosted their first Annual Race for the Cure® in 2001. Komen Central Texas has grown exponentially since and has provided the Central Texas community with an outlet to support the fight against breast cancer, remember those who have lost the battle, and celebrate those who are surviving. For instance, there were over 1,600 registered participants in the 2014 Race for the Cure®, generating a little over \$100,000 in proceeds. Over the past 14 years, Komen Central Texas has funded more than \$2 million in local grants for life saving breast health education, screening, and treatment for the uninsured and medically underserved. The remaining net income has been contributed to the Susan G. Komen Research Programs, funding cutting-edge research internationally.

Susan G. Komen Central Texas lies within the Heart of Texas, centrally located between the urban cities of Dallas/Fort Worth and Austin, Texas. The Komen Central Texas service area is comprised of six counties to include Bell, Bosque, Coryell, Falls, McLennan, and Milam Counties. The majority of counties within the Komen Central Texas service area exceed the national average of citizens living with less than a high school education at 14.6 percent. Corresponding to poor education outcomes, the poverty level within the Komen Central Texas service area greatly exceed the national average. However, unemployment percentages within the Affiliate's region are very similar to the national average of 8.7 percent. In the United States, 33.7 percent of Americans earn an income below the 250 percent poverty line. Unfortunately, all six counties within the Komen Central Texas service area exceed the national average of citizens living below the 250 percent poverty line.

Central Texas is comprised of many small towns causing a large number of residents in the Komen Central Texas service area to live in rural areas. Only 19.3 percent of American citizens live in rural areas, whereas 81.2 percent of Bosque County residents, 67.4 percent of Falls County residents, and 56.2 percent of Milam County residents are considered rural tenants. This corresponds to a large number of Central Texas residents living in medically underserved areas. According to the Health Resources and Services Administration, Bosque County, Coryell County, Falls County, and Milam County are all designated as medically underserved areas. The combination of high poverty levels, large percentages rural residents, and medically underserved areas could indicate lack of health insurance or low transportation services,

especially to the two counties, Bell and McLennan, with the highest density of health care services.

Currently, Komen Central Texas serves on the Community Health Improvement Plan (CHIP) Women's Health Workgroup for McLennan County, which was formed in 2013 by City of Waco leadership after a community needs assessment revealed a need for a focus on women's health. The mission of CHIP's Women's Health Workgroup is to improve women's health in McLennan County through the formation and implementation of a strategic plan as designated by goals including to increase the number of women receiving an annual well-woman exam, increase the number of women receiving prenatal care by the end of their first trimester, and to increase the number of women receiving screening mammograms. Susan G. Komen Central Texas has proven to be an invaluable resource because of knowledge and resources pertaining to screening mammograms and breast cancer. The Komen Central Texas also sits on the Providence Breast Center Advisory Board to annually discuss new breast cancer knowledge, breast center logistical issues, and to collaborate with other members to continually enhance the breast center.

The data obtained from comprehensive Community Profile research and analysis will be used to assist Komen Central Texas in directing the Affiliate's activities and resources to ensure that the Affiliate's promise of saving lives and ending breast cancer forever is kept alive within the Central Texas community. The Community Profile contains an analysis of demographic and breast cancer statistics to highlight target areas with the greatest needs and service gaps. This information will be used within the Central Texas community to increase educational efforts in target areas, improve marketing awareness of Susan G. Komen in targeted areas, prioritize the granting process, improve public policy efforts, and identify opportunities for partnerships and collaboration with community leaders. Data collected from the Community Profile process will be shared with the Community Health Improvement Plan, Women's Health Work Group, and Providence Breast Health Center Advisory Board. The Community Profile Report will also be shared in the community through health systems, legislators, and media outlets to market the Affiliate's grant opportunities, as well as community outreach efforts to build partnerships with local sponsors and constituents.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

In order to utilize resources most effectively, Susan G. Komen Central Texas has chosen two target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities that show an increasing chance of underserved populations not receiving proper breast health services and access to care. These barriers may result in late-stage diagnosis or worse, death from breast cancer.

When selecting target communities, the Affiliate referred to the female breast cancer incidence rates and trends, death rates and trends, and late-stage incidence rates and trends within Central Texas. Additional key indicators the Affiliate reviewed when selecting target

communities included, but were not limited to incidence rates and trends, death rates and trends, late-stage diagnosis rates and trends, below average screening proportions, residents living below poverty level, uninsured residents, and residents living in rural areas. Counties that did not meet or are not likely to meet the designated Healthy People 2020 targets are labeled as target communities. Healthy People 2020 is a government initiative that provides specific health objectives for communities and the country as a whole, including goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage. The selected target communities are Bosque County and McLennan County. With interventions in each of the two designated target counties, the Affiliate is expecting to see a decreased number of new cases found at a late-stage in Bosque County and decreased breast cancer death rates in McLennan County by 2019.

Bosque County was designated within the Quantitative Data Report as being a high priority area because it is not likely to meet the late-stage rate Healthy People 2020 target. Although, not significantly different from the Affiliate as a whole, late-stage trend of new breast cancer cases in Bosque County of 4.5 percent per year indicate that new cases found in a later stage of breast cancer are increasing. An increase in the number of late-stage diagnoses is concerning. This suggests that more women will be diagnosed with breast cancer at a late-stage. Late-stage diagnosis complicates treatment and can lead to a poorer outcome of survival.

Bosque County is designated as medically underserved and has a substantially higher percentage of rural residents. A medically underserved population is one that has alarming levels of; the ratio of primary physicians per 1,000 citizens, infant death rate, percentage of citizens over the age of 65, and the percentage of the population with incomes below the poverty level (Health Resources and Services Administration, 1995). Over one-quarter of Bosque County residents do not have health insurance. The combination of high uninsured percentage, rural residencies, and limited access to medical care presents concern. Future efforts in Bosque County will also take into consideration that an extremely large percentage of the population is older. Breast cancer becomes more common as women grow older; increased risk of breast cancer is a result of simply being female and growing older (Susan G. Komen, 2013). Bosque County has the largest percentage of women over the age of 40 within the counties the Affiliate serves. The health systems analysis component of this report will take a deeper look at the available breast health services in Bosque County. Due to the region's rural nature and being designated as medically underserved, it is vitally important to gain a clear understanding of how accessible breast health services are in the region.

McLennan County was designated within the Quantitative Data Report as being a medium-high priority area because of not being likely to meet the death rate Healthy People 2020 target. The death rate in McLennan County is 27.9 breast cancer deaths per 100,000 citizens. Death rates are also higher within Black/African-American and Hispanic/Latina populations versus any other population in McLennan County. 23.3 percent of women in McLennan County are of Hispanic/Latina origin, while 16.2 percent of women are of Black/African-American descent. McLennan County not being likely to meet the death rate Healthy People 2020 target may be

associated with the county's high rates of poverty and the large percentage of minority populations.

McLennan County residents are more likely to have earned less than a high school education compared to other counties in the Affiliate service area. This could be related to the considerable amount of McLennan County residents living in poverty. 40.0 percent of McLennan County residents live below the 250 percent poverty income. The poverty in McLennan County is also more extreme with 21.7 percent of residents living below the 100 percent poverty income with the national rate being 14.3 percent. The low socioeconomic characteristics of McLennan County indicate a potential concern about women's access to affordable breast health care. McLennan County is comprised of a metropolitan area where services are more likely to be available. However, based on data regarding diversity, it appears many McLennan County residents would benefit from services within their neighborhoods that are reduced cost, culturally sensitive, and easily accessible.

Health Systems and Public Policy Analysis

The programs and services assessment included completing an inventory and mapping of providers and key organizations. Mapping was done in order to understand the geographical distribution of resources, such as hospitals, FDA approved mammography centers, cancer centers, health departments, and free clinics. This analysis is essential to determining how the Affiliate will invest resources to improve the quality of life of women in the Central Texas community.

In Bosque County, 81.2 percent of residents live in a rural area. With Bosque County being a predominantly rural county, which has access to one hospital, one mammography facility, and one satellite cancer center results in the county having breast cancer services available for screening, diagnosis, and treatment. However, 26.1 percent of Bosque County residents are living with no health insurance. Thankfully, Bosque County's only mammography facility, Goodall-Witcher Healthcare, has one reduced rate program known as Breast Care Program, which offers fully funded mammography services for women without insurance who meet eligibility guidelines. If over one-quarter of residents are living without insurance, the lack of community health centers, free clinics, and reduced rate mammography programs do bring unease.

McLennan County has a comprehensive health system that has breast cancer screening, diagnostic, and treatment services available. With two large hospitals, three mammography facilities, two cancer centers, and one public health district, citizens have access to options and well-rounded care. Being that McLennan County is home to the second highest poverty level in the Komen Central Texas service area, having ten community health centers and two free health clinics is outstanding.

Planned Parenthood of Greater Texas and Providence Breast Health Center provides women that are uninsured or low-income free or low-cost mammograms and follow-up care which

demonstrates great efforts are being made to reduce the late-stage incidence rate in McLennan County. This effort is magnified by the fact that a grant provided by Susan G. Komen® Central Texas catches women who may not be deemed as low-income, but still need financial assistance for a clinical breast exam, mammography, and/or diagnostic screenings. Breast and Cervical Cancer Services (BCCS) also provides mammograms to uninsured or low-income women between the ages of 40 and 64 years through the Planned Parenthood of Greater Texas in Waco by providing a voucher to either the mammography facility at Providence Breast Health Center or Baylor Scott & White Hillcrest. In addition, the Providence Breast Health Center partners with the Family Health Center to provide women that are uninsured or low-income, free or low-cost mammograms and follow-up care. It is important to note that these services offered by the Family Health Center are only available to McLennan County residents, which excludes women from Bosque County.

The health systems analysis indicated that the majority of health facilities are located in McLennan County. In fact, McLennan County is the only county within the Affiliate service area with community health centers and free health clinics. Other counties with very high poverty and uninsured levels may not have access to these facilities. Lack of transportation, monetary means, or knowledge of existing free health clinics or discounted health services could all be factors in women being unable to enter the Continuum of Care. McLennan County is also the only county within the Affiliate service area with a clinic that receives NBCCEDP funding.

Health care reform through the Affordable Care Act (ACA) aims to increase access to breast and cervical cancer screening services for many low-income, underserved women through expanded insurance coverage and eliminating cost-sharing. To ensure women have access to preventive health services, the health care law requires all new, non-grandfathered, private insurance plans to cover mammograms every 1-2 years for women over the age of 40, with no cost-sharing. One of the requirements for Texas women to be eligible for NBCCEDP is being uninsured or otherwise not eligible for Medicaid. There is fear that the number of women eligible for NBCCEDP may increase due to Medicaid not being expanded in the State of Texas.

Texas has the highest rate of uninsured citizens in the nation. According to the Quantitative Data Report, 21.3 percent of people living in the Komen Central Texas service area are without health insurance. Even though the Affordable Care Act is in place, community health centers and nonprofits in Central Texas will continue serving a large uninsured population. Therefore, the current access to care issues will cause Susan G. Komen Central Texas to continue helping large volumes of uninsured citizens through their local grants program.

Qualitative Data: Ensuring Community Input

Within the Susan G. Komen® Central Texas service area, Bosque County is of the highest priority due to not being likely to meet the Healthy People 2020 late-stage incidence rate target, while McLennan County is projected to not meet the Healthy People 2020 breast cancer death rate. Bosque County's quantitative data were frequently suppressed due to small numbers. Therefore, qualitative research methods were implemented within Bosque County to better

understand the situational and environmental contexts behind the lack of numerical data. Qualitative research methods were also employed in McLennan County to further explore the breast health and breast cancer issues highlighted by the quantitative data. Qualitative data collection was utilized to provide insight into Bosque County and McLennan County's personal and community perceptions of breast cancer, attitudes and beliefs about disparities, current breast health education trends, health care access and barriers, utilization and quality of services, and other key assessment variables. In addition, the qualitative process can provide the community perspective as to what is working, what is not working, and what are the various barriers that lead to gaps in access, utilization, and quality of services. Both key informant interviews and focus groups were implemented to collect this information.

Community stakeholders were selected to take part in twelve key informant interviews to not only provide personal statements, but to also speak on behalf of the local communities that they represent. These stakeholders were selected based on their association with target communities. Six focus groups, three within each target community, were also conducted to better understand the breast cancer perceptions of community members within the target communities. Focus groups were selected as a data collection method because of their explicit use of group interactions. Community members may have a greater response when interacting with other community members and commenting on each other's experiences and points of view, rather than a researcher simply asking each participant to answer questions.

Both a qualitative resource expert and the Community Profile Team conducted a hand thematic analysis utilizing the verbatim transcripts and recordings. Data were processed and recorded immediately after key informant interviews and focus group discussions. The thematic analysis process involved coding to record patterns and draw accurate conclusions from the data. The data were reduced after all key informant interviews and focus group discussions were implemented, processed, and coded. Reduction of the data involved decreasing the number of codes to only those that were meaningful to breast health or breast cancer issues. The qualitative resource expert and Community Profile Team agreed on meaningful themes to encompass a number of codes. Once the data were coded and further broken down into themes, a demographic table was created to ensure equal representation across both target populations within the qualitative data collection. Meaningful themes and codes guided the interpretation of the qualitative data. The detailed interpretation can be found in the qualitative section of the Community Profile.

Research participants believe that there is sufficient breast cancer awareness within Bosque County. However, self-breast exams and mammograms were frequently discussed during focus group sessions. Self-breast exams are not recommended as a screening tool for breast cancer because studies have proven self-breast exams to not provide the early detection and survival benefits of other screening tests (Susan G. Komen, 2014). Women also expressed not knowing if there were local programs that offered mammograms to uninsured individuals or even which local clinics had mammography equipment. Therefore, updated health education efforts are necessary within Bosque County. Barriers to breast health within Bosque County were predominantly related to finances and insurance because participants' insurance would

only cover certain clinics and a number of those clinics do not have mammography equipment. With Bosque County having only one mammography machine to serve the entire county's population, assessing key variables associated with the accessibility and barriers to this single mammography facility were of the utmost priority. During key informant interviews, community stakeholders were mainly concerned with women living in rural communities and older women not having access to the mammography equipment at Goodall-Witcher Hospital, especially those living in Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County.

McLennan County residents were not aware of any breast cancer education happening within their local communities, but were very aware of Race for the Cure. However, the majority of Black/African-American participants were aware of free breast cancer screening coupons from Planned Parenthood. Because of the lack of health education, participants expressed depending on their doctors for information. The majority of participants also have confidence in the medical community to remind them of scheduling breast health screenings. However, these are women with access to care. Participants suggested more personal educational events in smaller, intimate settings, such as potluck dinners or girl parties within neighborhoods.

Barriers to breast health within McLennan County were predominantly related to lack of money, insurance, and transportation. Others expressed that mammograms simply hurt. One participant also shared that, "There is a stigma to going to the doctor, especially within the Hispanic/Latino or Black/African-American culture. They would rather not know if there is bad news." With the county's high percentages of impoverished citizens, as well as minority groups, further data collection was necessary concerning underserved neighborhoods, such as East Waco, within McLennan County. Several stakeholders voiced that the increasing rates of breast cancer deaths may be occurring within these underserved regions. If resources are not developed within East Waco and other lower-income areas, then more thorough public transportation within low-income neighborhoods to areas with health care facilities is imperative. The majority of participants expressed that it would be easier to access breast health within McLennan County if there was a mobile mammogram bus that could travel to women's church ministries, community centers, schools, and alumnae sorority events. It was also suggested to normalize breast issues and make the breast health care facilities more inviting and holistic.

Mission Action Plan

The triangulation of diverse data sources from the target communities creates the basis of the problem statements within Bosque County and McLennan County.

Susan G. Komen Central Texas priorities within Bosque County include:

- Increase Affiliate initiatives within Bosque County to develop awareness and education regarding breast health.
- Increase breast health outreach to Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County; qualitative research exposed concern for rural towns in northern Bosque County.

Susan G. Komen Central Texas priorities within McLennan County include:

- Increase community outreach within Black/African-American and Hispanic/Latina communities in McLennan County.
- Partner with community-based outreach/health organizations to effectively promote breast health education and services including breaking down cultural barriers for Black/African-American and Hispanic/Latina women living in McLennan County.
- Increase access to culturally competent breast health services among Black/African-American and Hispanic/Latina women over the age of 40 living in McLennan County.

Bosque County Problem Statement: Quantitative Data revealed Bosque County is not likely to meet the late-stage rate Healthy People 2020 target. The late-stage trend of new breast cancer cases in Bosque County of 4.5 percent per year indicate that new cases found in a later stage are increasing.

- Priority 1: Increase Affiliate initiatives within Bosque County to develop awareness and education regarding breast health.
 - Objective 1.1: By 2017, collaborate with a Bosque County health care institution to provide breast health care and outreach efforts throughout Bosque County.
 - Objective 1.2: In FY 2016, develop a collaborative RFA grant encouraging providers in Bosque County to partner with other providers in the county to submit proposals that offer subsidies for mammograms for uninsured women in Bosque County.
 - Objective 1.3: By 2017, increase the Affiliate's marketing and outreach of grant applications for evidence-based education and screening programs from organizations that serve Bosque County by 25 percent.
 - Objective 1.4: In FY 2016, partner with a Bosque County organization to arrange small group education classes on breast self-awareness in at least three locations throughout Bosque County.
- Priority 2: Increase breast health outreach to Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County; qualitative research exposed concern for rural towns in northern Bosque County
 - Objective 2.1: By March 2016, meet with at least one community organization or faith community that services residents residing in Morgan, Cranfills Gap, and Iredell to discuss breast health outreach.
 - Objective 2.2: By March 2017, partner with at least one organization in northern Bosque County and Goodall-Witcher Hospital to provide a culturally appropriate breast health event where women over the age of 40 can sign up for a mammography appointment.

McLennan County Problem Statement: According to the Quantitative Data Report, McLennan County has larger than average percentages of Black/African-American and Hispanic/Latina women; these populations may be disproportionately affected by increasing death rates due to breast cancer in McLennan County.

- Priority 3: Increase community outreach within Black/African-American and Hispanic/Latina communities in McLennan County
 - Objective 3.1: By January 2017, partner with a McLennan County mammography facility to register women for breast cancer screening at two community events with a large percentage of Black/African-American or Hispanic/Latina attendees, such as the Juneteenth Celebration or the CenTex Hispanic Chamber of Commerce's Women's Health Fair.
 - Objective 3.2: By August 2016, market the need for culturally tailored health education programs within the Black/African-American and Hispanic/Latina communities in McLennan County.
- Priority 4: Partner with community-based outreach/health organizations to effectively promote breast health education and services including breaking down cultural barriers for Black/African-American and Hispanic/Latina women living in McLennan County
 - Objective 4.1: By September 2015, reach out to at least three predominantly Black/African-American community organizations or faith communities, with a focus in East Waco, to hold breast cancer community outreach presentations and or arrange small group education classes on breast self-awareness in at least five locations throughout McLennan County.

McLennan County Problem Statement: Qualitative research highlighted concern that Black/African-American and Hispanic/Latina women in McLennan County have limited access to culturally competent health care services.

- Priority 5: Increase access to culturally competent breast health services among Black/African-American and Hispanic/Latina women over the age of 40 living in McLennan County
 - Objective 5.1: In 2015, develop collaborative relationships with at least three community-based organizations whose target population is Black/African-American and or Hispanic/Latina women in McLennan County.
 - Objective 5.2: In FY 2016, develop a collaborative RFA grant encouraging providers in McLennan County to partner with other providers in the county to submit proposals that offer subsidies for mammograms for uninsured women in McLennan County.

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

Introduction

Affiliate History

Susan G. Komen® 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. Komen Central Texas was founded in 1999 and held its first Race for the Cure® in 2000. The Komen Central Texas Race for the Cure features 5K running and walking courses, as well as a 1K Fun Run and walking course. There were over 1,600 registered participants in the 2014 race, generating around \$140,000 in proceeds. This event provides the community with an opportunity to support the fight against breast cancer, to remember those who have lost the battle, and to celebrate those who are surviving.

Over the past 14 years, Komen Central Texas has funded more than \$2 million in local grants for life saving breast health education, screening, and treatment. Up to 75.0 percent of the net income raised by the Affiliate is awarded through grants to non-profit organizations providing breast cancer education, screening, and treatment for the uninsured and medically underserved. The remaining 25.0 percent of the net income is contributed to the Susan G. Komen Award and Research Grant Program, which funds cutting-edge research internationally. In 2014, Komen Central Texas invested \$88,611.00 in local grants and nearly \$35,000.00 to the national research programs.

Currently, Komen Central Texas serves on the Community Health Improvement Plan Women's Health Workgroup for McLennan County, which was formed in 2013 by City of Waco leadership after the community needs assessment revealed a need for a focus on women's health. The mission and purpose of the group aims to improve women's health in McLennan County through the formation and implementation of a strategic plan. The goals of the group are to increase the number of women receiving an annual well woman exam, to increase the number of women receiving prenatal care by the end of their first trimester, and to increase the number of women receiving screening mammograms. Komen Central Texas was asked to join this group because of knowledge and resources when it comes to screening mammograms and breast cancer. Komen Central Texas also sits on the Providence Breast Center Advisory board and as a member the board meets yearly to discuss any issues or new knowledge the breast center experienced over the past year, and to collaborate with other members on ideas, concerns, or to provide input.

Affiliate Organizational Structure

Susan G. Komen Central Texas offices are located at 3000 Herring Avenue, 4E, Waco, Texas. Komen Central Texas employs one full-time staff member and one part-time staff member and is governed by a six member Board of Directors, coordinating and overseeing two working committees (Figure 1.1). The first committee that the board oversees is The Race Committee, which has the responsibility to implement the Race plan, as approved by Affiliate Board, as well as the authority to carry out the job as described. The Race Committee may not obligate the Affiliate or parts thereof to any affiliation or action without specific approval of the board and proper coordination. The second committee that the board oversees is the Board Development

Committee, which is responsible for the ongoing review and recommendations to enhance the quality and future viability of the Board of Directors. It focuses most heavily on five areas: board role and responsibilities, board composition, board knowledge, board effectiveness, and board leadership. The Board Development Committee's specific duties can also vary depending upon board needs at any specific time, in addition to a focus on evolving practice.

Destiny DeLillo serves as the executive director of Komen Central Texas, while Melissa Peguero is employed as the development coordinator. Gregory Barton serves as the president of the Board of Directors, while Samantha King serves as treasurer and Jane Allen serves as secretary. The at large board members consist of Cecilia Pena, Andrea Clendennen, and Shenequa Williams.

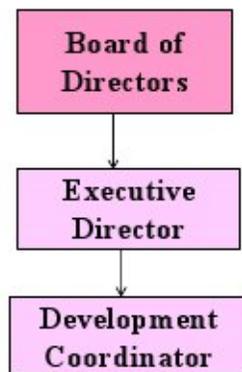


Figure 1.1. Susan G. Komen Central Texas organizational structure

Affiliate Service Area

Komen Central Texas lies within the Heart of Texas, centrally located between the urban cities of Dallas/Fort Worth and Austin, Texas. The Affiliate region is comprised of six counties to include Bell, Bosque, Coryell, Falls, McLennan, and Milam Counties (Figure 1.2).

The majority of counties within the Komen Central Texas service area exceed the national average of citizens living with less than a high school education at 14.6 percent. For instance, 23.7 percent in Falls County residents, 19.2 percent in McLennan County, 19.2 percent in Bosque County, and 18.4 percent in Milam County have earned less than a high school education.

Corresponding to poor education outcomes, the poverty levels within the Komen Central Texas service area greatly exceed the national average. However, unemployment percentages within the Affiliate's region are very similar to the national average of 8.7 percent. In the United States, approximately 14.3 percent of citizens earn an income below the 100 percent poverty line, whereas a shocking 23.6 percent of Falls County residents and 21.7 percent of McLennan County residents live with means under the 100 percent poverty line. 33.7 percent of Americans earn an income below the 250 percent poverty line. Unfortunately, all six counties within the Komen Central Texas service area exceed the national average of citizens living below the 250

percent poverty line, such as 51.0 percent in Falls County, 43.5 percent in Milam County, 41.4 percent in Coryell County, 40.3 percent in Bosque County, 40.0 percent in McLennan County, and 37.1 percent in Bell County.

Central Texas is comprised of many small towns causing a substantial number of residents in the Komen Central Texas service area to live in rural areas. Only 19.3 percent of American citizens live in rural areas, whereas 81.2 percent of Bosque County residents, 67.4 percent of Falls County residents, and 56.2 percent of Milam County residents are considered rural tenants. This corresponds to a large number of Central Texas residents living in medically underserved areas. According to the Health Resources and Services Administration, Bosque County, Coryell County, Falls County, and Milam County are all designated as medically underserved areas.

The combination of high poverty levels, large percentages rural residents, and medically underserved areas could indicate lack of health insurance or low transportation services, especially to the two counties, Bell and McLennan, with the highest density of health care services.

KOMEN CENTRAL TEXAS SERVICE AREA

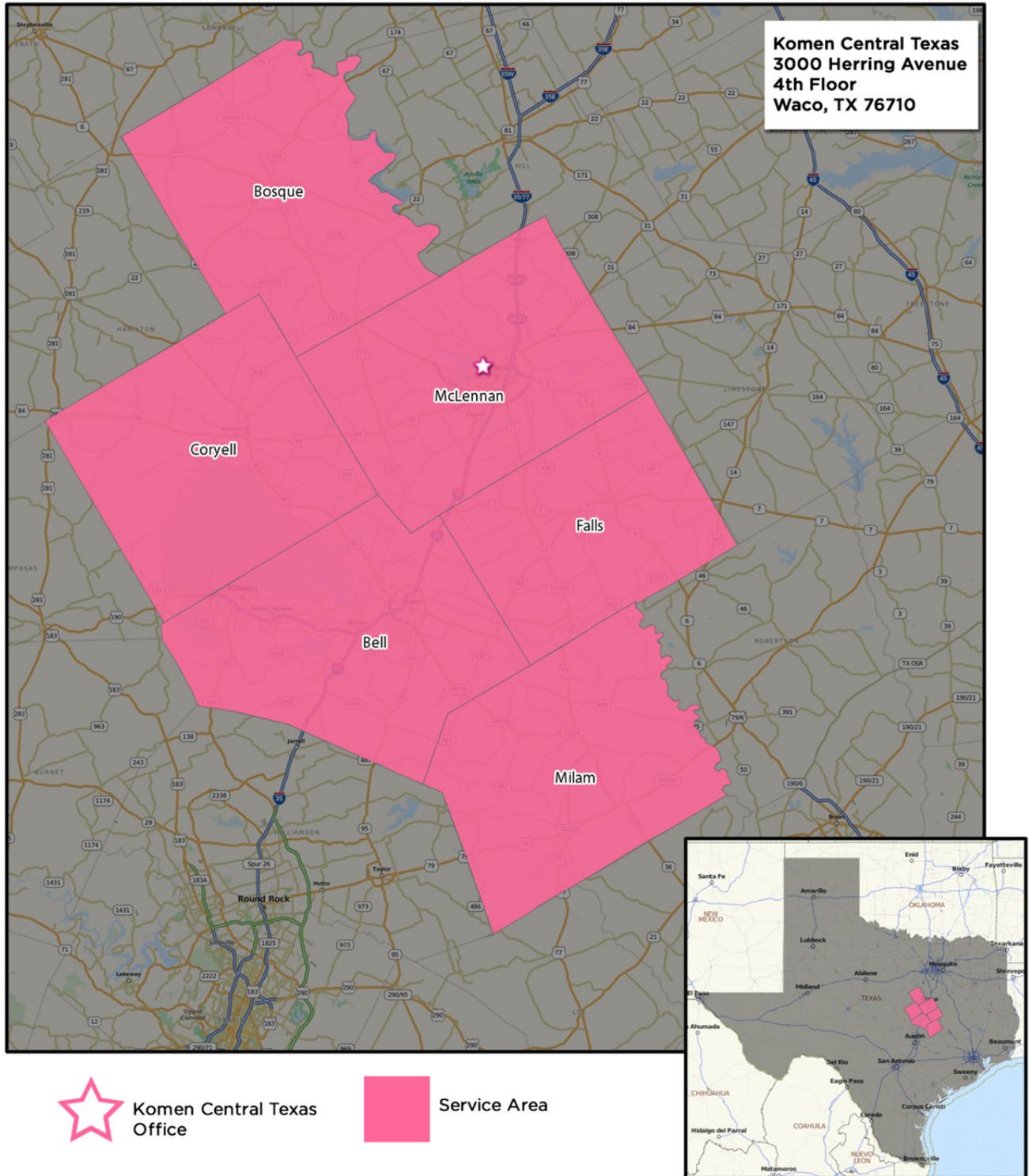


Figure 1.2. Susan G. Komen Central Texas service area

Purpose of the Community Profile Report

Susan G. Komen's promise is to save lives and end breast cancer 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 Komen Central Texas in directing the Affiliate's activities and resources to better ensure that this promise is kept. Data collected from the Community Profile process is currently being shared with the Community Health Improvement Plan (CHIP), Women's Health Work Group. The published Community Profile will be shared with the Providence Breast Center Advisory Board as a part of the Affiliate's grantmaking, as well as within community outreach to build partnerships with sponsors and constituents. The Community Profile Report will also be shared in the community through health systems, legislators, and media outlets.

The Community Profile contains an analysis of demographic and breast cancer statistics. This analysis helps to highlight target areas with the greatest needs and service gaps. This information will be used to:

- Increase educational efforts in target areas
- Improve marketing awareness of Susan G. Komen in targeted areas
- Prioritize the granting process
- Improve public policy efforts
- Identify opportunities for partnership and collaboration with community leaders

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Central Texas is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (<http://www.healthypeople.gov/2020/default.aspx>).

The following is a summary of Komen® Central Texas' Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area.

Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it's hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

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

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

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

Death rates

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

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

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

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don't affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (<http://seer.cancer.gov/tools/ssm/>). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

Population Group	Incidence Rates and Trends				Death Rates and Trends			Late-stage Rates and Trends		
	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	182,234	122.1	-0.2%	40,736	22.6	-1.9%	64,590	43.8	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
Texas	12,251,113	13,742	114.4	-0.4%	2,610	21.8	-1.8%	4,905	40.7	-3.2%
Komen Central Texas Service Area	335,164	376	117.1	-1.6%	79	24.4	NA	143	44.5	-3.8%
White	254,772	308	117.5	-1.3%	62	23.0	NA	113	43.6	-3.2%
Black/African-American	65,914	53	113.8	-4.1%	16	36.3	NA	24	50.4	-10.8%
American Indian/Alaska Native (AIAN)	3,526	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	10,952	10	109.5	3.4%	SN	SN	SN	5	44.4	SN
Non-Hispanic/ Latina	267,987	343	120.5	-1.7%	74	25.7	NA	129	45.7	-2.8%
Hispanic/ Latina	67,177	33	82.1	4.9%	4	11.9	NA	14	32.2	-8.5%
Bell County - TX	148,442	159	124.3	-3.4%	29	22.6	-0.2%	63	47.9	-7.4%
Bosque County - TX	9,127	14	103.2	3.8%	SN	SN	SN	5	38.7	4.5%
Coryell County - TX	37,494	32	109.8	3.5%	6	22.4	-1.4%	11	39.0	5.8%
Falls County - TX	9,409	9	76.1	-11.5%	SN	SN	SN	4	33.7	-6.3%
McLennan County - TX	118,109	143	116.1	-0.1%	36	27.9	-1.2%	53	43.8	-2.0%
Milam County - TX	12,583	19	118.6	-7.7%	4	20.1	-1.8%	7	42.7	-10.8%

*Target as of the writing of this report.

NA – data not available.

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

Data are for years 2006-2010.

Rates are in cases or deaths per 100,000.

Age-adjusted rates are adjusted to the 2000 US standard population.

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

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

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

Incidence rates and trends summary

Overall, the breast cancer incidence rate and trend in the Komen Central Texas service area were lower than that observed in the US as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Texas.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific

Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was slightly lower among Blacks/African-Americans than Whites and lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The incidence rate was significantly lower in the following county:

- Falls County

The rest of the counties had incidence rates and trends that were not significantly different than the Affiliate service area as a whole.

It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

Death rates and trends summary

Overall, the breast cancer death rate in the Komen Central Texas service area was slightly higher than that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Texas.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites. There were not enough data available within the Affiliate service area to report on APIs and AIANs so comparisons cannot be made for these racial groups. The death rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole, though there were not enough data available for two counties.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Central Texas service area was similar to that observed in the US as a whole and the late-stage incidence trend was lower than the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Texas.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites and about the same among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different late-stage incidence rates than the Affiliate service area as a whole.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk*

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
<p>Informed decision-making with a health care provider at age 40</p> <p>Mammography every year starting at age 45</p> <p>Mammography every other year beginning at age 55</p>	<p>Mammography every year starting at age 40</p>	<p>Informed decision-making with a health care provider ages 40-49</p> <p>Mammography every 2 years ages 50-74</p>

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened and who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Hispanic/Latina, but only 10.0 percent of the total women in the area are Hispanic/Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

The number of women living in an area that the BRFSS determines should have mammograms (i.e. women age 50 to 74). The number of these women who actually had a mammogram during the past two years.

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

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
Texas	3,174	2,348	72.0%	69.9%-74.0%
Komen Central Texas Service Area	73	53	75.3%	61.1%-85.6%
White	60	43	75.9%	60.4%-86.7%
Black/African-American	SN	SN	SN	SN
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	SN	SN	SN	SN
Non-Hispanic/ Latina	65	46	71.6%	56.2%-83.3%
Bell County - TX	29	22	74.9%	52.5%-89.0%
Bosque County - TX	SN	SN	SN	SN
Coryell County - TX	SN	SN	SN	SN
Falls County - TX	SN	SN	SN	SN
McLennan County - TX	26	19	77.4%	53.6%-91.0%
Milam County - TX	SN	SN	SN	SN

SN – data suppressed due to small numbers (fewer than 10 samples).

Data are for 2012.

Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

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

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

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole or did not have enough data available.

Population Characteristics

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

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

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren't all calculated in the same way.

The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).

The socioeconomic data are based on all the people in the area, not just women.

Income, education and unemployment data don't include children. They're based on people age 15 and older for income and unemployment and age 25 and older for education.

The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black /African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
Texas	81.5 %	12.9 %	1.1 %	4.5 %	62.5 %	37.5 %	42.9 %	29.4 %	11.7 %
Komen Central Texas Service Area	75.7 %	19.6 %	1.2 %	3.5 %	78.4 %	21.6 %	40.9 %	28.4 %	12.0 %
Bell County - TX	70.0 %	23.6 %	1.2 %	5.1 %	78.1 %	21.9 %	37.7 %	25.2 %	9.8 %
Bosque County - TX	96.3 %	2.3 %	0.8 %	0.6 %	84.7 %	15.3 %	57.8 %	45.0 %	22.8 %
Coryell County - TX	76.2 %	18.6 %	1.2 %	4.0 %	84.1 %	15.9 %	36.5 %	22.5 %	8.5 %
Falls County - TX	70.3 %	28.3 %	0.9 %	0.6 %	80.4 %	19.6 %	50.8 %	35.9 %	17.0 %
McLennan County - TX	80.6 %	16.2 %	1.2 %	2.0 %	76.7 %	23.3 %	43.1 %	31.4 %	14.0 %
Milam County - TX	87.5 %	10.9 %	1.1 %	0.5 %	76.5 %	23.5 %	52.2 %	39.8 %	18.9 %

Data are for 2011.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistically Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Texas	19.6 %	17.0 %	37.1 %	7.3 %	16.2 %	8.2 %	15.3 %	32.2 %	24.7 %
Komen Central Texas Service Area	15.1 %	17.5 %	39.3 %	7.9 %	7.8 %	3.8 %	23.1 %	36.9 %	21.3 %
Bell County - TX	11.6 %	14.8 %	37.1 %	8.3 %	8.3 %	3.3 %	15.2 %	3.0 %	20.1 %
Bosque County - TX	19.2 %	15.2 %	40.3 %	8.7 %	5.8 %	3.1 %	81.2 %	100.0 %	26.1 %
Coryell County - TX	11.7 %	14.1 %	41.4 %	9.3 %	5.9 %	1.5 %	19.4 %	100.0 %	21.2 %
Falls County - TX	23.7 %	23.6 %	51.0 %	7.8 %	4.9 %	3.2 %	67.4 %	100.0 %	26.3 %
McLennan County - TX	19.2 %	21.7 %	40.0 %	7.2 %	8.5 %	5.0 %	23.4 %	45.2 %	21.4 %
Milam County - TX	18.4 %	17.0 %	43.5 %	5.9 %	4.5 %	3.9 %	56.2 %	100.0 %	25.3 %

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

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

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

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

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

Population characteristics summary

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

The following county has substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole:

- Falls County

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

- Bosque County
- Milam County

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

- Falls County

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

- Falls County

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

- Falls County

Priority Areas

Healthy People 2020 forecasts

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

HP2020 has several cancer-related objectives, including:

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

To see how well counties in the Komen Central Texas service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

Identification of priority areas

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.

Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets

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

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county

is not classified. This doesn't mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

For counties in the “13 years or longer” category, current trends would need to change to achieve the target. Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

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

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

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

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Bosque County - TX	Highest	SN	13 years or longer	Older, rural, medically underserved
Bell County - TX	Medium High	13 years or longer	2 years	
Coryell County - TX	Medium High	6 years	13 years or longer	Medically underserved
McLennan County - TX	Medium High	13 years or longer	4 years	Medically underserved
Milam County - TX	Low	Currently meets target	1 year	Older, rural, medically underserved
Falls County - TX	Lowest	SN	Currently meets target	%Black/African-American, education, poverty, rural, insurance, medically underserved

NA – data not available.

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

Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

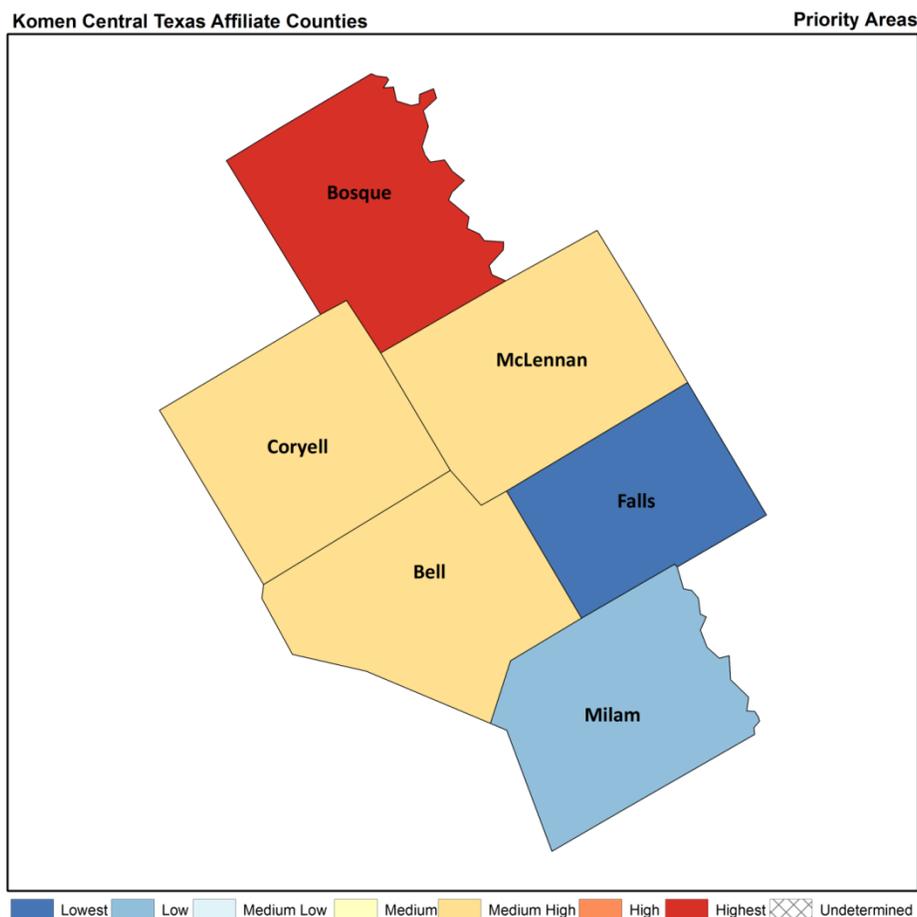


Figure 2.1. Intervention priorities

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.

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

Quantitative Data Report Conclusions

Highest priority areas

One county in the Komen Central Texas service area is in the highest priority category. Bosque County is not likely to meet the late-stage incidence rate HP2020 target.

Although not significantly different from the Affiliate as a whole, late-stage incidence trends in Bosque County (4.5 percent per year) indicate that late-stage incidence rates are increasing.

Bosque County has an older population and a relatively large proportion of the population is living in rural areas.

Medium high priority areas

Three counties in the Komen Central Texas service area are in the medium high priority category. Two of the three, Bell County and McLennan County, are not likely to meet the death rate HP2020 target. One of the three, Coryell County is not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Bell County (124.3 per 100,000) appear to be higher than the Affiliate service area as a whole (117.1 per 100,000) although not significantly. The death rates in McLennan County (27.9 per 100,000) appear to be higher than the Affiliate service area as a whole (24.4 per 100,000) although not significantly. The late-stage incidence trends in Coryell County (5.8 percent per year) indicate that late-stage incidence rates may be increasing.

Selection of Target Communities

In order to utilize resources most effectively, the Susan G. Komen® Central Texas has chosen two target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities that show an increasing chance of underserved populations not receiving proper breast health services and access to care. These barriers may result in late-stage diagnosis or worse, death from breast cancer.

When selecting target communities, the Affiliate referred to Table 1 of the Quantitative Data Report, which gives the female breast cancer incidence rates and trends, death rates and trends, and late-stage incidence rates and trends within Central Texas. A breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period, while the death rate shows the number of deaths from breast cancer among women during a certain time period. Counties that did not meet or are not likely to meet the designated Healthy People 2020 targets are labeled as target communities. Healthy People 2020 is a government initiative that provides specific health objectives for communities and the country as a whole, including goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage.

Being an Affiliate with only one and a half staff members, Susan G. Komen® Central Texas is focusing its efforts on two target communities most in need to make a greater impact. With intervention in each of the two designated target counties, the Affiliate is hoping to see a decreased number of new cases found at a late-stage in Bosque County and decreased breast cancer death rates in McLennan County by 2019.

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

- Incidence (new cases) rates and trends
- Death rates and trends
- Late-stage diagnosis rates and trends
- Below average screening proportions
- Residents living below poverty level
- Uninsured residents
- Residents living in rural areas

The selected target communities are:

- Bosque County
- McLennan County

Bosque County

Bosque County was designated within the Quantitative Data Report as being a high priority area because it is not likely to meet the late-stage Healthy People 2020 target. Although, not significantly different from the Affiliate as a whole, late-stage trend of new breast cancer cases in Bosque County of 4.5 percent per year indicate that new cases found in a later stage of breast cancer are increasing. An increase in the number of late-stage diagnoses is concerning. Late-stage diagnosis complicates treatment and can lead to a poorer survival outcome.

Bosque County is designated as medically underserved and has a substantially higher percentage of rural residents with 81.2 percent living in rural areas as compared to the national rate of 19.3 percent. A medically underserved population contains these four variables: a low ratio of primary care physicians per 1,000 citizens, high rates of infant death, high percentage of citizens over the age of 65, and a high percentage of population with incomes below the poverty

level (Health Resources and Services Administration, 1995). Each of these variables are added and weighted to determine if a community is considered medically underserved. Over one-quarter of Bosque County residents do not have health insurance. The combination of high uninsured percentage, rural residencies, and limited access to medical care presents concern.

The Affiliate will target the extremely large percentage of older women living in Bosque County. Breast cancer becomes more common as women grow older; increased risk of breast cancer is a result of simply being female and growing older (Susan G. Komen, 2013). Bosque County has the largest percentage of women over the age of 40 within the Affiliate service area. Forty-five percent of the females in Bosque County are 50 years or older compared to the Affiliate's service area which is 28.4 percent. Similarly, 22.8 percent of Bosque County women are over the age of 65 with the Affiliate's service area rate at 12.0 percent.

The health systems analysis component of this report will take a deeper look at the available breast health services in Bosque County. Due to the region's rural nature and being designated as medically underserved, it is vitally important to gain a clear understanding of how accessible breast health services are in the region.

McLennan County

McLennan County was designated within the Quantitative Data Report as being a medium-high priority area because of not being likely to meet the death rate Healthy People 2020 target. The death rate in McLennan County is 27.9 breast cancer deaths per 100,000 women, which appears to be higher than the Affiliate service area as a whole at 24.4 deaths per 100,000 women. McLennan County not being likely to meet the death rate Healthy People 2020 target may be associated with the county's large percentage of minority populations.

McLennan County residents are more likely to have earned less than a high school education compared to other counties in the Affiliate service area. This could be related to the considerable amount of McLennan County residents living in poverty. Forty percent of McLennan County residents live below the 250 percent poverty income, while the national rate is 33.3 percent. For example, a family of four living below the 250 percent poverty guideline would earn less than \$59,625.00 annually. A household of two would make less than \$39,325.00 every year (Medicaid, 2014). The poverty in McLennan County is also more extreme with 21.7 percent of residents living below the 100 percent poverty income with the national rate being 14.3 percent. A family of four living below the 100 percent poverty guideline would bring in less than \$23,850.00 per year. A household of two living below the 100 percent poverty guideline earns less than \$15,730.00 annually (Medicaid, 2014). Qualitative research may find that high poverty levels and having less than a high school education are common characteristics found within the Hispanic/Latina and Black/African-American populations. Over twenty-three percent of women in McLennan County are of Hispanic/Latina origin, which is quite higher than the national average of 16.2 percent. Screening mammography rates of Hispanic/Latina women tend to be similar to other ethnicities. However, Hispanic/Latina women are more likely to be diagnosed at a later stage of breast cancer than white women. This could be due to the delay in timely follow-up after an abnormal mammogram (Susan G. Komen,

2014). McLennan County is also comprised of 16.2 percent Black/African-American women. Black/African-American women are more likely than all other women to die from breast cancer (Susan G. Komen, 2014). This is true of the Affiliate service area, as well. The death rate for Black/African-American women in the Affiliate service area is 36.3 per 100,000 women, which is much higher than the rate of 23.0 per 100,000 women for Whites. This could be a potential factor in McLennan County not being likely to meet the death rate Healthy People 2020 target.

The low socioeconomic characteristics of McLennan County indicate a potential concern about women's access to affordable breast health care. McLennan County is comprised of a metropolitan area where services are more likely to be available, but a health systems analysis will provide deeper research into any underserved areas within McLennan County. Based on data regarding diversity, especially because of the large percentage of Hispanic/Latina and Black/African-American women, it appears many McLennan County residents would benefit from services within their neighborhoods that are reduced cost, culturally sensitive, and easily accessible.

Health Systems and Public Policy Analysis

Health Systems Analysis Data Sources

The programs and services assessment included completing an inventory and mapping of providers and key organizations. Mapping was done in order to understand the geographical distribution of resources, such as hospitals, FDA approved mammography centers, cancer centers, health departments, and free clinics. Data resources included the US Department of Health and Human Services, US Food and Drug Administration, Texas Department of State Health Services, Texas Cancer Information, National Association of County and City Health Officials, US Census Bureau, and www.data.medicare.gov.

Health Systems Overview

Susan G. Komen® Central Texas closely examined the community's available resources and programs. This analysis is essential to determining how the Affiliate will invest resources to improve the quality of life of women in the Central Texas community. As part of this process, the breast cancer "Continuum of Care" is important in defining how a woman is recommended to move through the health system in relation to breast cancer screening, diagnosis, follow-up care, and treatment (Figure 3.1). The Continuum of Care model can be used as a guide when assessing and understanding why some individuals never enter or delay entry into the continuum. The Continuum of Care is also essential to finding gaps in service availability, identifying barriers, and discovering what can be done to address those gaps and barriers. The Continuum of Care consists of the following stages: screenings, diagnosis, treatment and follow-up care, and can also include education, survivorship, and/or end-of-life care.

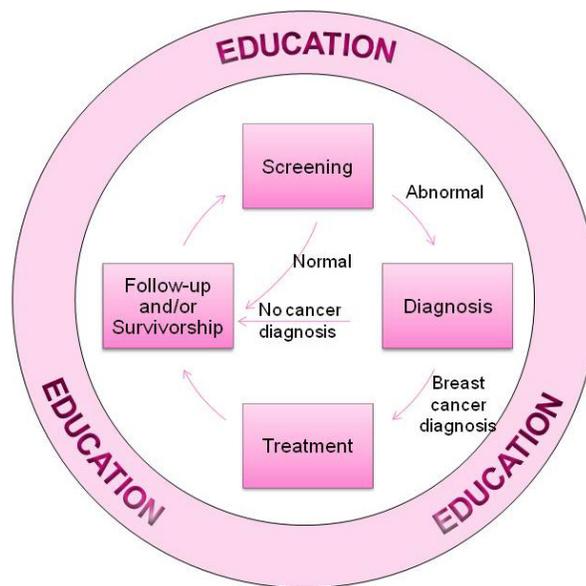


Figure 3.1. Breast Cancer Continuum of Care (CoC)

Breast cancer screening is often the entry point into the Continuum of Care. Receiving an annual mammogram is the best way for women to lower their risk of dying from breast cancer.

Screening tests can detect cancer early, when it is most treatable. However, there may be many barriers to obtaining a screening, such as lack of access, transportation, insurance, money, or personal beliefs, which is why many women never enter the Continuum of Care. If a mammogram or clinical breast exam reveals an abnormality, a woman's health care provider may recommend follow-up diagnostic tests. It is extremely imperative that women receive timely follow-up tests after an abnormal screening result. For example, the large number of late-stage diagnoses in minority women may be associated with a delay in follow-up testing. If breast cancer is diagnosed, a woman will enter the treatment phase of the continuum. Women will work with their health care providers to determine the best personal treatment plans.

Following treatment, a woman will enter the follow-up phase of the continuum. During this phase, her health care providers will recommend regular screening tests and follow-up visits to keep track of her recovery and manage side effects. If her cancer reoccurs, these regular follow-up visits are essential to detecting it early. Barriers may be potentially present throughout any part of the Continuum of Care. Therefore, Susan G. Komen Central Texas makes it a priority to assess these barriers in each target community and find opportunities to reduce these barriers for the women in the Central Texas community.

Bosque County

The target community of Bosque County is home to one hospital, Goodall-Witcher Healthcare, which is a 33-bed hospital located in the City of Clifton and encompasses one mammography facility (Figure 3.2).

Texas Oncology has a satellite location in Clifton, which serves as Bosque County's cancer center.

There are no free clinics or community health centers in Bosque County. The closest free clinic and community health center are located in the City of Waco, which is in McLennan County.

Eighty-one percent of Bosque County residents live in a rural area. Bosque County is a predominantly rural county, having access to a hospital, a mammography facility, and a satellite cancer center improves the county breast cancer services available for screening, diagnosis and treatment. However, there are currently no follow-up or survivorship services available in Bosque County resulting in an incomplete Continuum of Care.

According to the Quantitative Data Report, 26.1 percent of Bosque County residents are living with no health insurance. If over one-quarter of residents are living without insurance, the lack of community health centers and free clinics brings unease. However, the poverty level in Bosque County are not as high as other counties within the Komen Central Texas service area. Therefore, even without health insurance, Bosque County residents may have the means to travel to neighboring McLennan County to access community health centers, free health clinics, or other reduced mammography rate programs. Bosque County's only mammography facility, Goodall-Witcher Healthcare, has one reduced rate program called the Breast Care Program. The Breast Care Program is provided through Goodall-Witcher Healthcare's partnership with the

Moncrief Cancer Institute, which is a non-profit cancer center offering fully funded mammography services for women without insurance who meet eligibility guidelines. The Breast Care Program's funding is provided by grants from Susan G. Komen® Greater Fort Worth, Susan G. Komen® North Texas, Cancer Prevention and Research Institute of Texas (CPRIT), and the Centers for Disease Control and Prevention. The CPRIT funding comes from grants applied through UT Southwestern.

Potential partnerships within Bosque County could include collaboration with the Breast Care Program provided by the Moncrief Cancer Institute and the Goodall-Witcher Hospital Authority. Bosque County has the largest percentage of women over the age of 65 within the Komen Central Texas service area. With 22.8 percent of women being over the age of 65, partnering with local nursing homes, such as Lutheran Sunset Ministries and Valley Mills Nursing and Rehabilitation, could also prove to be beneficial within Bosque County.

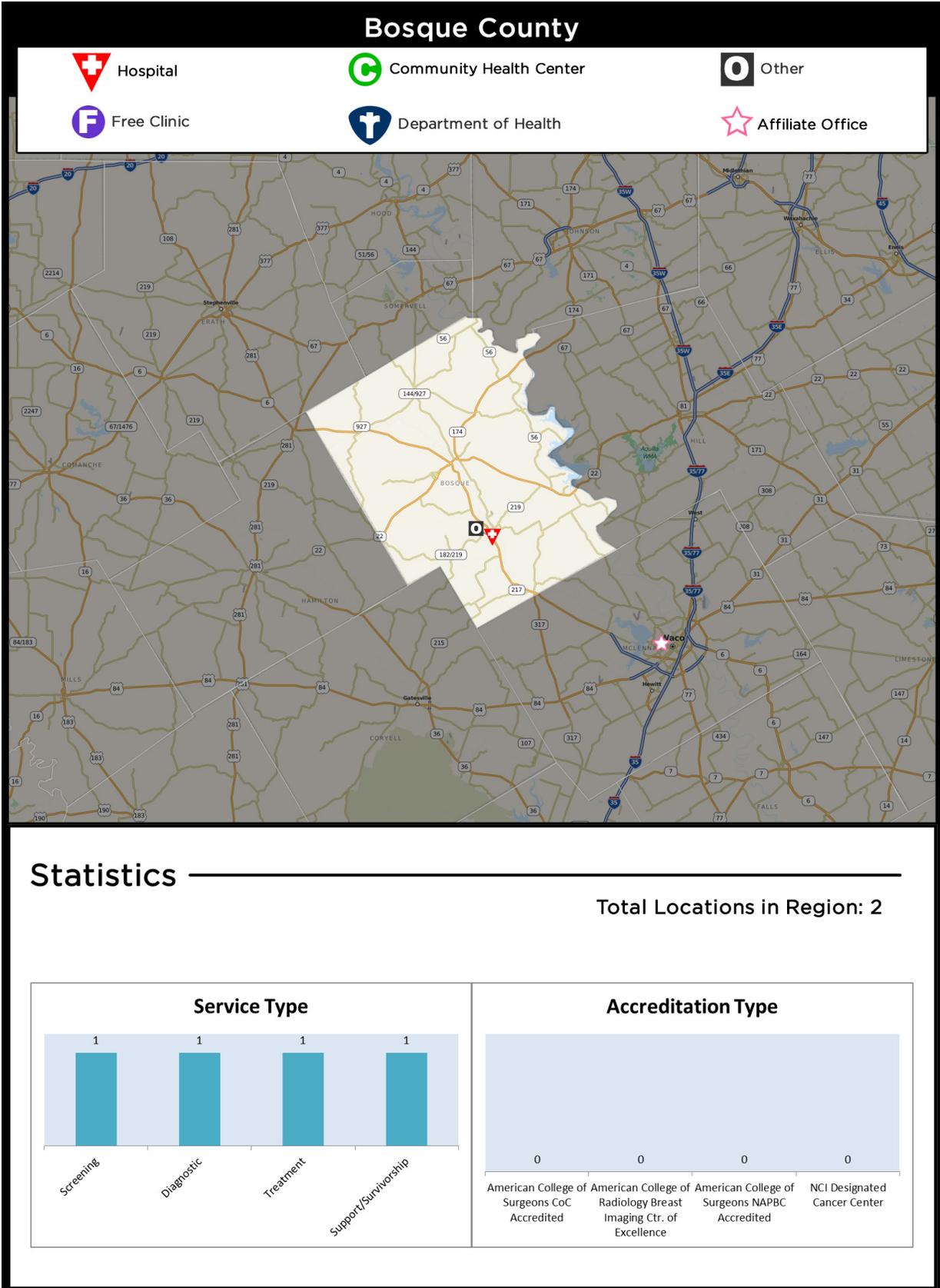


Figure 3.2. Breast cancer services available in Bosque County

McLennan County

There are two hospitals located within the target community of McLennan County: Baylor Scott & White Hillcrest Medical Center and Providence Health Center (Figure 3.3). Baylor Scott & White Hillcrest Medical Center is a 260-bed multi-campus facility in the City of Waco complete with a Level II Trauma Center and Providence Health Center is a 237-bed hospital also located in the City of Waco.

Three mammography facilities are located within McLennan County, all of which are in the City of Waco. They include Providence Breast Health Center, Baylor Scott & White Hillcrest Medical Center, and Baylor Scott & White Waco Clinic. The Providence Breast Health Center partners with the Family Health Center to provide women that are uninsured or low-income, free or low-cost mammograms and follow-up care. The Family Health Center serves as the patient's primary care physician prior to scheduling a mammography screening at the Providence Breast Health Center. It is important to note that these services offered by the Family Health Center are only available to McLennan County residents, which excludes women from Bosque County. Breast and Cervical Cancer Services (BCCS) also provides mammograms to uninsured or low-income women between the ages of 40 and 64 years through the Planned Parenthood of Greater Texas in Waco by providing a voucher to either the mammography facility at Providence Breast Health Center or Baylor Scott & White Hillcrest Medical Center.

Two cancer centers are located in McLennan County. Texas Oncology and Baylor Scott & White Waco Cancer Center are both located in Waco. Texas Oncology has two different branch locations within the City of Waco.

According to the National Association of Free and Charitable Clinics, there are two free and charitable clinics within McLennan County. They include Mission Waco Free Clinic and Potter's Vessel Ministries, Inc.

According to the Health Resources and Services Administrations (HRSA), the following list of community health centers serve the underserved and are federally qualified health centers, which are public and private non-profit health care organizations that receive funds under Section 330 of the Public Health Service Act. There are a total of ten community health centers that serve the underserved in McLennan County and all are located in Waco:

- Bell's Hill Community Clinic
- Bellmead Community Clinic
- Connally Community Clinic
- Elm Avenue Community Clinic
- Family Health Center
- Madison Cooper Community Clinic
- Martin Luther King Jr. Community Clinic
- Meyer Center Community Clinic
- West Waco Community Clinic
- South 18th Street Community Clinic

An important note is that these ten community health centers are only available to McLennan County residents and are funded by the county. According to the National Association of County and City Health Officials, there is one public health district serving McLennan County, the Waco-McLennan County Public Health District.

McLennan County has a comprehensive health system that has breast cancer screening, diagnostic and treatment services available. With two large hospitals, three mammography facilities, and two cancer centers, citizens have access to options and well-rounded care. Being that McLennan County is home to the second highest poverty level in the Komen Central Texas service area, the number of community health centers and free health clinics is outstanding. With Planned Parenthood of Greater Texas and Providence Breast Health Center providing women that are uninsured or low-income free or low-cost mammograms and follow-up care, great efforts are being made to reduce the late-stage incidence rate in McLennan County. This effort is magnified by the fact that a grant provided by Susan G. Komen® Central Texas catches women who may not be deemed as low-income, but still need financial assistance for a clinical breast exam, mammography, and/or diagnostic screenings. However, there is currently a lack of follow-up or survivorship services within McLennan County resulting in an incomplete Continuum of Care.

Partnerships and collaboration efforts could have the potential to create follow-up and survivorship services within McLennan County. For instance, partnerships are being created with multiple A.M.E churches, Waco Alumnae Chapter of Delta Sigma Theta, and the Waco Chapter of The LINKS, Incorporated to reach congregations and communities of Black/African-American women. The Affiliate is also working with the Women's Health Group of Waco's Community Health Improvement Plan, which will supply the Affiliate with a thorough evaluation of the county's breast health, as well as continued collaboration with various health organizations on the board. Susan G. Komen Central Texas also has a strong relationship with Baylor University's Master of Public Health program and Baylor University's Office of Community Engagement and Service. Not only is there potential for interns through these partnerships, but relationships with the public health faculty have proven to be beneficial in multiple facets. The Affiliate has the potential to partner with Avance and the CenTex Hispanic Chamber of Commerce to reach the Hispanic/Latina women living in McLennan County. Brazos AHEC also has the potential to act as a partner in local health education.

McLennan County



Hospital



Community Health Center



Other



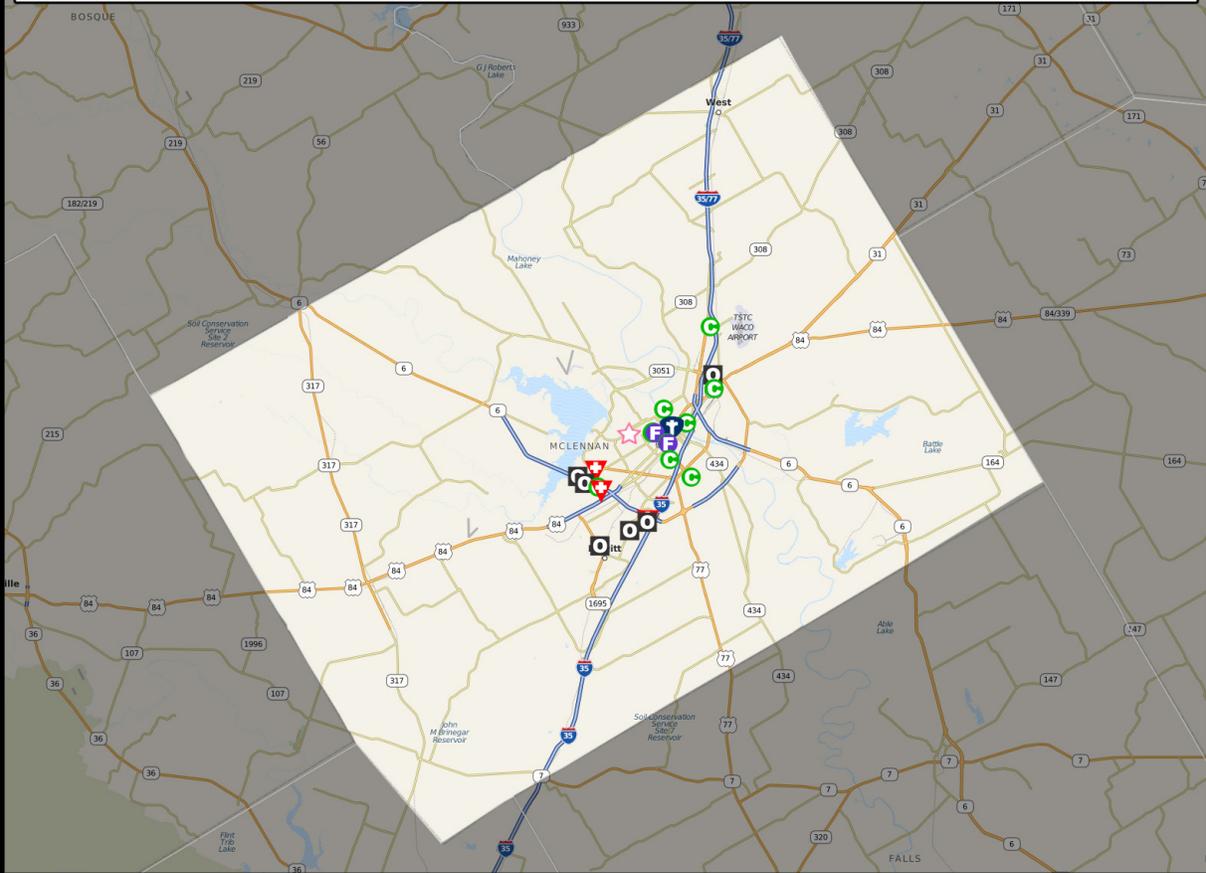
Free Clinic



Department of Health



Affiliate Office



Statistics

Total Locations in Region: 22

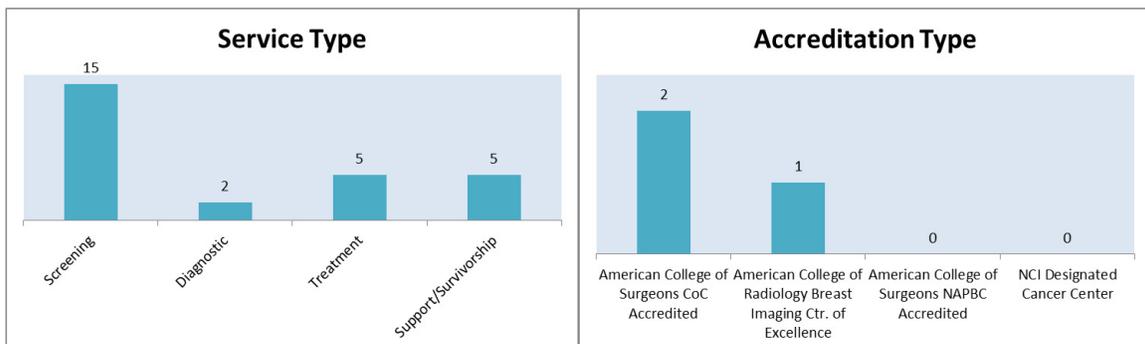


Figure 3.3. Breast cancer services available in McLennan County

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. In 2000, the United States Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women who are diagnosed with cancer in the NBCCEDP access to treatment through Medicaid. Within the state of Texas, a woman can receive Medicaid services regardless of where she was originally screened, as long as she would otherwise meet the other eligibility requirements.

Federal guidelines establish an eligibility baseline to direct services to uninsured and underinsured women at or below 250 percent of federal poverty level, ages 21–64 for cervical cancer screening, or ages 40–64 for breast cancer screening. The goal of Texas' Breast and Cervical Cancer Services (BCCS) is to reduce death from breast cancer and cervical cancer in Texas. Since 1991, the BCCS program has screened 313,095 unduplicated women for breast or cervical cancer. Approximately 210,463 women received breast cancer screenings and 212,823 women received cervical cancer screenings. Of the 42,901 women seen during the 2011-2012 program year, 24,610 breast screenings were provided through the BCCS program contractors, with a total of 453 breast cancers detected.

BCCS offers clinical breast examinations, mammograms, pelvic examinations, and Pap tests throughout Texas at no or low-cost to eligible women. To qualify for BCCS breast cancer screening and diagnostic services at no or low-cost, a woman must be:

- Low-income (at or below 200 percent of the Federal Poverty Income Guidelines—see Table 3.1)
- Uninsured or underinsured
- Between the ages of 40 and 64

Table 3.1. 2013 Federal Poverty Income Guidelines

Family Size	Annual Maximum Gross Family Income	Monthly Maximum Gross Family Income
1	\$23,340	\$1,945
2	\$31,460	\$2,622
3	\$39,580	\$3,299
4	\$47,700	\$3,975
5	\$55,820	\$4,652
6	\$63,820	\$5,329
7	\$72,060	\$6,005
8	\$80,180	\$6,682

For households with more than 8 people, add \$8,120 annually and \$677 monthly for each additional person.

The only qualified BCCS clinic receiving funding and monitoring through the Texas Department of State Health Services within the Affiliate's service area is Planned Parenthood of Greater Texas' Mary Ruth Duncan Health Center in the City of Waco. Susan G. Komen Central Texas currently has a very strong relationship with Texas' NBCCEDP program. Planned Parenthood of Greater Texas is able to help women qualify for BCCS funding, and provide breast self-awareness education, clinical breast exams, screening mammography, and diagnostic services by utilizing funds from a peer-reviewed grant provided by Susan G. Komen Central Texas. In partnership with the Hillcrest Breast Center and Waco Surgical Group, Planned Parenthood provides screening mammography and diagnostic services, including biopsies when medically indicated, to uninsured, low-income women in Bell, Bosque, Coryell, Falls, McLennan, and Milam Counties in Central. Planned Parenthood's staff provides women with one-on-one breast health education, which includes breast self-awareness and education about the importance of screening mammography. Medical staff provides the initial medical screening for breast cancer, including a clinical breast exam. Planned Parenthood's medical protocol follows the recommendation of Susan G. Komen to begin screening mammography annually at age 40 and will refer women, via voucher, to Hillcrest Breast Center for a screening mammogram. Providers send all mammography results directly to Planned Parenthood for a clinician to review and manage. Follow-up coordinators monitor referrals and results of mammograms, working directly with patients to help them navigate the continuum of care. If follow-up is needed through diagnostic services, Planned Parenthood will refer patient, via voucher, to Waco Surgical Group.

Susan G. Komen Central Texas plans to continue working very closely with the Planned Parenthood of Greater Texas, the receiver and provider of funds for BCCS and NBCCEDP. Women who go to the Planned Parenthood of Greater Texas for BCCS services will first be questioned about Medicaid eligibility. If the woman is eligible for Medicaid, Planned Parenthood of Greater Texas utilizes Medicaid resources to screen that patient. However, Planned Parenthood of Greater Texas ensures that women who are not eligible for Medicaid still receive screenings using their grant funds from Susan G. Komen® Central Texas. This process catches women who fall in the socioeconomic gaps and ensures their place in the Continuum of Care.

Medicaid for Breast and Cervical Center (MBCC) is a special Medicaid program authorized by federal and state laws to provide access to cancer treatment services for qualifying, low-income women. MBCC provides full Medicaid coverage for women while undergoing active treatment for breast or cervical cancer. The Department of State Health Services' program, the Texas Breast and Cervical Cancer Services (BCCS), offers clinics to help women complete an MBCC application. In order to qualify for the MBCC program a women must be:

- Diagnosed and in need of treatment for one of the following biopsy-confirmed definitive breast or cervical diagnoses: CIN III, severe cervical dysplasia, cervical carcinoma in-situ, invasive cervical cancer, ductal carcinoma in situ or invasive breast cancer, as defined by BCCS policy
- Have an income at or below 200 percent of Federal Poverty Level (see Table 3.1)
- 64 years of age or younger

- Be a Texas resident
- Be a US Citizen or eligible immigrant
- Uninsured or otherwise not eligible for Medicaid

Eligible Central Texas women who are diagnosed with the listed cancers and are in need of treatment can enroll in MBCC services by contacting a BCCS contractor in their area. BCCS contractors can be located through <http://www.dshs.state.tx.us/bccscliniclocator.shtm>. Women do not have to be diagnosed with breast cancer through the BCCS program and screenings to be eligible for MBCC treatments. Women who qualify for the MBCC program can visit Planned Parenthood of Greater Texas' Mary Ruth Duncan Health Center in the city of Waco, within McLennan County, to get their breast cancer treatments scheduled. Patients must bring:

- Final pathology report
- Driver's license
- Birth certificate
- Social Security Card

A BCCS contractor will screen for eligibility and if applicable complete the Medicaid Medical Assistance Application (Form 1034). The BCCS contractor will review and collect required documentation of eligibility. The Department of State Health Services (DSHS) will verify the patient's qualifying diagnosis and send Form 1034 to Health and Human Services Commission (HHSC). HHSC Centralized Benefits Services makes the final Medicaid eligibility determination.

Medicaid eligibility continues as long as the Medicaid Treatment provider certifies that the woman requires active treatment for breast or cervical cancer. Should a woman have recurrent breast or cervical cancer, the BCCS contract must reapply for the woman to be eligible for Medicaid.

State Comprehensive Cancer Control Coalition

The Cancer Prevention and Research Institute of Texas (CPRIT) submits the Texas Cancer Plan (the *Plan*) to people of Texas. The *Plan* identifies the challenges and issues that affect Texas and presents a comprehensive set of goals, objectives, and strategic actions to help inform and guide communities in the fight against cancer. Priority areas for 2012-2016 include decreasing tobacco initiation, use, and exposure to secondhand smoke, increasing screening and early detection for breast, cervical, and colon rectum cancers, reducing pain and suffering from cancer through coordinated supportive care, reducing cancer health disparities, and increasing opportunities to access and participate in clinical trials. Of the sixteen goals of the Texas Cancer Plan, nine pertain to breast cancer:

- Goal 2: Reduce cancer risk related to obesity
- Goal 3: Increase adoption of evidence-based nutrition behaviors and physical activity behaviors shown to reduce cancer risk
- Goal 7: Increase proportion of early stage diagnosis through screening and early detection to reduce deaths from breast cancer
- Goal 11: Increase timely access to quality cancer diagnostic, treatment, and palliation services for all Texans

- Goal 12: Promote overall health and well-being of people affected by cancer
- Goal 13: Develop or strengthen the infrastructure supporting the delivery of the most appropriate cancer prevention and care services
- Goal 14: Support the highest quality and most innovative research that will enhance the potential for medical or scientific breakthroughs in cancer
- Goal 15: Increase opportunities to access or participate in cancer research and clinical trials
- Goal 16: Improve patient care by accelerating the movement of prevention interventions, therapeutics, and diagnostics into practice

The mission of the Cancer Alliance of Texas (CAT) is to engage organizations, agencies, institutions, and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the *Plan*. The *Plan* calls all community-based organizations to support policy, environmental, and system changes for cancer control, provide cancer prevention awareness information and screening programs for clients, provide navigation services for clients, encourage participation in clinical trials, and collaborate to provide community prevention programs. Susan G. Komen Central Texas does not currently work with the state cancer coalition, but being a community-based organization, the Affiliate has an exciting opportunity to become more involved with this coalition. Benefits of being a CAT member and partner include:

- Increased awareness of the scope of the problem of cancer in Texas and what national, state, and local organizations and what partners are doing to address the problem
- Access to an organized networking forum of Texas organizations and partners working to address the state's cancer burden
- The ability to serve on state-level work groups to help implement the Texas Cancer Plan
- Increased knowledge of funding and technical resources available to assist in local and community cancer control planning

A breast cancer-screening program was implemented in Tyler, Texas by CAT because of the goals related to screening and early detection. Therefore, further screening and early detection opportunities may be possible within the Affiliate's service area by partnering with the Cancer Alliance of Texas. CAT also concentrates on various other initiatives:

- Primary Prevention and Risk Reduction: Promoting change in behavior, policy, environment, or other systems to prevent or reduce the risk of developing cancer
- Diagnosis, Treatment, and Palliation: Ensuring that all patients receive timely and effective diagnostic, treatment, and supportive care
- Quality of Life and Survivorship: Improving the health and well-being of cancer survivors, from the point of diagnosis throughout treatment, and beyond
- Infrastructure: Developing and strengthening a sustainable framework to support delivery of the most appropriate prevention and care services
- Research and Commercialization: Accelerating the discovery, development, and dissemination of innovation in cancer prevention and treatment that holds the potential to reduce the burden of cancer

The experience and expertise of Susan G. Komen Central Texas within these areas related to breast cancer may be beneficial within a CAT partnership. Over the next four years, Susan G. Komen Central Texas can establish a relationship with the state cancer coalition by applying for membership or partnership within the Cancer Alliance of Texas.

Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) includes many of the provisions Susan G. Komen advocated for including no cost-sharing for preventive services, no denials due to pre-existing conditions, and various other patient-centered provisions. The ACA will also increase access to insurance coverage by expanding Medicaid eligibility and creating Insurance Marketplaces. However, at this time, Texas is not moving forward with Medicaid expansion for those with incomes up to 133 percent of the federal poverty level, which would have increased access to health care for an estimated 1,046,420 people in Texas (The Henry J. Kaiser Family Foundation, 2014).

Not moving forward with Medicaid expansion will cause fewer people to be enrolled in Medicaid and many more to be left uninsured, as well as creating inequities in coverage. Those with incomes below 100 percent of the Federal Poverty Level will not be eligible for subsidies in exchanges for Medicaid coverage beyond current eligibility levels. Fifteen percent of Texas residents utilize Medicaid at this time. However, according to the Henry J. Kaiser Family Foundation, Texas has the largest number of uninsured individuals in the United States at 24.0 percent. Texas also has the highest number of uninsured women between the ages of 0 and 64 at 26.0 percent. However, even without Medicaid expansion, Texas is expected to see a 34.7 percent reduction in uninsured individuals under the ACA by 2016 because of subsidies in health insurance exchanges, the requirement to purchase insurance and increased participation among those currently eligible for Medicaid.

Health care reform through the ACA aims to increase access to breast and cervical cancer screening services for many low-income, underserved women through expanded insurance coverage and eliminating cost-sharing. To ensure women have access to preventive health services, the health care law requires all new, non-grandfathered, private insurance plans to cover mammograms every 1-2 years for women over the age of 40, with no cost-sharing. One of the requirements for Texas women to be eligible for NBCCEDP is being uninsured or otherwise not eligible for Medicaid. There is fear that the number of women eligible for NBCCEDP may increase due to Medicaid not being expanded.

Because of the ACA, an estimated increase of 30 million Americans with health insurance will swarm the current health care system. The impact of the ACA for health care providers varies among states, but a system overload may be unavoidable because of shortages in almost every medical profession. There will be an even larger shortage of doctors who accept exchange plans. A survey conducted by Jackson and Coker found that 44.0 percent of physicians would not participate in the exchange (Jackson and Coker Industry Report, 2013). Citizens with lower incomes tend to choose exchange plans with lower premiums and higher deductibles resulting in problems affording care. There are additional challenges for patients with lower-cost

exchange plans to access specialty care, such as oncology. The survey by Jackson and Coker also indicated that 60.0 percent of physicians believe the quality of patient care will be negatively impacted under the ACA (Jackson and Coker Industry Report, 2013).

Texas has the highest rate of uninsured citizens in the nation. According to the Quantitative Data Report, 21.3 percent of people living in the Komen Central Texas service area are without health insurance. Even through the Affordable Care Act, community health centers and nonprofits in Central Texas will continue serving a large uninsured population. Therefore, the current access to care issues will cause Susan G. Komen Central Texas to continue helping large volumes of uninsured citizens through grants.

Affiliate Public Policy Activities

Susan G. Komen Central Texas is not currently involved in any state and federal advocacy or legislative activities. Therefore, the Affiliate will need to begin building relationships with local politicians to encourage improved women's health policies, as well as engage in the state and local Komen advocacy priorities.

However, the Affiliate is involved in an incredible public policy effort. The McLennan County Community Health Improvement Plan (CHIP) team was selected to participate in the National Leadership Academy for the Public's Health (NLAPH), funded by the Centers for Disease Control and Prevention (CDC). The CHIP team will work on local projects that address important health issues to improve public health outcomes. The 2013 McLennan County Community Health Needs Assessment indicated three areas for improvement to better the health of the community: Women's Health, Obesity, and Access to Care. Susan G. Komen Central Texas is participating on the Women's Health CHIP team. Through this public policy effort, the Affiliate will gain an understanding of the existing gaps in women's health care as perceived by women living in underserved McLennan County communities. Once the gaps are discovered, the Affiliate will also have the opportunity to be part of the following discussions, public policy changes, and education efforts to address these women's health needs, especially those related to mammography screenings and breast health.

Health Systems and Public Policy Analysis Findings

The health systems analysis indicated that the majority of health facilities are located in McLennan County. In fact, McLennan County is the only county within the Affiliate service area with community health centers and free health clinics. Other counties with very high poverty and uninsured levels may not have access to these facilities. Lack of transportation, monetary means, or knowledge of existing free health clinics or discounted health services could all be factors in women being unable to enter the Continuum of Care. McLennan County is also the only county within the Affiliate service area with reduced mammography rate programs for low-income or uninsured women, as well as with a clinic that receives NBCCEDP funding.

There is a unique opportunity to partner with large health care providers in McLennan County to provide screenings and interventions in the rural counties of the Affiliate's service area,

including the target community of Bosque County. Locally provided services would improve access and hopefully increase the number of women receiving screenings, interventions, and follow-up support. Therefore, Susan G. Komen Central Texas will explore grant opportunities, such as mobile mammography vans, gas reimbursement, assistance with travel, and partnerships with larger health entities in McLennan County to serve the citizens in Bosque County.

Susan G. Komen Central Texas is currently involved in limited policy efforts. To affect change on an even greater scale, the Affiliate has the opportunity to deepen its public policy efforts by joining the Cancer Alliance of Texas, engage in the state and local Komen advocacy priorities, and encourage Central Texas residents to be part of Komen Advocacy.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Within the Susan G. Komen Central Texas service area, Bosque County is of the highest priority due to not being likely to meet the Healthy People 2020 late-stage incidence rate target, while McLennan County is projected to not meet the Healthy People 2020 breast cancer death rate. Bosque County's quantitative data were frequently suppressed due to small numbers. Therefore, qualitative research methods were implemented within Bosque County to better understand the situational and environmental contexts behind the lack of numerical data. Qualitative research methods were also employed in McLennan County to further explore the breast health and breast cancer issues highlighted by the quantitative data. Qualitative data collection was utilized to provide insight into Bosque County and McLennan County's personal and community perceptions of breast cancer, attitudes and beliefs about disparities, current breast health education trends, health care access and barriers, utilization and quality of services, and other key assessment variables. In addition, the qualitative process can provide the community perspective as to what is working, what is not working, and what are the various barriers that lead to gaps in access, utilization, and quality of services. Both key informant interviews and focus groups were implemented to collect this information.

Community stakeholders were selected to take part in the key informant interviews to not only provide personal statements, but to also speak on behalf of the local communities that they represent. These stakeholders were selected based on their association with target communities. For example, individuals who work alongside underserved populations or within the local health service industries were given a high priority to be interviewed. The Executive Director and Mission Intern of Susan G. Komen Central Texas conducted 24 key informant interviews within Bosque and McLennan Counties. Twelve key informant interviews within each county provided sufficient data as themes became saturated and clear by the twelfth interview. The attached key informant interview script guided the conversation between the community stakeholder and Susan G. Komen Central Texas employee and/or Mission Intern. Data were collected using a recording device throughout the entire conversation and the interviewer also took notes regarding details that would not be audible during the recorded interview.

Focus groups were also conducted to better understand the breast cancer perceptions of community members within the target communities. Focus groups were selected as a data collection method because of their explicit use of group interactions. Community members may have a greater response when interacting with other community members and commenting on each other's experiences and points of view, rather than a researcher simply asking each participant to answer questions. Two employees of Baylor University, with extended experience in community relations, qualitative research, and focus group implementation, were hired to conduct six focus groups. Three focus groups comprised of six to eight community members were implemented within both Bosque and McLennan Counties. Three focus groups within each county provided sufficient data as themes became saturated and clear after the completion of the third focus group. The focus groups were advertised equally across both Bosque and McLennan Counties asking for breast cancer survivors and women over the age of 40 to participate. A simple random sample was collected for five of the six focus groups

because a random selection of women throughout each county appeared for participation in the focus groups. However, one focus group within McLennan County utilized a sample of convenience. The Affiliate was interested in gaining a deeper understanding of the needs within McLennan County's Black/African-American community. The two previous focus groups in McLennan County did not provide sufficient data regarding Black/African-American women. Therefore, the focus group moderators were invited to a luncheon comprised of a group of Black/African-American women. Data from the sample of convenience focus group with all Black/African-American attendees is combined with the other two McLennan County focus groups' data, unless specified within the narrative that Black/African-American women voiced a particular opinion. The attached focus group questionnaire was used to guide every focus group conversation. Each conversation was recorded using a recording device, as well as extensive note taking to collect appropriate details.

The anonymity of every participant was ensured within this qualitative research. Every participant signed an informed consent before any discussions began. All informed consents are locked and secure within the office of Susan G. Komen Central Texas. Further anonymity of participants was protected by each individual signing to remain completely anonymous within the results of the Community Profile Report. Only the Community Profile Team had access to the recordings, transcriptions, and notes from the key informant interviews and focus groups. Participants continued to remain anonymous within the Community Profile Team discussions as well.

Susan G. Komen Central Texas utilized multiple data sources, types, and methods of data collection to reveal similar patterns and conclusions. Taking both quantitative and qualitative data into consideration and using multiple forms of qualitative data collection ensured triangulation to reduce the chance of systematic bias and better ensure generalizability. Triangulation was used to review the needs, barriers, and existing gaps in addressing access to, utilization of, and quality of care within the Komen Central Texas service area. These conclusions will be used to identify priorities that will inform the Affiliate's Mission Action Plan.

Qualitative Data Overview

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Qualitative Data Findings

According to the Health Systems and Public Policy Analysis, Bosque County has only one mammography machine serving the entire county's population. Therefore, assessing key variables associated with the accessibility and barriers to this single mammography facility were of the utmost priority. During key informant interviews, community stakeholders were mainly concerned with women living in rural communities not having access to Goodall-Witcher Hospital, especially those living in Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County. Surprisingly, every single stakeholder mentioned the cities of Iredell, Morgan, and Cranfills Gap during the key informant interview as being of the greatest concern. The Quantitative Data Reports further highlight that the vast majority of Bosque County residents (81.2 percent) live in rural neighborhoods. Stakeholders within the Bosque County's medical community also expressed concern with the older populations not receiving breast care, as there are five nursing homes within the City of Clifton alone. The Quantitative Data Reports relay similar information with 45.0 percent of Bosque County females being over the age of 50.

The Health Systems and Public Policy Analysis proved McLennan County to have a fairly comprehensive Continuum of Care. However, the Quantitative Data Reports showed McLennan County to be experiencing increased death rates due to breast cancer. With the county's high percentages of impoverished citizens, as well as minority groups, further data collection was necessary concerning underserved neighborhoods within McLennan County. Several stakeholders voiced that the increasing rates of breast cancer deaths may be occurring within these regions. For example, a local public health professional believes, "East Waco is in dire need of resources within their own community." If resources are not developed within East Waco and other lower-income areas, then more thorough public transportation within low-income neighborhoods to areas with health care facilities is imperative. "Awareness is key. On

a daily basis, women need to be made aware of the services provided, what to look for, what to do, the knowledge, and who to contact if there is an abnormal bump.”

Qualitative data captures more depth and provides insight to an individual's or group's attitudes, beliefs, or behaviors. Qualitative data can also clarify quantitative data by providing situational and environmental contexts related to the target population. However, both the key informant interviews and focus groups used by the Community Profile Team will have limitations, even when the best practices are used. Limitations are conditions that can affect the scope or outcome of the assessment that cannot be controlled by the Community Profile Team. Possible limitations of the qualitative data collection include the type of participant that attended a focus group discussion or participated in a key informant interview, in addition to participants providing desirable answers. For example, most focus groups were held during work hours with the exception of two being held during lunch hours. Therefore, working individuals may have been more likely to be excluded from the data sample. A few key informant interviews with key stakeholders could not be completed due to work schedules. Participants may have also given a response that they believed to be a desirable response, especially in relation to breast cancer, because of the focus group being affiliated with Susan G. Komen. These socially desirable responses may skew the data and conclusions.

By synthesizing the quantitative data, Health Systems and Public Policy Analysis, and qualitative data, the Affiliate now has a more complete understanding of the community's perceptions of breast cancer, breast health care, and barriers within each target community.

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Bosque County

Bosque County was designated within the Quantitative Data Report as being a high priority area because it is not likely to meet the late-stage rate Healthy People 2020 target. Although, not significantly different from the Affiliate as a whole, late-stage trend of new breast cancer cases in Bosque County of 4.5 percent per year indicate that new cases found in a later stage of breast cancer are increasing. An increase in the number of late-stage diagnoses is concerning. This suggests that more women will be diagnosed with breast cancer at a late-stage, which can complicate treatment and lead to a poorer outcome of survival. Due to the region's large percentage of women over the age of 50, over one-quarter of residents living without health insurance, rural residencies, and limited access to medical care, it is vitally important that Komen Central Texas focus efforts within Bosque County.

With Bosque County being a predominantly rural county, having access to a hospital, a mammography facility, and a satellite cancer center results in the county having breast cancer services available for screening, diagnosis and treatment. A reported 81.2 percent of Bosque County residents live in a rural area. However, there are currently no follow-up, survivorship services, or breast health education programs available in Bosque County resulting in an incomplete Continuum of Care.

According to the Quantitative Data Report, 26.1 percent of Bosque County residents are living with no health insurance. If over one-quarter of residents are living without insurance, the lack of community health centers and free clinics brings unease. Bosque County's only mammography facility, Goodall-Witcher Healthcare, has one reduced rate program called the Breast Care Program. The Breast Care Program is provided through Goodall-Witcher Healthcare's partnership with the Moncrief Cancer Institute, which is a non-profit cancer center offering fully funded mammography services for women without insurance who meet eligibility guidelines.

Because Bosque County has only one mammography machine serving the entire county's population, assessing key variables associated with the accessibility and barriers to this single mammography facility were of the utmost priority. During key informant interviews, community stakeholders were mainly concerned with women living in rural communities not having access to Goodall-Witcher Hospital, especially those living in Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County. Stakeholders within the Bosque County's medical community also expressed concern with the older populations not receiving breast care, as there are five nursing homes within the City of Clifton alone.

McLennan County

McLennan County was designated within the Quantitative Data Report as being a medium-high priority area because of not being likely to meet the death rate Healthy People 2020 target. The death rate in McLennan County is 27.9 breast cancer deaths per 100,000 citizens. McLennan

County not being likely to meet the death rate Healthy People 2020 target may be associated with the county's high rates of poverty and the large percentage of minority populations.

Screening mammography rates of Hispanic/Latina women tend to be similar to other ethnicities. However, Hispanic/Latina women are more likely to be diagnosed at a later stage of breast cancer than white women. This could be due to the delay in timely follow-up after an abnormal mammogram (Susan G. Komen, 2014). In McLennan County, 23.3 percent of women are of Hispanic/Latina origin, which is quite higher than the national average of 16.2 percent. McLennan County is also comprised of 16.2 percent Black/African-American women. Black/African-American women are more likely than all other women to die from breast cancer (Susan G. Komen, 2014), which could be a potential factor in McLennan County not being likely to meet the death rate Healthy People 2020 target.

The low socioeconomic characteristics of McLennan County indicate a potential concern about women's access to affordable breast health care. McLennan County has a comprehensive health system that has breast cancer screening, diagnostic and treatment services available. With two large hospitals, three mammography facilities, and two cancer centers, citizens have access to options and well-rounded care. Being that McLennan County is home to the second highest poverty level in the Komen Central Texas service area, the number of community health centers and free health clinics is outstanding. With Planned Parenthood of Greater Texas and Providence Breast Health Center providing women that are uninsured or low-income free or low-cost mammograms and follow-up care, great efforts are being made to reduce the late-stage incidence rate in McLennan County. However, based on data regarding diversity, especially because of the large percentage of Hispanic/Latina and Black/African-American women, it appears many McLennan County residents would benefit from services within their neighborhoods that are reduced cost, culturally sensitive, and easily accessible. Several stakeholders voiced concerns related to the underserved areas of McLennan County, such as East Waco, being in dire need of culturally specific breast health education.

Mission Action Plan

Bosque County Problem Statement: Quantitative Data revealed Bosque County is not likely to meet the late-stage rate Healthy People 2020 target. The late-stage trend of new breast cancer cases in Bosque County of 4.5 percent per year indicate that new cases found in a later stage are increasing.

- Priority 1: Increase Affiliate initiatives within Bosque County to develop awareness and education regarding breast health.
 - Objective 1.1: By 2017, collaborate with a Bosque County health care institution to provide breast health care and outreach efforts throughout Bosque County.
 - Objective 1.2: In FY 2016, develop a collaborative RFA grant encouraging providers in Bosque County to partner with other providers in the county to submit proposals that offer subsidies for mammograms for uninsured women in Bosque County.

- Objective 1.3: By 2017, increase the Affiliate’s marketing and outreach of grant applications for evidence-based education and screening programs from organizations that serve Bosque County by 25 percent.
- Objective 1.4: In FY 2016, partner with a Bosque County organization to arrange small group education classes on breast self-awareness in at least three locations throughout Bosque County.
- Priority 2: Increase breast health outreach to Iredell, Morgan, Cranfills Gap, and other communities in northern Bosque County; qualitative research exposed concern for rural towns in northern Bosque County
 - Objective 2.1: By March 2016, meet with at least one community organization or faith community that services residents residing in Morgan, Cranfills Gap, and Iredell to discuss breast health outreach.
 - Objective 2.2: By March 2017, partner with at least one organization in northern Bosque County and Goodall-Witcher Hospital to provide a culturally appropriate breast health event where women over the age of 40 can sign up for a mammography appointment.

McLennan County Problem Statement: According to the Quantitative Data Report, McLennan County has larger than average percentages of Black/African-American and Hispanic/Latina women; these populations may be disproportionately affected by increasing death rates due to breast cancer in McLennan County.

- Priority 3: Increase community outreach within Black/African-American and Hispanic/Latina communities in McLennan County
 - Objective 3.1: By January 2017, partner with a McLennan County mammography facility to register women for breast cancer screening at two community events with a large percentage of Black/African-American or Hispanic/Latina attendees, such as the Juneteenth Celebration or the CenTex Hispanic Chamber of Commerce’s Women’s Health Fair.
 - Objective 3.2: By August 2016, market the need for culturally tailored health education programs within the Black/African-American and Hispanic/Latina communities in McLennan County.
- Priority 4: Partner with community-based outreach/health organizations to effectively promote breast health education and services including breaking down cultural barriers for Black/African-American and Hispanic/Latina women living in McLennan County
 - Objective 4.1: By September 2015, reach out to at least three predominantly Black/African-American community organizations or faith communities, with a focus in East Waco, to hold breast cancer community outreach presentations and or arrange small group education classes on breast self-awareness in at least five locations throughout McLennan County.

McLennan County Problem Statement: Qualitative research highlighted concern that Black/African-American and Hispanic/Latina women in McLennan County have limited access to culturally competent health care services.

- Priority 5: Increase access to culturally competent breast health services among Black/African-American and Hispanic/Latina women over the age of 40 living in McLennan County
 - Objective 5.1: In 2015, develop collaborative relationships with at least three community-based organizations whose target population is Black/African-American and or Hispanic/Latina women in McLennan County.
 - Objective 5.2: In FY 2016, develop a collaborative RFA grant encouraging providers in McLennan County to partner with other providers in the county to submit proposals that offer subsidies for mammograms for uninsured women in McLennan County.

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