

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



**SUSAN G. KOMEN<sup>®</sup>**  
**TYLER**

# Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>Acknowledgments</b> .....	<b>3</b>
<b>Executive Summary</b> .....	<b>4</b>
Introduction to the Community Profile Report .....	4
Quantitative Data: Measuring Breast Cancer Impact in Local Communities.....	4
Health System and Public Policy Analysis .....	5
Qualitative Data: Ensuring Community Input .....	5
Mission Action Plan .....	6
<b>Introduction</b> .....	<b>8</b>
Affiliate History .....	8
Affiliate Organizational Structure.....	9
Affiliate Service Area .....	9
Purpose of the Community Profile Report.....	12
<b>Quantitative Data: Measuring Breast Cancer Impact in Local Communities</b> .....	<b>13</b>
Quantitative Data Report.....	13
Additional Quantitative Data Exploration.....	26
Selection of Target Communities .....	28
<b>Health Systems and Public Policy Analysis</b> .....	<b>30</b>
Health Systems Analysis Data Sources .....	30
Health Systems Overview .....	30
Public Policy Overview .....	35
Health Systems and Public Policy Analysis Findings.....	37
<b>Qualitative Data: Ensuring Community Input</b> .....	<b>38</b>
Qualitative Data Sources and Methodology Overview.....	38
Qualitative Data Overview .....	39
Qualitative Data Findings .....	41
<b>Mission Action Plan</b> .....	<b>43</b>
Breast Health and Breast Cancer Findings of the Target Communities.....	43
Mission Action Plan .....	45
<b>References</b> .....	<b>47</b>

# Acknowledgments

The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

**Susan G. Komen® Tyler would like to extend its deepest gratitude to the Board of Directors and the following individuals who participated on the 2015 Community Profile Team:**

**Karen Durham – Breast Cancer Survivor**

Member of Susan G. Komen Advocates in Science Steering Committee  
Komen Tyler Board of Directors

**Maggie Hendrix – Breast Cancer Survivor**

Komen Tyler Board of Directors

**Wendy Johnson – Breast Cancer Survivor**

Former Komen Tyler Board of Directors

**Kathryn R. Martinez**

Executive Director, Susan G. Komen Tyler

**A special thank you to the following entities for their assistance with data collection and analysis, as well as providing information included in this report:**

- Stephanie Taylor, Northeast Texas Public Health District
- Trinity Mother Frances Health System
- East Texas Medical Center
- The University of Texas Health Northeast

**Report Prepared by:**

**Susan G Komen® Tyler**

1800 Shiloh Road, Suite 106/P.O. Box 6217

Tyler, TX 75703/75711

(903) 561-6992

[www.komentyler.org](http://www.komentyler.org)

Contact: Kathryn Martinez, Executive Director

# Executive Summary

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

Susan G. Komen® Tyler was approved by Komen Headquarters for a Race for the Cure® event in October 1998. Its first Race for the Cure® was held on May 8, 1999. Many volunteers put in countless hours to make this dream a reality. Komen Tyler serves all of Smith County and its office is located in Tyler which is the county seat. The Affiliate started off with a working Board of Directors with the majority serving on the Race Committee. In 2006, a part-time Executive Director was hired with regular business hours three times a week. Today the Affiliate employs a full time Executive Director and a part-time Administrative Assistant with daily office hours. Since its incorporation the Affiliate's granting program is responsible for providing approximately 16,000 mammograms and more than \$3 million in services to Smith County. Komen Tyler has hosted a Race for the Cure event every Mother's Day weekend since its inception and in 2011 began hosting a Ride for the Cure event in mid-October.

The Community Profile acts as a detailed report on breast health information pertaining specifically to the Affiliate's target service area of Smith County. It serves as a tool during the Affiliate's granting process to help assist in finding the greatest breast health needs in the service area. The focus of the organization is dependent on the information contained in the assessment to fulfill the promise that Susan G. Komen was founded on: to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. The Community Profile will provide a synopsis for the Smith County community on the state of breast health in the Komen Tyler service area.

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

The Community Profile Team combined the original Quantitative Data Report supplied to the Affiliate by Komen Headquarters with additional data gathered from the screening mammography facilities in the service area. This additional information allowed the Community Profile Team to further investigate the screening mammogram proportions and provide a clear snapshot of what is happening within the service area. Each facility provided the Affiliate with data that included the number of women who received a screening mammogram, the race and ethnic group of each woman and the zip code that each woman resided. This additional information along with key indicators including but not limited to: below average screening proportions, residents living below poverty level, residents living without health insurance, unemployment percentages and residents who are linguistically isolated and/or foreign born helped in determining the following target communities.

- White women age 40 and over in the 75706 & 75708 zip codes
- Hispanic/Latina women age 40 and over in the 75702, 75704, 75706 & 75708 zip codes
- Black/African-American women age 40 and over in the 75701 zip code

These racial/ethnic groups in the various zip codes all have screening percentages that are lower than the service area as a whole. These zip codes also have a higher percentage of residents with less than a high school education, annual incomes below 100 percent poverty and a higher percentage of no insurance compared to the service area which might contribute to the lower mammography percentages.

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

Komen Tyler's Community Profile Team performed a Health Systems and Public Policy Analysis by looking at the programs, services and public policy for the service area. A programs and services assessment was collected to help determine the programs and services available in Smith County. Besides the partnership with the three hospital systems in the service area, the Affiliate has a strong partnership with the Northeast Texas Health District (NET Health) which administers the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Komen Tyler also has relationships with many nonprofit organizations that also serve as partners with a similar mission to provide breast health services and/or education to Smith County. Because the service area consists of Smith County only and the target communities are by zip code, the organizations listed would be available to all of the target communities.

This analysis focused on the continuum of care (CoC) for breast health which is defined as the process of screening, diagnosis, treatment and follow-up for the patient. Through this process the Community Profile Team was able to identify resources along the CoC for Smith County residents but there is a gap resulting in women 40 years old and over not entering into the CoC by receiving a breast cancer screening mammogram that may be reflective of the below average mammography rates for the majority of Smith County. There are many factors that may keep a patient from proceeding through the CoC such as, but not limited to: lack of education, lack of insurance/funding, or a high rate of late-stage diagnosis and deaths.

As an Affiliate there is a need to have more of an impact on local public policy that is coming out of Smith County by strengthening these partnerships. There is an increased need for critical state funding of the Texas Breast and Cervical Cancer (BCCS) program. With changes in health care, insurance and additional women finding themselves uninsured every year, the need for financial assistance is greater than ever. Komen Tyler hopes to strengthen the relationships with local legislators and get them more involved with the Affiliate on a local level to make a bigger impact at the federal level.

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

The Community Profile Team decided to conduct key informant interviews, hold focus groups and send out surveys to reach a broad range of participants in the service area to get a better understanding of the state of breast health in the Affiliate's service area. A hand analysis was conducted by the Community Profile Team on the data collected to get a firsthand look at the overall material gathered and to educate themselves about the breast health needs in Smith County. All of the data were evaluated by breaking it down into broad categories to then be further interpreted. After this process was complete it was determined availability of services was not an issue for the Komen Tyler service area and that the breast health awareness efforts were being met and reaching the general population. After further investigation it was determined that the drop in mammography rates might be caused by lack of access to screening services due to lack of transportation, no insurance or funding and language barriers for the Spanish speaking community. It was determined that there was a need for more information regarding free or low cost services being offered in the Komen Tyler service area.

Four needs clearly stood out to the Community Profile Team and were determined to be the basis for the priorities in the Smith County area.

- Education about and access to free or low cost breast health services in the service area.
- Need a concise, easily accessible brochure with local breast cancer resources and support groups for breast cancer survivors.
- Information regarding metastatic breast cancer and lymphedema.
- A positive influence on policy and legislation at the state and national level to assist in ensuring that state funding remains a priority.

### **Mission Action Plan**

The objective of the Mission Action Plan (MAP) is to serve as a guidance tool when setting the priorities for the Community Grant RFA. Komen Tyler will use this MAP to help identify the priorities in Smith County and it will serve as a guideline in achieving these goals.

### **EDUCATION & OUTREACH**

**Problem Statement:** Women in the target communities are unaware of free or low cost breast health services/screenings available to them. The health systems analysis found that Smith County has several options available for women that do not have insurance or cannot pay for a breast cancer screening however the focus groups and surveys relieved that not all women in Smith County know that these services exist or how to access them.

**Priority:** To educate and increase awareness of free and low cost breast health services/screenings available to the target communities in the service area.

- Objective 1: By March 2017, meet with at least four health care or community organizations with a breast health interest to discuss low cost breast health services and resources available in the service area.
- Objective 2: By March 2018, partner with at least one of these organizations to provide an appropriate breast health event where women age 40 years old and older can get information on low cost services and resources in the service area.

**Problem Statement:** Men and women in the target communities are unaware of the details surrounding metastatic breast cancer. This finding was brought up during the key informant interviews and focus groups when several individuals discuss not knowing about metastatic breast cancer and the effects of lymphedema.

**Priority:** To inform/educate the service area and medical community on metastatic breast cancer and lymphedema.

- Objective 1: By March 2017, select a key volunteer to organize and plan a metastatic breast cancer program.
- Objective 2: By March 2018, using information provided from Komen Headquarters and Komen Scholars, hold at least one program with continuing medical education credits to educate providers about metastatic breast cancer and lymphedema.

### **BREAST CANCER AWARENESS OPPORTUNITIES**

**Problem Statement:** Breast cancer patients and caregivers do not know about local resources that are available in Smith County. The health systems analysis revealed that each hospital system and many nonprofit organizations offer support groups and support services for breast

cancer patients and caregivers. During the focus groups and surveys it was identified that there is not a concise, easily accessible brochure with all of this information and that breast cancer patients and caregivers are having to search for this information. Many reported not finding out about a service until it was no longer needed or several months/years after treatment.

**Priority:** To compile for distribution a concise, easily accessible brochure with all local breast cancer resources and all support groups available in the service area to distribute to all the Komen Tyler's partners.

- Objective 1: By March 2017, reach out to breast health screening facilities and organizations that educate about breast health in the service area to collect data about resources available to breast cancer survivors and support groups.
- Objective 2: By March 2018, partner with breast health screening facilities and organizations that educate about breast health to distribute a brochure with breast cancer survivor resources and support groups

### **PUBLIC POLICY/ADVOCACY EFFORTS**

**Problem Statement:** With changes to health care, insurance and additional women finding themselves uninsured every year, the need for financial assistance is greater than ever. Texas has the highest rate of uninsured people in the nation according to the Kaiser Family Foundation. This high volume of uninsured men and women creates a greater need for state funding at the local level.

**Priority:** To form a positive influence on public policy and legislation at the state level to assist in ensuring that state funding maintains a priority.

- Objective 1: By December 2017, identify and train at least two to four volunteers to serve on the public policy committee to carry out the majority of the public policy efforts to the Affiliate.
- Objective 2: In FY 18, partner with the Smith County Comprehensive Cancer Coalition on advocacy and public policy efforts for Smith County.

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

# Introduction

## Affiliate History

The history of Susan G. Komen® Tyler is similar to the national organization; through a relationship between two women. In the summer of 1996, after going through a breast cancer diagnosis and treatment, Freda Harder teamed up with Dr. Svetuskava Vukelja, her oncologist and patient advocate, to form a breast cancer support group. With an overwhelming response to the group the need for more breast health initiatives and services in Smith County was realized. They contacted the Susan G. Komen Headquarters to find out what was involved in bringing an Affiliate to the Tyler area. Around the same time a local Tylerite Anne Owens attended the Fort Worth Race for the Cure® in remembrance of a close friend that had recently lost her battle with breast cancer. She was so moved that she contacted the Susan G. Komen Headquarters to see how Tyler could participate in such a great cause. Together these three women began the process of organizing the local Affiliate. Komen Tyler was approved in June 1998 and they were able to bring together the medical community, community leaders and volunteers to inform and educate Smith County about breast health and breast cancer awareness.

Once the Affiliate was approved a Board of Directors was established and they began meeting on a monthly basis at the different breast care and cancer centers. In October 1998 Komen Tyler was approved for a Race for the Cure® event which was scheduled for May 8, 1999, Mother's Day weekend. The first Komen Tyler Race for the Cure made \$113,500 with approximately 2,500 participants. During that first year, many volunteers attended health fairs, seminars, distributed educational materials and spoke at community meetings to make Smith County aware of the Komen Tyler promise to eradicate breast cancer forever. In February 2003, the Affiliate opened the doors of a 1,500 ft<sup>2</sup> office space that was donated by a founding member. With the assistance of numerous businesses, partners and volunteers, this office was designed and maintained almost entirely through donated goods and services. In 2006, in an effort to meet the growing needs of the Affiliate, the Board of Directors began exploring the possibility of hiring a staff person. In late 2006 the first staff person was hired and the office began having regular office hours three days a week. Today the Komen Tyler is comprised of an executive director, a part-time office assistant, a 13-person Board of Directors (with a 15-person maximum), an Advisory Council, and committees made up of knowledgeable community leaders and breast cancer survivors that focus on grants management, public policy, education and a young survivors support group.

Komen Tyler maintains a current website that is a primary source of information for breast health information as well as a Facebook page, a Twitter handle, an Instagram page and an Affiliate app. Komen Tyler events include the signature Race for the Cure 5K run/walk, Ride for the Cure, various third party events and other breast health related events in the community. Email blasts and text messaging also serve as a means of communication with the donor base, Race and Ride participants, and survivors.

Since 1998, the Komen Tyler's grants program is responsible for providing approximately 16,000 mammograms and more than \$3 million in services to Smith County.

Komen Tyler serves as a breast health expert and leader in the Smith County community. The Affiliate is home to Karen Durham who is a member of the Susan G. Komen Advocates in Science steering committee. She works closely with Komen Tyler and serves as a breast health resource for the Affiliate and the community. Komen Tyler also has a close relationship with the Northeast Texas Health District (NET Health). Both of these relationships help keep the Affiliate up to date on public policy and breast cancer related issues on a local, state and national level. Ms. Durham attends breast health and breast cancer symposiums across the nation and brings the material back to the Affiliate. NET Health serves as a liaison between the State NBCCEDP programs and sends a representative to the local Comprehensive Cancer Coalition meetings and the Cancer Alliance of Texas quarterly meetings that reports back to Komen Tyler.

### **Affiliate Organizational Structure**

Komen Tyler is comprised of an Executive Director, a 15-person Board of Directors, and an Advisory Council. The Board of Directors are made up of knowledgeable community leaders and breast cancer survivors that also serve on committees that focus on grants management, public policy and education. The Advisory Council consists of past Race for the Cure chairs and former Board of Directors. These individuals are used as a resource to help guide the Affiliate. The Board of Directors follow the guidelines detailed in the Komen Tyler by-laws. The Executive Director and the Board President serve as the face of Komen Tyler.

### **Affiliate Service Area**

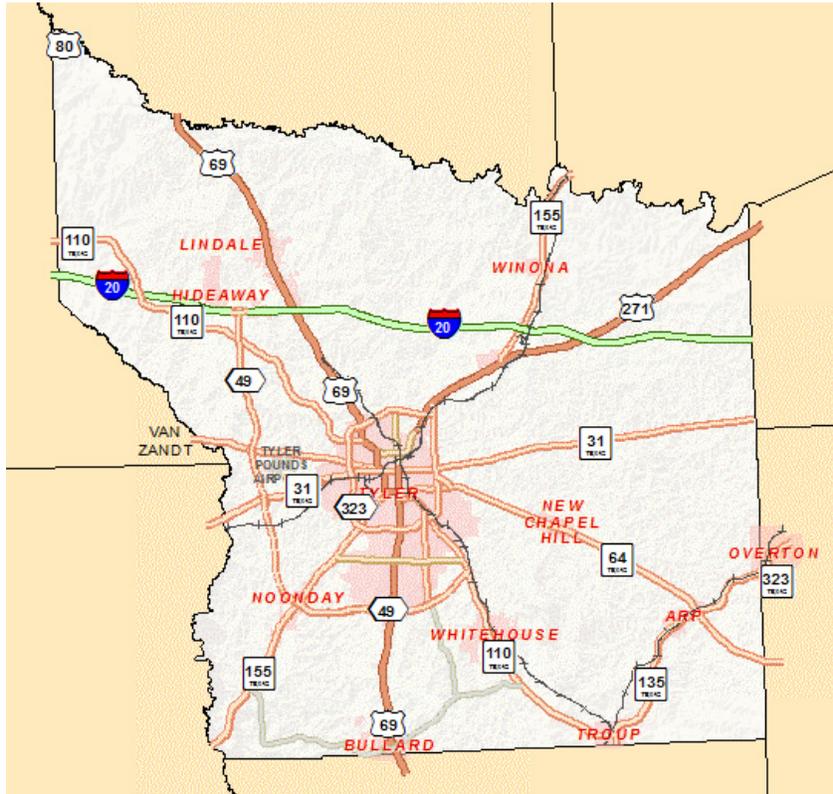
Smith County has a population of 216,080. It is one of the top 25 counties by population in the State of Texas. Tyler is the county seat (US Census Bureau). Smith County consists of the following cities/towns: Arp, Lindale, Hideaway Lake, New Chapel Hill, Noonday, Tyler, Whitehouse and Winona while Bullard, Gladewater, Overton and Troup are only partially in Smith County (Figure 1.1). The following unincorporated areas are also in Smith County – Bascom, Carroll, Chapel Hill, Copeland, Elberta, Flint, Garden Valley, Gresham, Jamestown, Lanes Chapel, Midway, Mount Sylvan, New Hope, Owentown, Pine Springs, Red Springs, Shadygrove, Starrville, Swan, Teaselville and Thedford. Figure 1.2 provides a map of the Komen Tyler service area.

Smith County covers 950 square miles (921 square miles of land and 28 square miles of water). Tyler is considered the metropolitan or micropolitan statistical area of Smith County and is the advanced manufacturing, health care, educational and retail center for Smith County (US Census Bureau) (Table 1.1). Smith County has an average White population of 78.2 percent, African-American population of 17.9 percent, American Indian and Alaska Native population of 0.8 percent, Asian population of 1.4 percent and Hispanic population of 18.3 percent. The median household income is \$47,432 with 16.7 percent living below the poverty level (US Census Bureau). The 2014 unemployment percentage for Smith County is 4.7 percent ([www.homefacts.com](http://www.homefacts.com)) while the Texas unemployment percentage is 4.9 percent ([www.deptofnumbers.com](http://www.deptofnumbers.com)).

**Table 1.1.** Top ten employers in Smith County

	<b>Employer</b>	<b># of Employees</b>
1	Trinity Mother Frances	9,001
2	East Texas Medical Center	2,599
3	Brookshire Grocery Company	2,599
4	Tyler Independent School District	2,468
5	Trane	1,500
6	Suddenlink	1,500
7	Walmart	1,311
8	The University of Texas at Tyler	1,121
9	University of Texas Health Northeast	925
10	Tyler Junior College	826

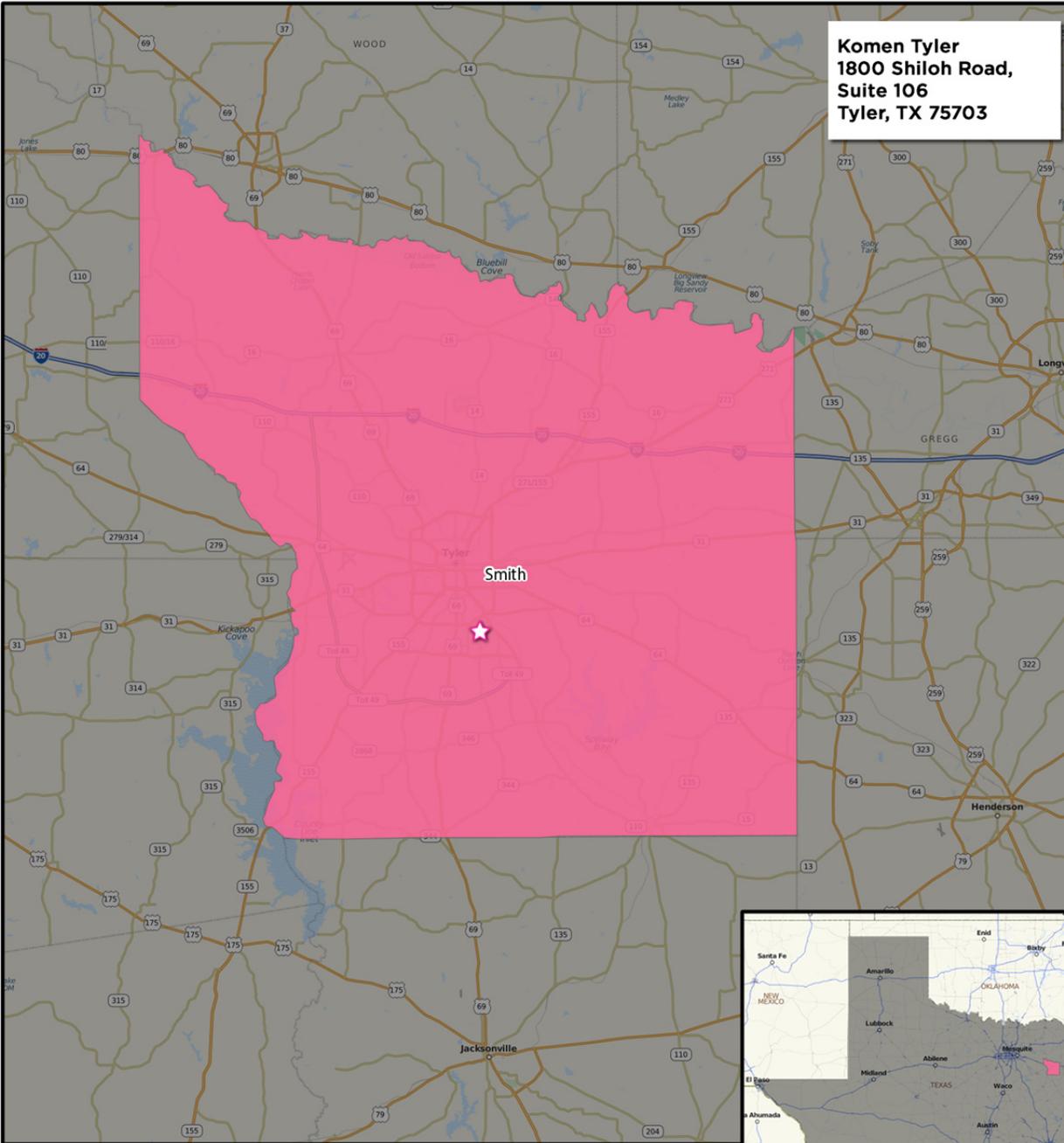
Source: City of Tyler 2013-2014 Comprehensive Annual Financial Report



[www.tylertexasonline.com](http://www.tylertexasonline.com)

**Figure 1.1.** Susan G. Komen Tyler service area cities/towns

# KOMEN TYLER SERVICE AREA



 Komen Tyler Office       Service Area



Figure 1.2. Susan G. Komen Tyler service area Map

## **Purpose of the Community Profile Report**

The Community Profile acts as a detailed report on breast health information pertaining specifically to the target service area of Smith County. The focus of the organization is dependent on the information contained in this report to fulfill the promise that Susan G. Komen was founded on: to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures. Komen Tyler will use the Community Profile to build upon the relationships developed from the data collection process and the end results of the completed report will be distributed to the community.

The purpose of the Community Report is to:

- Align strategic and operational plans
- Drive inclusion efforts in the community
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen sponsorship efforts

The Community Profile provides a synopsis for the Smith County community on the state of breast health in the service area. It will allow Komen Tyler to better serve the needs of the community and be distributed to the hospital systems as a resource. The Board of Directors will also help distribute the Community Profile throughout the service area's medical community and to various 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® Tyler 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 Tyler's 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	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-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 Tyler Service Area (Smith County - TX)	105,247	157	132.1	1.6%	22	17.3	-3.8%	61	52.1	-6.2%
White	82,405	132	134.7	3.8%	16	14.9	NA	49	51.5	-5.7%
Black/African-American	20,558	23	115.1	-5.4%	6	29.6	NA	11	55.3	-5.5%
American Indian/Alaska Native (AIAN)	843	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	1,441	SN	SN	SN	SN	SN	SN	SN	SN	SN
Non-Hispanic/ Latina	89,397	149	133.1	1.8%	21	18.1	NA	57	51.8	-6.4%
Hispanic/ Latina	15,850	8	101.1	2.5%	SN	SN	SN	4	51.1	-5.2%

\*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) mortality 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 Tyler service area were higher than that observed in the US as a whole. The incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of Texas and the incidence trend was not significantly different than 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 lower 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 incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

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 and death rate trend in the Komen Tyler service area were lower than that observed in the US as a whole. The death rate of the Affiliate service area was significantly lower than that observed for the State of Texas. The death rate trend of the Affiliate service area was significantly more favorable 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 substantially 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. 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.

### ***Late-stage incidence rates and trends summary***

Overall, the breast cancer late-stage incidence rate in the Komen Tyler service area was higher than 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 of the Affiliate service area was **significantly higher** than that observed for the State of Texas and the late-stage incidence trend was not significantly different than 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. 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 late-stage incidence rate among Hispanics/Latinas was similar to that among Non-Hispanics/Latinas.

### **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 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 whom 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 Tyler Service Area (Smith County - TX)	35	23	65.6%	47.6%-80.0%
White	33	22	67.0%	49.3%-80.9%
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	33	21	61.5%	43.4%-76.8%

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 Tyler 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.

### **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 and sub-county areas. 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 Tyler Service Area (Smith County - TX)	78.2 %	19.3 %	0.9 %	1.6 %	83.3 %	16.7 %	46.6 %	34.2 %	15.8 %
ZIP code 75701	65.2 %	24.4 %	0.9 %	1.6 %	83.0 %	17.0 %	46.0 %	35.1 %	19.2 %
ZIP code 75702	30.7 %	42.2 %	1.1 %	0.4 %	54.3 %	45.7 %	36.5 %	25.0 %	10.2 %
ZIP code 75703	78.9 %	13.7 %	1.0 %	3.8 %	93.1 %	6.9 %	47.5 %	35.7 %	17.3 %
ZIP code 75704	59.4 %	23.0 %	1.7 %	0.6 %	73.8 %	26.2 %	47.9 %	34.4 %	14.9 %
ZIP code 75705	36.0 %	55.0 %	1.6 %	0.6 %	85.9 %	14.1 %	49.3 %	37.5 %	15.8 %
ZIP code 75706	56.9 %	18.7 %	1.3 %	0.4 %	59.3 %	40.7 %	40.1 %	27.3 %	10.1 %
ZIP code 75707	84.3 %	7.8 %	0.8 %	2.3 %	90.8 %	9.2 %	51.7 %	39.1 %	18.2 %
ZIP code 75708	62.2 %	16.9 %	1.4 %	0.5 %	59.1 %	40.9 %	39.9 %	28.0 %	10.2 %
ZIP code 75709	60.7 %	32.1 %	0.9 %	1.4 %	88.0 %	12.0 %	48.0 %	34.5 %	13.1 %
ZIP code 75750	86.2 %	9.0 %	1.2 %	0.7 %	94.0 %	6.0 %	53.3 %	38.1 %	15.7 %
ZIP code 75757	90.7 %	4.7 %	1.3 %	0.7 %	94.2 %	5.8 %	54.1 %	39.7 %	18.3 %
ZIP code 75762	86.5 %	8.9 %	1.0 %	1.7 %	93.7 %	6.3 %	47.0 %	33.2 %	14.0 %
ZIP code 75771	88.9 %	6.7 %	1.0 %	1.2 %	93.3 %	6.7 %	51.6 %	38.7 %	19.7 %
ZIP code 75789	83.0 %	11.5 %	1.3 %	0.4 %	91.0 %	9.0 %	51.3 %	37.3 %	16.3 %
ZIP code 75791	89.2 %	5.5 %	1.0 %	1.6 %	93.8 %	6.2 %	44.7 %	29.4 %	11.0 %
ZIP code 75792	73.8 %	20.8 %	1.2 %	0.3 %	91.3 %	8.7 %	54.5 %	39.3 %	16.0 %

US, state, and county data are for 2011; ZIP code data are for 2010.

Data are in the percentage of women in the population.

Source: US Census Bureau – Population Estimates and Census 2010.

**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	Linguistic-ally 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 Tyler Service Area (Smith County - TX)	15.3 %	15.5 %	36.9 %	7.5 %	9.1 %	3.1 %	31.6 %	18.8 %	23.2 %
ZIP code 75701	12.6 %	21.5 %	NA	6.0 %	9.7 %	2.6 %	0.0 %	19.5 %	20.9 %
ZIP code 75702	39.4 %	29.4 %	NA	12.3 %	24.3 %	9.5 %	0.1 %	75.9 %	35.5 %
ZIP code 75703	5.0 %	10.9 %	NA	6.9 %	4.6 %	1.1 %	13.0 %	0.0 %	14.4 %
ZIP code 75704	22.1 %	22.9 %	NA	7.1 %	9.2 %	3.7 %	61.3 %	0.0 %	28.1 %
ZIP code 75705	22.4 %	20.6 %	NA	18.1 %	7.2 %	8.8 %	91.3 %	0.0 %	29.8 %
ZIP code 75706	33.9 %	21.3 %	NA	11.4 %	19.1 %	10.2 %	74.9 %	1.7 %	28.2 %
ZIP code 75707	9.2 %	10.1 %	NA	7.1 %	3.7 %	0.5 %	52.9 %	32.3 %	16.8 %
ZIP code 75708	30.1 %	19.0 %	NA	15.2 %	23.7 %	13.6 %	29.3 %	2.4 %	33.8 %
ZIP code 75709	7.7 %	17.7 %	NA	12.0 %	4.1 %	0.1 %	50.8 %	0.0 %	19.8 %
ZIP code 75750	8.7 %	5.5 %	NA	7.1 %	1.7 %	0.0 %	100.0 %	58.2 %	13.4 %
ZIP code 75757	12.9 %	11.6 %	NA	6.6 %	1.7 %	0.9 %	60.5 %	68.7 %	14.2 %
ZIP code 75762	8.0 %	7.0 %	NA	4.0 %	4.2 %	0.7 %	44.6 %	0.0 %	14.6 %
ZIP code 75771	11.4 %	12.5 %	NA	7.7 %	3.8 %	1.4 %	45.7 %	0.0 %	16.8 %
ZIP code 75789	11.0 %	17.3 %	NA	10.6 %	3.3 %	0.9 %	100.0 %	95.5 %	21.9 %
ZIP code 75791	6.2 %	5.1 %	NA	3.5 %	2.8 %	0.1 %	30.5 %	11.4 %	16.5 %
ZIP code 75792	14.9 %	13.7 %	NA	4.8 %	2.9 %	0.0 %	100.0 %	0.0 %	21.3 %

\* Health Insurance coverage data for ZIP codes are for all ages.

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 and American Community Survey (ACS) for 2008-2012.

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 and 2008-2012.

**Population characteristics summary**

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

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

- ZIP code 75701
- ZIP code 75702
- ZIP code 75705
- ZIP code 75709

The following ZIP codes have substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:

- ZIP code 75702
- ZIP code 75704
- ZIP code 75706
- ZIP code 75708

The following ZIP codes have substantially lower education levels than that of the Affiliate service area as a whole:

- ZIP code 75702
- ZIP code 75704
- ZIP code 75705
- ZIP code 75706
- ZIP code 75708

The following ZIP codes have substantially lower income levels than that of the Affiliate service area as a whole:

- ZIP code 75701
- ZIP code 75702
- ZIP code 75704
- ZIP code 75705
- ZIP code 75706

The following ZIP codes have substantially lower employment levels than that of the Affiliate service area as a whole:

- ZIP code 75702
- ZIP code 75705
- ZIP code 75706
- ZIP code 75708
- ZIP code 75709
- ZIP code 75789

The ZIP codes with substantial foreign born and linguistically isolated populations are:

- ZIP code 75702
- ZIP code 75706
- ZIP code 75708

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

- ZIP code 75702
- ZIP code 75705
- ZIP code 75708

## **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 Tyler 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 Tyler service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Smith County – TX	Low	Currently meets target	4 years	
ZIP code 75701	NA	NA	NA	%Black/African-American, poverty
ZIP code 75702	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
ZIP code 75704	NA	NA	NA	%Hispanic/Latina, education, poverty, rural
ZIP code 75705	NA	NA	NA	%Black/African-American, education, poverty, employment, language, rural, insurance
ZIP code 75706	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, rural
ZIP code 75707	NA	NA	NA	Rural, medically underserved
ZIP code 75708	NA	NA	NA	%Hispanic/Latina, education, employment, foreign, language, insurance
ZIP code 75709	NA	NA	NA	%Black/African-American, employment, rural
ZIP code 75750	NA	NA	NA	Rural, medically underserved
ZIP code 75757	NA	NA	NA	Rural, medically underserved
ZIP code 75762	NA	NA	NA	Rural
ZIP code 75771	NA	NA	NA	Rural
ZIP code 75789	NA	NA	NA	Employment, rural, medically underserved
ZIP code 75792	NA	NA	NA	Rural

NA – data not available.

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

**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**

### ***Low priority area***

The Komen Tyler service area (Smith County) is in the low priority category. The Affiliate is expected to take four years to reach the late-stage incidence rate HP2020 target.

### **Additional Quantitative Data Exploration**

The Community Profile Team for Susan G. Komen Tyler explored a more meaningful screening mammogram proportion for the service area. The intent of the additional quantitative data were to create a clear snapshot of what is happening within the service area.

To do this, a request was made to all screening mammography facilities in the service area:

- East Texas Medical Center Cancer Institute (ETMC)
- Trinity Mother Frances Ross Breast Center (TMF)
- University of Texas Health Northeast (UTHNE)

Each facility provided the Affiliate with data that included the number of women who received a screening mammogram, the race and ethnic group of each woman and the zip code that each woman resided.

### **Breast Cancer Screening Proportions**

Breast cancer screening proportions are shown in Table 2.8 for the Susan G. Komen Tyler service area. Proportions are also shown for Whites, Blacks/African-Americans, Asians and Pacific Islanders (API), and American Indians and Alaska Natives (AIAN). In addition proportions are shown for Hispanic/Latinas and women who are not Hispanic/Latina (regardless of their race).

### **How screening mammogram proportions are calculated**

For this report, screening mammogram proportion is calculated by two pieces of information:

- The number of women who received a screening mammogram in 2013 and who resides in a zip code serviced by the Susan G. Komen Tyler.

- The total number of women age 40+ residing in each of Susan G. Komen Tyler service area zip code (data compiled from information collected from ETMC, TMF and UTHNE for 2013).

### Limitations

This data does not reflect women who go outside the Susan G. Komen Tyler service area to receive a screening mammogram. It also does not include women that may not go every year for a screening mammogram. This data only captures 2013 and is not weighted.

### Conclusion

Overall there is very little difference in the breast cancer screening percentages among the Black/African-American and White populations when compared to the service area as a whole. However, API, AIAN, and Hispanic/Latina populations have substantially lower screening percentages than the service area as a whole.

**Table 2.8.** Proportion of women over 40 with screening mammogram in 2013

Population Group	Proportion Screened
Komen Tyler Service Area (Smith County – TX)	43.4%
White	45.0%
Black/African-American	42.1%
AIAN	2.3%
API	18.9%
Hispanic/Latina	17.1%
Non-Hispanic/Latina	82.9%

Data compiled from information sent from ETMC, TMF, UTHNE for 2013

**Table 2.9.** Proportion of women over 40 with screening mammogram, by zip code

Population Group	White	Black/ African- American	AIAN	API	Hispanic/ Latina	Non-Hispanic/ Latina	Total
Komen Tyler Service Area (Smith County – TX)	45.0%	42.1%	2.3%	18.9%	17.1%	82.9%	43.4%
75701	42.5%	28.8%	2.6%	12.4%	13.8%	86.2%	37.9%
75702	14.7%	58.6%	3.6%	35.0%	21.8%	75.2%	40.2%
75703	55.2%	29.4%	6.5%	20.4%	16.2%	83.8%	50.2%
75704	41.7%	44.1%	0.0%	30.8%	12.4%	87.6%	39.0%
75705	31.3%	53.4%	0.0%	33.3%	22.8%	77.2%	44.4%
75706	36.1%	59.4%	11.1%	14.3%	17.5%	82.5%	39.2%
75707	51.2%	38.6%	3.5%	25.0%	14.8%	85.2%	48.9%
75708	28.5%	49.6%	0.0%	0.0%	18.5%	81.6%	34.5%
75709	43.4%	50.9%	0.0%	23.5%	24.3%	75.7%	46.7%
75750	40.2%	27.7%	0.0%	14.3%	8.1%	91.9%	32.1%
75757	44.9%	34.6%	0.0%	10.5%	10.6%	89.4%	44.0%
75762	50.3%	36.6%	0.0%	24.0%	20.4%	79.6%	49.5%
75771	45.4%	31.1%	0.0%	5.1%	11.3%	88.7%	43.9%
75789	37.1%	37.5%	4.0%	37.5%	12.0%	88.0%	36.8%
75791	49.0%	50.0%	0.0%	20.8%	15.0%	85.0%	46.8%
75792	28.1%	51.5%	0.0%	0.0%	15.9%	84.2%	32.8%

US, State, and County data are for 2011; Zip code data are for 2010. Data are in the percentage of women in the population.  
Source: US Census Bureau – Population Estimates and Census 2010

## **Selection of Target Communities**

In order to be the most efficient stewards of resources, Susan G. Komen Tyler has chosen three 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 which have cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative that provides specific health objectives for communities and the country as a whole. Specific to Komen Tyler's work, goals around reducing women's death rate from breast cancer and reducing the number of breast cancers found at a late-stage were analyzed. Through this review, areas of priority were identified based on the time needed to meet Healthy People 2020 targets for breast cancer. The Affiliate currently meets the HP2020 breast cancer death rates and is likely to achieve the late-stage incidence rate.

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

- Below average screening proportions
- Residents living below poverty level
- Residents living without health insurance
- Unemployment percentages
- Residents who are linguistically isolated and/or foreign born

Because the Komen Tyler service area is one county, the targeted communities were selected by population demographics.

The selected target communities are:

- White women age 40 and over in the 75706 & 75708 zip codes
- Hispanic women age 40 and over in the 75702, 75704, 75706, & 75708 zip codes
- Black/African-American women age 40 and over in the 75701 zip code

### **White women age 40 and over in the 75706 & 75708 zip codes**

The White female population in the Affiliate service area is the same as the United States but lower than the State of Texas. While White women in the service area have a slightly higher screening percentage (45.0 percent) than the service area as a whole (43.4 percent); White females in some zip codes have a screening percentage substantially lower than the service area as a whole (Table 2.8). This targeted community will include the White women age 40 and over in the 75706 and 75708 zip codes. These areas have an above 50 percent White female population with a mammography percentage of less than 37 percent among the White women age 40 and over (Table 2.4 and 2.9). These zip codes also have a higher percentage of residents with less than a high school education, annual incomes below 100 percent poverty, and a higher percentage of no health insurance compared to the service area which might contribute to the lower mammography percentages. (Table 2.5). Further exploration of the health system will be conducted to facilitate removing barriers to breast health screening within this population.

### **Hispanic/Latina women age 40 and over in the 75702, 75704, 75706, & 75708 zip codes**

The Hispanic/Latina female population in the Affiliate service area is slightly larger than the United States but lower than the State of Texas. The American Cancer Society and the National Comprehensive Cancer Network recommend that women with average risk of breast cancer have a screening mammogram every year starting at age 40. Hispanic/Latina females in the service area have a screening percentage (17.1 percent) substantially lower than the service area as a whole (43.3 percent) (Table 2.8). This targeted community will include the Hispanic/Latina women age 40 and over in the 75702, 75704, 75706 and 75708 zip codes. These areas have a high foreign born and linguistically isolated population compared to the service area, the United States and Texas (Table 2.5). These areas on average have an above 40 percent Hispanic female population with a mammography percentage of less than 22 percent among the Hispanic women age 40 and over (Table 2.4 and 2.9). These zip codes also have a higher percentage of residents with less than a high school education, annual incomes below 100 percent poverty, and a higher percentage of no health insurance compared to the service area which might contribute to the lower mammography percentage (Table 2.5). Further exploration of the health systems analysis will be conducted to facilitate removing barriers to breast health screening within this population.

### **Black/African-American women age 40 and over in the 75701 zip code**

The Black/African-American female population in the Affiliate service area is above that of the United States and the State of Texas. While Black/African-American women in the service area have a slightly lower screening percentage (42.1 percent) than the service area as a whole (43.3 percent); Black/African-American females in some zip coded have a screening percentage substantially lower than the service area as a whole (Table 2.8). This targeted community will include the Black/African-American women age 40 and over in the 75701 zip code. This area has a Black/African-American female population of 24.4 percent with a mammography percentage of less than 28.8 percent among the Black/African-American women age 40 and over (Table 2.4 and 2.9). This zip code also has a higher percentage of residents with annual incomes below 100 percent poverty and a higher percentage of no health insurance compared to the service area which might contribute to the lower mammography percentage (Table 2.5). Further exploration of the health systems analysis will be conducted to facilitate removing barriers to breast health screening within this population.

# Health Systems and Public Policy Analysis

## Health Systems Analysis Data Sources

Komen Tyler assessed the health system resources in Smith County by gathering data on organizations and facilities that provide breast cancer services such as, but not limited to:

- Private and Public Hospitals
- Community Health Centers
- Free Clinics
- Health Departments
- Nonprofit Organizations

In addition, quality of care indicators were assessed by gathering data on the following accreditations for each health care provider:

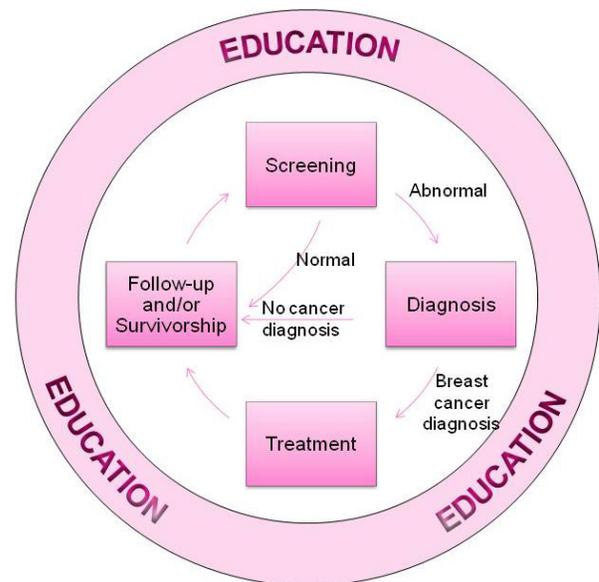
- American College of Surgeons Commission on Cancer
- American College of Surgeons National Accreditation for Breast Centers
- American College of Radiology Breast Imaging Center of Excellence

Komen Tyler compiled the categories listed from the health systems analysis spreadsheet into a survey that was then forwarded to the contact person at each organization listed. If additional information was needed, the Affiliate either called the organization's contact person or reviewed their website. Because the service area consists of Smith County only and the target communities are by zip code, the organizations listed would be available to all of the target communities.

## Health Systems Overview

The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care (Figure 3.1). A woman would ideally move through the CoC quickly, receiving timely, quality care in order to have the best outcomes. Education plays an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, she would enter the CoC by getting screened for breast cancer with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.



**Figure 3.1.** Breast Cancer Continuum of Care (CoC)

If a screening exam reveals abnormal results, diagnostic tests would determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months while for others, it may last years. While the CoC model shows that follow-up and survivorship come after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include things like navigating insurance issues, locating financial assistance, and symptom management such as pain, fatigue, sexual issues, bone health, etc. Education may address making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are many reasons a woman does not enter or continue in the breast cancer CoC. These barriers can include lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

The continuum of care for breast health is defined as the process of Screening, Diagnosis, Treatment and Follow-up care for a patient. By assessing the continuum of care for patients in Smith County, the Affiliate was able to understand the gaps, barriers and issues present for women as they travel through the continuum of care. By determining these barriers and gaps in health care, recommendations can be made for increasing the percentage of people who enter, stay in and process through the continuum of care, improve the quality throughout the continuum of care, and improve knowledge, attitudes and beliefs about breast cancer.

A Smith County programs and services assessment included the collection and mapping of health care providers, services, and resources available. The process resulted in an asset map which revealed an abundance of services available in a concentrated area, particularly in Tyler (Figure 3.2). The majority of hospitals and medical clinics, particularly those that are specific to breast health, are concentrated in the 75701, 75702 and 75708 zip codes.

The three major hospital/health care systems in the Affiliate service area are Trinity Mother Frances (TMF), East Texas Medical Center (ETMC), and The University of Texas at Tyler Health Northeast (UTHNE). All three systems offer breast screening services through their individual breast health centers. In addition, TMF and ETMC also provide screenings through their respective mobile mammography units. These mobile units are able to extend the TMF and ETMC reach throughout the county and the Affiliate service area. All three systems are able to offer diagnostic services whether it is through ultrasound, mammography, biopsy or MRI. UTHNE is also able to offer MBI (molecular breast imaging) and Breast Tomosynthesis (3-D mammography). Each system has different types of treatment. TMF refers all chemotherapy and radiation treatment to Texas Oncology – Tyler which is located inside the main hospital but they have the Trinity Surgery Clinic and Trinity Clinic Center for Cosmetic Surgery to perform any type of breast cancer surgery or reconstruction. ETMC offers radiation through their Cancer Institute but they refer all chemotherapy to Tyler Hematology Oncology which is also located on ETMC's main campus. ETMC Cancer Institute also refers all surgical procedures out to surgeons or specialist in the area. UTHNE houses the Cancer Care Center which offers not only chemotherapy and radiation but also surgery and reconstruction. UTHNE also offers clinical trials for cancer risk reduction and treatment. All three systems offer some type of fitness and nutrition for breast cancer survivors whether it's in-house or a referral to a third party. All three health care systems offer financial assistance and some type of end of life care whether it is in-house or a referral.

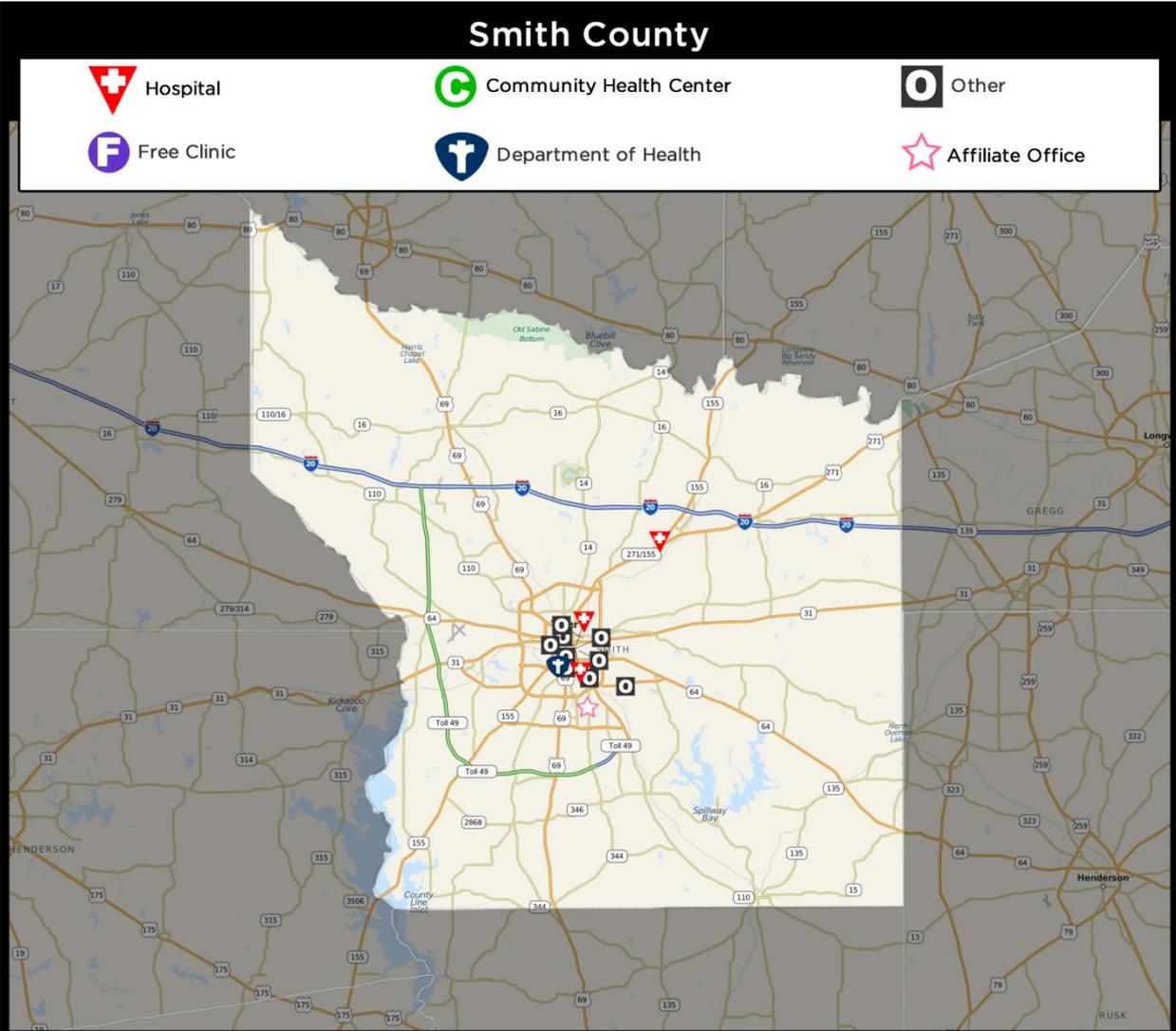
Besides the hospital systems there are other resources available for individuals that have entered into the CoC. The Bethesda Health Clinic is a clinic ministry that offers affordable, high quality care to the working uninsured in Smith County. The mobile units from both TMF and ETMC visit Bethesda several times a year. Bethesda offers patient advocates that help patients navigate the system as needed. Bethesda along with the St. Paul's Foundation also offer bras and prosthesis to breast cancer patients free of charge. Other side effect management items are provided by the American Cancer Society which offers wigs to breast cancer patients, You, Me & the Big C which offers financial assistance to breast cancer patients and A Woman's Touch which is the only retailer in Smith County to offer Lymphedema products to breast cancer patients. The Blood and Cancer Center is another treatment facility that is not associated with a hospital system that offers chemotherapy and financial assistance. They along with Hospice of East Texas also offer end of life care along with patient navigation to breast cancer patients.

Komen Tyler's service area has resources along the CoC for Smith County residents. However, there is a gap that is resulting in women 40 years old and over not entering the CoC by receiving a breast cancer screening mammogram that may be reflective of the below average mammography rates for the majority of Smith County (Table 2.9).

Throughout the Affiliate's service area there are key partnerships to help strengthen the Susan G. Komen mission. TMF and ETMC both have the mobile mammography units that travel throughout East Texas and are able to offer Komen funded screenings to residents of Smith County. These services are offered through the Northeast Texas Health District which is a third party provider that helps patients navigate the system while offering support groups, exercise/nutrition programs and financial assistance through the Komen grant and BCCP. Through this partnership the Affiliate is hoping to reach and serve more residents in the service area. This partnership is further broadened through the Bethesda Health Clinic which is a Christ-centered clinic that offers affordable care to the uninsured. They refer patients to the TMF

and ETMC breast centers as well as help navigate the system for those with a language barrier and offer bras/prosthesis to cancer patients free of charge. Through this partnership the Affiliate is given an opportunity to serve a wider range of the service area that might not enter into the CoC due to lack of health insurance or finances. Komen Tyler has also partnered with the American Cancer Society (ACS) and the Cancer Foundation for Life through the community granting process. ACS offers support groups to breast cancer patients as well as wigs and nutritional brochures that are helpful resources for breast cancer patients going through different types of treatment. The Cancer Foundation for Life offers FitSteps which is an individualized fitness program for cancer patients. The Affiliate is hopeful that through the encouragement of these services it will help patients continue to cycle through the CoC.

The focus of the Community Profile for the Affiliate has three target groups that focus on ethnicity and specific zip codes within the service area. The overall mammography rate for all of the service area is lower than expected. As an Affiliate, the main goal would be to raise the awareness on early detection and risk reduction and become more of a presence in all of Smith County by forming a partnership with the surrounding areas like Lindale, Whitehouse, Bullard, Arp and Troup. Because the breast health clinics are concentrated to the Tyler area residents from these outlying areas are coming to Tyler for treatment but there is not a Komen presence in their specific area. As an Affiliate, the goal would be to build relationships through Chamber of Commerce membership in these different areas as well as set up speaking engagements to help promote the Komen Tyler mission.



### Statistics

Total Locations in Region: 14

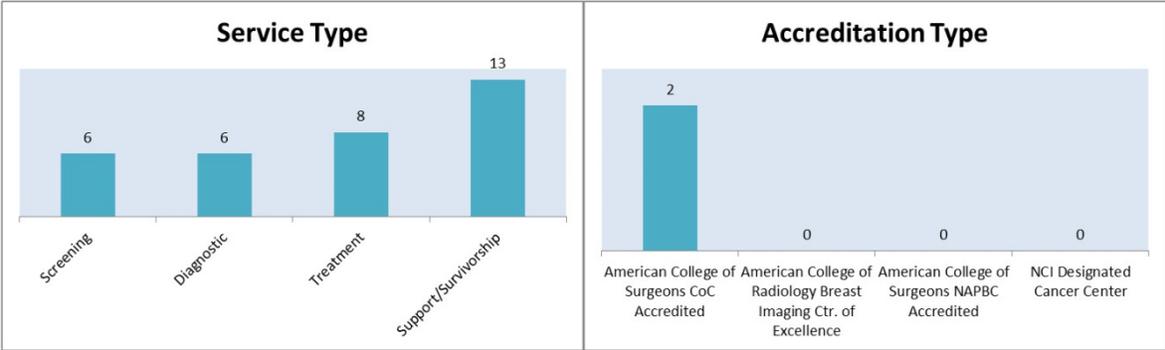


Figure 3.2. Breast cancer services available in Smith County

## **Public Policy Overview**

### **National Breast and Cervical Cancer Early Detection Program**

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides access to breast and cervical cancer screening services to underserved women in all states. Services are provided through contracts with local health departments, community-based organizations, private nonprofit organizations, Federally Qualified Health Centers (FQHCs), hospitals and hospital districts. Contractors bill the Department of State Health Services (DSHS) on a fee-for-service basis. The Texas Breast and Cervical Cancer Services program (BCCS) is funded by a mix of Centers for Disease Control and Prevention (CDC) funds, Title XX to Temporary assistance for Needy Families (TANF) funds and State General Revenue. The BCCS offers low-income women, ages 18-64, access to screening and diagnostic services for breast and cervical cancer. BCCS contracted health clinics are the gateway to cancer treatment and determine a woman's eligibility for the Medicaid for Breast and Cervical Cancer program (MBCC). To be eligible for MBCC, a woman must be a Texas resident, between the age of 18-64 diagnosed and in need of treatment for breast cancer with a gross family income at or below 200 percent of the Federal Poverty Income Guidelines. BCCS contracted health clinics are the gateway to cancer treatment and determine a woman's eligibility for the Medicaid for Breast and Cervical Cancer (MCBB) program. A woman is entitled to full Medicaid coverage beginning on the day after the date of diagnosis (services are not limited to the treatment of breast cancer). Medicaid eligibility continues as long as the Medicaid Treatment provider certifies that the woman requires active treatment for breast cancer. Should a woman have a recurrent breast cancer, the BCCS contractor must reapply for the woman to be eligible for Medicaid.

Komen Tyler's partner, the Northeast Texas Health District (NET Health), administers the NBCCEDP program through the Texas Department of State Health Services in Smith County where the Affiliate is located. All of the target communities have access to NET Health services. The Affiliate has a strong relationship with the BCCS program locally and NET Health will continue to serve as a liaison to the State NBCCEDP program.

### **State Comprehensive Cancer Control Coalition**

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 to promote the Texas Cancer Plan. The objectives of the Texas Cancer Plan are to encourage risk reduction, to increase screening and early detection rates and to initiate more timely access to diagnosis, treatment and palliative care. It is their goal to accomplish these things while improving the quality of life and survivorship for patients, increasing the support for cancer research and to commercialize projects for better treatments and economic development in Texas. They are also working to develop and strengthen access to health care as well as medical professionals across the state. The Texas Cancer Plan encourages community-based organizations and stakeholders to support policy, environmental and system changes for cancer control while providing cancer risk reduction awareness information, screening programs and navigation services for clients. They encourage participation in clinical trials and collaborate to provide community programs.

Komen Tyler has two avenues of communication with the Cancer Alliance of Texas. The Komen Texas Advocacy Collaborative (KTAC) has members from different Affiliates (Austin, Dallas County, Houston and North Texas) that are part of the Cancer Alliance of Texas (CAT). These

Affiliates share responsibility of attending quarterly calls and updating KTAC on developments. The Affiliate also has a partnership with NET Health, who is also a member of CAT and sends a representative to the quarterly meeting. This representative delivers information to Komen Tyler as needed. It is the Affiliate's plan to continue gathering information from these two avenues while looking into becoming a member of the Cancer Alliance of Texas. The Affiliate will also continue to encourage the community to promote the Cancer Alliance of Texas' general mission.

### **Affordable Care Act**

Texas forfeited the option to run a state insurance exchange. As a result, consumers in the state may choose coverage from a federally run marketplace. Texas did not expand Medicaid coverage for those with incomes up to 133 percent of the poverty level. This would have increased access to health care for about 1,046,430 people in the state (Henry J. Kaiser Family Foundation, *The Coverage Gap*, 2014). Medicaid Expansion could also mean an overall increase in economic activity through the addition of federal funds for the program (Missed Opportunities, 2013).

The estimated number of uninsured in Texas prior to the insurance mandate were more than 6.2 million, making up about 24 percent of the total population (Henry J. Kaiser Family Foundation, *Health Insurance Coverage*, 2012). The Affordable Care Act (ACA) insurance mandate for the public went into effect January 2014; its impact on the current uninsured percentage is still being determined.

There have been minimal impact to the BCCS program by the implementation of the ACA as most BCCS clients do not qualify for marketplace subsidies because their incomes are too low. The impact of health reform for health care providers varies among states, with some exchange plans offering a larger network of providers. Currently, challenges exist for patients with lower-cost exchange plans in accessing specialty care, such as oncology (Texas Public Radio, 2014). Those with lower incomes tend to choose exchange plans with lower premiums, with higher deductibles resulting in problems affording care. Some consumers face cultural barriers and literacy challenges to understanding plans (Washington Post, 2014).

Texas has the highest rate of uninsured people in the nation. According to the Kaiser Family Foundation, 53.0 percent of the population has been uninsured for at least five years, and 40.0 percent have incomes below the poverty level (The Uninsured Population, 2013). Medicaid Expansion in Texas would have eased eligibility requirements for 56.0 percent of the uninsured population group in Texas (The Henry J. Kaiser Family Foundation, *The Coverage Gap*, 2014). Affordable Care Act provisions such as preventive services—including mammograms—without cost sharing, restrictions on annual and lifetime limits, restraints on out-of-pocket costs and required coverage of pre-existing conditions could alleviate barriers to health care access for those who fall in the insurance gap in Texas. The federal health exchange provides tax subsidies to people making between 100 percent and 400 percent of the poverty level to help offset insurance costs through the marketplace (Internal Revenue Service, 2013).

More community outreach efforts might be needed to connect the eligible uninsured to insurance access through the marketplace, especially with 31.0 percent of the uninsured reporting never having coverage in their lifetime (Henry J. Kaiser Family Foundation, *The Uninsured Population*, 2013). However, with over one million uninsured people in the state who

are unable to access affordable insurance even with Affordable Care Act provisions and tax credits, health care centers and nonprofits will continue to serve a large population in need.

The overall impact of the Affordable Care Act in Texas on the uninsured will take time. In the meantime, thousands of women will still need breast cancer screening, treatment, education and aftercare services. The current prevalence of access to care issues means that Texas Komen Affiliates will continue to serve high volumes of uninsured and underinsured constituencies through community based grants. Through Affordable Care Act outreach collaborations, Komen might be able to use grant funding more efficiently, by ensuring those without insurance options receive resources.

### **Affiliate's Public Policy Activities**

KTAC Affiliates maintain relationships with local and federal elected officials to ensure Komen's policy priorities are reinforced, and have become comfortable contacting policymakers. This is primarily through individual meetings and phone calls. In addition, some Affiliates host legislative events to promote breast cancer awareness with local legislators and secure their support of Komen. The Collaborative attends conference calls as needed while the Public Policy Committee conducts bi-monthly calls to discuss updates from state health agencies and advocacy organizations. The Committee is responsible for public policy planning and decides KTAC's role for local advocacy.

The Affiliate has sent a representative to state Public Policy meetings in the past and was in attendance at Capitol Day in April 2013. The Affiliate regularly sends informative letters to city officials and state representative regarding the community grantees as well as inviting them to the Affiliate's local events. The Affiliate will continue to engage the city council and state representative and keep them abreast of the Affiliate's news.

### **Health Systems and Public Policy Analysis Findings**

Due to the low screening percentages in the Affiliate's target communities it appears that women are not entering the continuum of care at all or they are not completing the cycle. There are many factors that may keep a patient from proceeding through the CoC such as, but not limited to; lack of education, lack of insurance, or a high rate of late-stage diagnosis and deaths. There is a need in all of the target communities to bring awareness to breast cancer through education and early detection screenings.

The Affiliate has several collaborative partnerships with hospital systems that all of the target communities have access to but might not know that the services exist. The need to bring awareness to not only the target communities but all of Komen Tyler's service area that these partnerships exist. As an Affiliate there is a need to have more of an impact on local public policy that is coming out of Smith County by strengthening these partnerships. The Affiliate hopes to continue to strengthening the relationships with local legislators and get them more involved with the Affiliate on a local level to make a bigger impact at the federal level.

# Qualitative Data: Ensuring Community Input

## Qualitative Data Sources and Methodology Overview

### **Methodology**

The Community Profile Team decided to conduct key informant interviews, hold focus groups and send out surveys to reach a broad range of participants in the service area. This use of methodological triangulation helped to validate the Affiliate's finding. The questions selected were relevant to all ethnicities and zip codes within Smith County and held no bias over one particular race. These questions focused on why women 40 and over were not entering into the Continuum of Care (CoC) and what barriers existed to create them from entering. They also focused on what the outreach efforts were in Smith County, what kind of tracking methods were being used once someone did enter the CoC and what possible new services needed to be added. The key informant interviews were conducted to collect information from a specific group in the community while discussing each topic and obtaining a more in-depth outlook of the breast health concerns in Smith County. These interviews were conducted either face to face or over the telephone and gave the Affiliate an opportunity to strengthen and build upon relationships with the different Community Partners. Focus groups were held to identify breast health barriers among local survivors and discussed in-depth areas of improvement once a breast cancer diagnosis was given. The surveys were used to ask a diverse group of men and women open-ended questions about the state of breast health care, outreach, and education in Smith County. All data collection was conducted by the Community Profile Team which consisted of the Executive Director and Komen Tyler Board of Director Members.

### **Sampling**

The Community Profile Team used different sampling techniques for each form of data collection. A purposive sampling was taken with the key informant interviews and contacts from the health system analysis spreadsheet were interviewed. These people were selected for their knowledge about the community, their experience with breast health screening/education, and their expertise in this area. The questions focused on health care concerns, breast health care concerns, Continuum of Care (CoC) tracking methods, countywide outreach efforts and barriers for women 40 and over of all races in Smith County. For the focus groups a more convenient sampling was used and breast cancer support group members were asked to discuss various aspects of entering into the CoC, experiences they had before and after diagnosis, what services were made available to them and what services they feel are still needed in Smith County. A convenience survey was also sent to a group of survivors addressing the same series of questions. A random sampling was used on the additional surveys sent out through large businesses and the Tyler Independent School District located in Smith County to get an unbiased, diverse representation of what services the residents of Smith County are aware of. Table 4.1 provides demographics of participants.

**Table 4.1.** Demographics of participants

		Key Informant	Focus Group	Survey Participants
Gender	Female	9	58	594
	Male	3	2	12
Race	White	11	52	294
	Black/African-American	1	8	308
	Asian/Pacific	0	0	4
Ethnicity	Hispanic/Latino	1	3	48
	Non-Hispanic/ Latino	11	57	558
Age	Under 40	3	0	126
	40-64	7	58	480
	65+	2	2	0

Data compiled from information gathered through key informant interviews, focus groups, and surveys from 2014.

### **Ethics**

Written consent was received prior to conducting any of the key informant interviews and before the focus group discussions. Each consent form asked at what level of anonymity each participant would like to remain and if they could be directly quoted. The surveys were sent through the anonymous online survey website “SurveyMonkey” and completing/returning the survey authorized consent for Komen Tyler to use the information provided. All information provided has been kept confidential and is only being used for the purpose of the Affiliate Community Profile regarding Smith County.

### **Qualitative Data Overview**

The Community Profile Team performed a hand analysis on the data collected from the key informant interviews, the focus group discussions and the digital surveys to get a firsthand look at the overall material gathered and to educate themselves about the breast health needs in Smith County. This process allowed the Community Profile Team to become a resource to the service area on the state of breast health in the Affiliate’s service area.

All of the data were evaluated by breaking it down into broad categories to then be further interpreted. The main focus of the key informant interviews was to look at the barriers causing women 40 and over in Smith County to not seek or continue seeking breast health screenings. They also looked at what outreach programs and services were available in Smith County, what programs or services were needed and how people were being tracked that did take part in these services. The focus groups addressed barriers with diagnosis and treatment once a breast cancer diagnosis was made. They also looked at what services or programs were needed in the service area for breast cancer survivors. The surveys focused on what knowledge the general public had in regards to the breast health barriers, outreach programs and services available to the Affiliate’s service area as well as what new services were needed.

The Affiliate’s target communities were broken down by zip code and look specifically at the women 40 and over of certain races that were not receiving mammograms or entering/continuing in the CoC. It was determined through all data collections that availability of services was not necessarily a problem for the Affiliate service area (Table 4.2).

**Table 4.2. Breast health services available to individuals in Komen Tyler service area**

Women (40+ years that have never received a mammogram) Statements About Services Offered	Women (40+ years that have not continued to receive a yearly mammogram) Statements About Services Offered
<ul style="list-style-type: none"> <li>• TMF/ETMC Mobile Units</li> </ul>	<ul style="list-style-type: none"> <li>• TMF/ETMC Mobile Units</li> </ul>
<ul style="list-style-type: none"> <li>• Bethesda Clinic (low income/no insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• NET Health/BCCS programs &amp; Komen grants</li> </ul>
<ul style="list-style-type: none"> <li>• Screenings provided at Health Fairs</li> </ul>	<ul style="list-style-type: none"> <li>• Bethesda Clinic (low income/no insurance)</li> </ul>
<ul style="list-style-type: none"> <li>• Screenings provided at Churches</li> </ul>	<ul style="list-style-type: none"> <li>• Screenings at Health Fairs</li> </ul>

Data compiled from information gathered through key informant interviews, focus groups, and surveys from 2014.

It was further determined that the breast health awareness efforts of the Affiliate’s service area are being met and reaching the general population (Table 4.3).

**Table 4.3. Breast health promotion/awareness efforts in Komen Tyler service area**

Women (40+ years that have never received a mammogram) Statements About Breast Health Promotion/ Awareness Efforts	Women (40+ years that have not continued to receive a yearly mammogram) Statements About Breast Health Promotion/Awareness Efforts
<ul style="list-style-type: none"> <li>• Turn Tyler Pink in October</li> </ul>	<ul style="list-style-type: none"> <li>• Turn Tyler Pink in October</li> </ul>
<ul style="list-style-type: none"> <li>• Komen Tyler Race for the Cure/Ride for the Cure</li> </ul>	<ul style="list-style-type: none"> <li>• Komen Tyler Race for the Cure</li> </ul>
<ul style="list-style-type: none"> <li>• TMF/ETMC Mobile Units</li> </ul>	<ul style="list-style-type: none"> <li>• TMF/ETMC Mobile Units</li> </ul>
<ul style="list-style-type: none"> <li>• Pin-A-Sister Program</li> </ul>	<ul style="list-style-type: none"> <li>• Komen Presence at Health Fairs (shower cards distribution)</li> </ul>
<ul style="list-style-type: none"> <li>• Physician Referral</li> </ul>	<ul style="list-style-type: none"> <li>• Physician Referral</li> </ul>
<ul style="list-style-type: none"> <li>• Citywide Breast Health Campaigns in October</li> </ul>	<ul style="list-style-type: none"> <li>• Social Media</li> </ul>
<ul style="list-style-type: none"> <li>• Local Media</li> </ul>	<ul style="list-style-type: none"> <li>• Local Media</li> </ul>

Data compiled from information gathered through key informant interviews, focus groups, and surveys from 2014.

This finding led the Community Profile Team to further investigate the possible reasons behind the drop in mammography rates. Collectively the key informant interviewees agreed that access to screening services might be a problem due to lack of transportation, no insurance or funding and language barriers for the Spanish speaking community (Table 4.4). This observation was backed by several of the survey participants responses that stated that they were aware of the many services offered in Smith County and appreciated the many attempts throughout the year to promote the breast health screenings and education available but other medical conditions and lack of funds and/or transportation was what was keeping them from having the initial mammogram performed. It was also agreed upon by several survey participants that there would be no point in getting a mammogram because of the lack of funding if further treatment was needed.

**Table 4.4. Screening mammography**

Women (40+ years) Statements About Never Receiving a Mammogram	Women (40+ years) Statement About Not Continuing to Receive a Mammogram Yearly
<ul style="list-style-type: none"> <li>• Fear of the procedure &amp; outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Trust self-exam</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Not enough time/can’t miss work</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of funding/Co-pay to high</li> </ul>	<ul style="list-style-type: none"> <li>• No family History</li> </ul>
<ul style="list-style-type: none"> <li>• Other health concerns: high blood pressure, diabetes, obesity, heart disease, dental health, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding/no insurance/co-pay to high/no funding for treatment if given a breast cancer diagnosis</li> </ul>

Data compiled from information gathered through key informant interviews, focus groups, and surveys from 2014.

Another point that was brought up during the key informant interviews was that many people do not have a primary care physician (PCP) therefore they are not being encouraged or reminded to get a yearly mammogram and they have no one to read the mammography results. Several of the survey participants admitted to not having a PCP and never having a mammogram even though they were 40 or over. The majority of the focus group and survey participants with a family history of breast cancer were more likely to receive breast health screenings due to encouragement by family members but there were a few that fell through the cracks due to no PCP or lack of funding.

It was also noted by the survey participants and the focus groups that although the community in general knew about the breast health services/resources that were offered there was limited information about free or low cost services for people without insurance. They felt Smith County did a good job of bringing awareness to breast cancer as a cause but the community had a limited understanding of where to go and what was available for free or low-cost.

The second focus group provided opinions regarding treatment and follow-up services available for breast cancer survivors in the service area. Financial concerns were a big barrier to being proactive about their follow-up health care and few were aware of programs that helped cover the cost of screenings and treatment. These participants revealed the need for easily assessable information regarding services available to women if they were diagnosed with breast cancer. They all agreed that providing this information in a concise manner to the caregiver would help alleviate the fear and uncertainty that comes with a breast cancer diagnosis. They went further to say that if a universal brochure were put together for the service area with all this information it would help educate women of all ages and help deter the fear associated with breast health screenings.

It was also brought up during the key informant interviews that more information and support needs to be presented for those living with metastatic breast cancer and lymphedema.

### **Qualitative Data Findings**

Although data were collected from a variety of sources, the information provided is limited in that the data represents only the perceptions and viewpoints of individuals that participated in the data collection methods and not generalizable to all of Smith County. Due to the limitations of the data collection methods that could be used in compiling information for an in-depth analysis the Community Profile Team thought it would be best to pull from the Health Systems Overview in the service area. Certain individuals that the Affiliate has partnerships with were used as resources for key informant interviews. Because there is room for bias when choosing individuals to interview the Affiliate selected individuals that came from diverse backgrounds and had a broader scope of all cancer relations in the service area, not just breast cancer. The individuals used for the focus groups were current breast cancer survivors and their care givers. They represented a variety of breast cancer support groups in the service area and consisted of a diverse group of varying ages. The surveys were also sent to diverse groups from large businesses that employ a broad range of education and income levels. All of the questions were open-ended so the participant had the opportunity to say as little or as much as they wanted.

Because the service area consists of one county and the target areas were broken down by zip code the Community Profile Team was able to gather from the information collected that the

service area is aware of the breast cancer outreach efforts being made but they need more information in regards to free or low cost services that are being offered.

The Community Profile Team was also made aware of a few public policy issues during one of the key informant interviews. During this interview the Community Profile Team was introduced to Henda's Law which was passed through the Texas Legislature in 2011. This law requires that mammography providers notify all women with dense breast tissue that the accuracy of their mammograms is less than that of women with lower breast density, and that they may benefit from "supplemental screening" in addition to their annual mammogram (Texas Health Resources, 2014). At this time insurance companies are not required to cover this additional screening. Insurance companies are also not required to cover BRCA positive breast cancer patient's prophylactic mastectomies. As of January 1, 2014, Medicaid and Medicare have stopped paying for these procedures and most insurance companies are following suit. There needs to be a national policy change in regards to these issues.

The survey participants indicated that they had not entered into or previously fallen out of the CoC due to lack of funds, fear of the unknown, lack of transportation, or language barriers. They also indicated that while they were aware of the breast health services available to the public they were not aware of any free or low-cost services and they were not willing to search to find this information. They noted that they realize the importance of breast health education but would like more information in regards to the free or low-cost services available in the service area. Providing this information along with educating young men and women in hopes of also reaching out to their mothers and other members of their family would help alleviate the fear and uncertainty associated with treatment cost that may deter screenings.

The focus groups also revealed the need for easily accessible information regarding services available to the men and women of Smith County once they are diagnosed with breast cancer and a list of area breast cancer support groups. The key informant interviews revealed the need for a primary care physician to regulate and track who is entering into the CoC but also to educate nurses of the importance of providing breast health information to their patients. This would help ensure that breast health is being discussed during office visits or checkups.

Four needs clearly stood out to the Community Profile Team and were determined to be the basis for the priorities in the Smith County area.

- Education on free or low cost breast health services available in the service area.
- Need for a concise, easily accessible brochure with local breast cancer resources and support groups for breast cancer survivors.
- Information regarding metastatic breast cancer and lymphedema.
- A positive influence on policy and legislation at the state and national level to assist in ensuring that state funding maintains a priority.

# Mission Action Plan

## **Breast Health and Breast Cancer Findings of the Target Communities**

Komen Tyler's Community Profile Team combined the original quantitative data report supplied to the Affiliate by Komen Headquarters with additional data gathered from the three screening mammography facilities in the service area:

- East Texas Medical Center (ETMC)
- Trinity Mother Frances (TMF)
- University of Texas Northeast (UTHNE)

Each facility provided data for their screening mammography history of 2013 that included the number of women who received a screening mammogram, the race and ethnic group they belonged to along with the zip code in which they resided. This data did not reflect women who may go outside the Komen Tyler service area to receive a screening mammogram nor did it include women that may not go every year for a screening mammogram. This additional data indicated that 43.4 percent of the women 40 and over in the Komen Tyler service area of Smith County were receiving screening mammograms. This percentage is less than the state average of 68.4 percent (Kaiser Family Foundation). This data also showed that the breast cancer screening percentages among the Black/African-American and White populations had very little difference while the API, AIAN and Hispanic/Latina populations were substantially lower than the service area as a whole (Table 2.8).

This additional information created a clear snapshot of who was entering into the Continuum of Care (CoC) in the Affiliate's service area. The continuum of care for breast health is defined as the process of screening, diagnosis, treatment and follow-up care for the patient. By assessing the continuum of care for patients in Smith County, the Affiliate was able to understand the gaps, barriers and issues present for women as they travel through this cycle. From the additional data collected, the Community Profile Team was able to focus on key indicators showing increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care. Some of these key indicators included but were not limited to: below average screening proportions, residents living below poverty level, residents living without health insurance, unemployment percentages, and residents who were linguistically isolated and/or foreign born.

When selecting target communities, the Affiliate reviewed Healthy People 2020, a major federal government initiative that provides specific health objectives for communities and the country as a whole. The Healthy People 2020 targets areas of priority, at this time the Affiliate meets its goal of reducing the death rate from breast cancer and by identifying the following target communities will be on track to reducing the number of late-stage breast cancer diagnosis incidence rate.

The target communities selected from the quantitative data for the Komen Tyler are:

- Black/African-American women age 40 and over in the 75701 zip code
- Hispanic/Latina women age 40 and over in the 75702, 75704, 75706, and 75708 zip codes
- White women age 40 and over in the 75706 and 75708 zip codes

Next the Affiliate's Community Profile Team performed a Health Systems and Public Policy Analysis by looking at the programs, services, and public policy for the service area. A programs and services assessment was collected to help determine the programs and services available in Smith County. This assessment helped determine where the needs and/or gaps in service were in the service area which would then become a priority.

Komen Tyler's service area has several resources available along the CoC for Smith County residents. They have a collaborative partnership with the three major hospital systems: Trinity Mother Frances (TMF), East Texas Medical Center (ETMC), and University of Texas Health Northeast (UTHNE). The target communities have access to all three hospital systems which offer a variety of diagnostic breast screening services which include ultrasound, mammography, biopsy and MRI. TMF and ETMC offer the mobile mammography unit while UTHNE offers MBI (molecular breast imaging) and breast tomosyntheses (3-D mammography). TMF refers chemotherapy and radiation treatments to outside agencies while performing surgeries in house. ETMC offers radiation but refers all surgical procedures and chemotherapy to outside agencies while UTHNE provides all services at their main campus location.

The Affiliate also has relationships with many other nonprofit organizations that serve as partners with a similar mission to provide breast health services and/or education to Smith County. These organizations are Bethesda Clinic, St. Paul's Foundation, the American Cancer Society, Blood and Cancer Center of East Texas, Hospice of East Texas, A Woman's Touch and You, Me & the Big "C". They are able to offer not only support but financial assistance and/or guidance, wigs for patients currently going through chemotherapy, bras and prosthesis for breast cancer patients and lymphedema products. Komen Tyler also has a strong partnership with the Northeast Texas Health District (NET Health) a third party administrator which administers the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through the Texas Department of State Health. All of the target communities have access to not only these nonprofit organizations but to the NET Health services.

Although these services are available it is evident based on the below average mammography rate in Smith County that women 40 years old and over are not entering into the CoC or not completing the cycle which results in the low screening percentages in the Affiliate's target communities. While these services are available to all of the target communities it appears that they might not know that the services exist. There are many factors that may keep a patient from proceeding through the CoC such as, but not limited to: lack of education, lack of insurance/funding, or a high rate of late-stage diagnosis and deaths.

As an Affiliate there is a need to have more of an impact on public policy that affects Smith County by strengthening these partnerships. There is an increased need for critical state funding of the Texas Breast and Cervical Cancer (BCCS) program. With changes to health care, insurance and additional women finding themselves uninsured every year, the need for financial assistance is greater than ever. Komen Tyler hopes to strengthen the relationships with local legislators and get them more involved with the Affiliate on a local level to make a bigger impact at the state and federal level.

In order to completely understand the local breast health community, it is crucial to talk to the patients who use and do not use the available services within Smith County. The Community Profile Team conducted key informant interviews, held focus groups and sent out surveys to

reach a broad range of participants in Smith County. This process allowed the Community Profile Team to become a local resource on the state of breast health in the Affiliate's service area.

It was determined from the interviews, focus groups and surveys that availability of services and breast health awareness was not necessarily a problem for Smith County. These findings led the Community Profile Team to further investigate the drop in mammography rates for the service area. After further evaluation four needs clearly stood out and were determined to be the basis of the priorities in the Smith County area.

- To educate the target communities on free or low cost breast health services available in the service area.
- To inform/educate the service area on metastatic breast cancer and lymphedema.
- To compile a concise, easily accessible brochure with local breast cancer resources and support groups for breast cancer survivors and co-survivors.
- To form a positive influence on policy and legislation at the state and national level to assist in ensuring funding maintains a priority.

### **Mission Action Plan**

The objective of the Mission Action Plan (MAP) is to serve as a guidance tool when setting the priorities for the Community Grant RFA. Komen Tyler will use this MAP to help identify the priorities in Smith County and it will serve as a guideline in achieving these goals.

### **EDUCATION & OUTREACH**

**Problem Statement:** Women in the target communities are unaware of free or low cost breast health services/screenings available to them. The health systems analysis found that Smith County has several options available for women that do not have insurance or cannot pay for breast cancer screenings; however, the focus groups and surveys revealed that not all women in Smith County know that these services exist.

**Priority:** To educate and increase awareness of free and low cost breast health services/screenings available to the target communities in the service area.

- Objective 1: By March 2017, meet with at least four health care or community organizations with a breast health interest to discuss low cost breast health services and resources available in the service area.
- Objective 2: By March 2018, partner with at least one of these organizations to provide an appropriate breast health event where women age 40 years old and older can get information on low cost services and resources in the service area.

**Problem Statement:** Men and women in the target communities are unaware of the details surrounding metastatic breast cancer. This finding was brought up during the key informant interviews and focus groups when several individuals discussed not knowing about metastatic breast cancer and the effects of lymphedema.

**Priority:** To inform/educate the service area and medical community on metastatic breast cancer and lymphedema.

- Objective 1: By March 2017, select a key volunteer to organize and plan a metastatic breast cancer program.

- Objective 2: By March 2018, using information provided from Komen Headquarters and Komen Scholars, hold at least one program with continuing medical education credits to educate providers about metastatic breast cancer and lymphedema.

### **BREAST CANCER AWARENESS OPPORTUNITIES**

**Problem Statement:** Breast cancer patients and caregivers do not know about the local resources that are available in Smith County. Health systems analysis revealed that each hospital system and many local nonprofit organizations offer support groups and support services for breast cancer patients and caregivers. During the focus groups and surveys it was identified that there is not a concise, easily accessible brochure with all of this information and that breast cancer patients and caregivers are having to search for this information. Many reported not finding out about a service until it was no longer needed or several months/years after treatment.

**Priority:** To compile for distribution a concise, easily accessible brochure with all local breast cancer resources and all support groups available in the service area and distribute to all the Komen Tyler partners.

- Objective 1: By March 2017, reach out to breast health screening facilities and organizations that educate about breast health in the service area to collect data about resources available to breast cancer survivors and support groups.
- Objective 2: By March 2018, partner with breast health screening facilities and organizations that educate about breast health to distribute a brochure with breast cancer survivor resources and support groups

### **PUBLIC POLICY/ADVOCACY EFFORTS**

**Problem Statement:** With changes to health care, insurance and additional women finding themselves uninsured every year, the need for financial assistance is greater than ever. Texas has the highest rate of uninsured people in the nation according to the Kaiser Family Foundation. This high volume of uninsured men and women creates a greater need for state funding at the local level.

**Priority:** To form a positive influence on public policy and legislation at the state level to assist in ensuring that state funding maintains a priority.

- Objective 1: By December 2017, identify and train at least two to four key volunteers to serve on the public policy committee to carry out the majority of the public policy efforts to the Affiliate.
- Objective 2: In FY 18, become a member of the Smith County Comprehensive Cancer Coalition to advocate for public policy efforts for Smith County.

# References

East Texas Medical Center - Breast Care Center, Tyler

HP 2020. Healthy People 2020. US Department of Health and Human Services. December 2, 2010. Available online at <http://www.healthypeople.gov/2020/about/> (accessed 8/2/2013).

Henry J. Kaiser Family Foundation

1. The Coverage Gap, 2014  
retrieved from [www.kff.org/health-reform](http://www.kff.org/health-reform)
2. Health Insurance Coverage, 2012  
retrieved from [www.kff.org/health-reform](http://www.kff.org/health-reform)

North Texas Public Health District, Tyler

SEER Summary Stage. Young, J.L. Jr., Roffers, S.D., Ries, L.A.G., Fritz, A.G., Hurlbut, A.A. (eds). *SEER Summary Staging Manual - 2000: Codes and Coding Instructions*, National Cancer Institute, NIH Pub. No. 01-4969, Bethesda, MD, 2001. Available online at <http://seer.cancer.gov/tools/ssm/> (accessed 8/2/2013).

Texas Public Radio, 2014

Trinity Mother Frances Hospitals and Clinics - Ross Breast Center, Tyler

The Uninsured Population, 2013

University of Texas Health Northeast Cancer Care, Tyler

US Census Bureau, 2010. Retrieved from [www.census.gov/2010census](http://www.census.gov/2010census)

Washington Post, 2014