

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



SUSAN G. KOMEN®
SAN ANTONIO

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Executive Summary

Introduction to the Community Profile Report

Started in 1997 by a group of local survivors, Susan G. Komen San Antonio has invested more than **\$17.2 million** in the local community.

- Seventy-five percent of net funds supports local nonprofit programs providing vital breast cancer screening, treatment, survivorship and education services in Bexar County.
- The remaining 25 percent goes to the Susan G. Komen Research Programs for groundbreaking breast cancer research and scientific programs around the world.
- Historically, more than 100 percent of funds that Komen San Antonio sends to Komen Headquarters comes back to the local community through research grants.

Komen's Work in Bexar County

The Affiliate raises funds and awareness for people in need of breast cancer care, advocates for uninsured and underinsured patients, and educates about risk factors and available resources.

These efforts ensure that those needing support the most receive lifesaving care to survive breast cancer and maintain quality of life.

Komen runs one of the most responsive local grant programs in breast cancer today.

In 2015, Komen San Antonio awarded \$550,000 for cancer programs and \$190,000 for breast cancer research. Eleven local organizations received funds to provide real-time help through the following services:

- Screening and diagnostic services
- Financial support for treatment
- Nutrition and exercise programs
- Survivorship support including lymphatic drainage, wigs, massage therapy, mastectomy bras and psychological counseling
- Transportation to cancer appointments
- Neighborhood education programs

Purpose of the Community Profile Report

The Community Profile allows Komen San Antonio to better understand local breast cancer issues and remain responsive to the needs of patients and their families. Each year, the Affiliate determines grant funding priorities based on the areas and groups impacted the most by this disease. The Report identifies these priorities through use of demographic data, and input from focus groups and the medical community to address gaps in breast cancer health care and awareness.

Report conclusions will be shared with breast cancer patients and families, medical professionals, cancer organizations, donors, community leaders and legislators.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The Quantitative Data Report showed common socioeconomic and demographic factors in the CP target communities, including low educational attainment and unemployed status.

Community Profile Priority 1

For Priority 1, areas with high populations of Black/African-American women were noted (Table 1). Poverty, employment and medically underserved areas among these zip codes made up the initial reasons the Community Profile Team chose them.

Table 1. Demographic breakdown of target communities comprising Priority 1

	Black	Education	Employment	Insurance	Language	Medically Underserved	Poverty	Older
ZIP code 78109	X							
ZIP code 78150	X							
ZIP code 78202	X	X	X	X	X	X	X	
ZIP code 78203	X	X		X	X	X	X	
ZIP code 78218	X		X			X		
ZIP code 78219	X	X	X			X	X	
ZIP code 78220	X	X	X			X	X	X
ZIP code 78222	X					X	X	
ZIP code 78234	X							
ZIP code 78235	X					X		
ZIP code 78239	X					X	X	
ZIP code 78244	X		X					

Community Profile Priority 2

Zip codes with the highest percentages of Hispanic/Latina women were analyzed (Table 2). The prevalence of lower education, employment, insurance and language issues, as well as higher medically underserved and poverty percentages among these areas, resulted in their selection as Priority 2.

Table 2. Demographic breakdown of target communities comprising Priority 2

	Hispanic	Education	Employment	Foreign	Insurance	Language	Medically Underserved	Poverty	Older	Rural
Zip Code 78002	X	X	X		X	X	X			X
ZIP code 78073	X	X	X		X	X	X			X
ZIP code 78112	X	X					X			X
ZIP code 78201	X	X	X	X	X	X	X	X		
ZIP code 78202	X	X	X		X	X	X	X		
ZIP code 78203	X	X	X		X	X	X	X		
ZIP code 78204	X	X	X	X	X	X		X		
ZIP code 78205	X	X	X			X	X	X	X	
ZIP code 78207	X	X	X	X	X	X	X	X		
ZIP code 78208	X	X	X	X	X	X	X	X		
ZIP code 78210	X	X	X		X	X	X	X		
ZIP code 78211	X	X	X		X	X	X	X		
ZIP code 78212	X	X					X		X	
ZIP code 78214	X	X	X			X	X	X		
ZIP code 78215	X			X	X		X	X		
ZIP code 78218	X						X			
ZIP code 78219	X	X					X	X		
ZIP code 78220	X	X					X	X		
ZIP code 78221	X	X	X	X	X	X	X	X		X
ZIP code 78222	X	X					X	X	X	
ZIP code 78223	X	X						X		
ZIP code 78224	X	X	X	X		X	X			
ZIP code 78225	X	X	X			X		X	X	
ZIP code 78226	X	X	X		X	X		X		
ZIP code 78227	X	X	X			X	X	X		
ZIP code 78228	X	X	X			X		X		
ZIP code 78237	X	X	X		X	X		X		
ZIP code 78242	X	X	X		X	X		X		

Susan G. Komen San Antonio chose two target communities within Bexar County deriving from the Quantitative Data Report results.

- Over the next four years, the Affiliate will concentrate efforts in these neighborhoods to ensure more women and men get better access to prevention and cancer care.
- Komen San Antonio will attempt to reach and maintain the HP2020 breast cancer standards.
- These goals consist of reducing death rates in Bexar County by targeting vulnerable populations in medically underserved areas with high rates of poverty and lower education levels, to maintain the late-stage diagnosis rate under HP2020 targets in the county.

Selection of Community Profile Priority 1

The first target community consists of areas with high percentages of Black/African-American women, who have a greater risk of breast cancer death and late-stage diagnosis. In order to meet the death rate goal set by HP2020, the Affiliate selected this population as a target priority. Black/African-American women in Bexar County have higher death rates compared to other ethnicities (27.4 per 100,000). The death rate among this group also is higher than that of Texas and the US.

Late-stage diagnosis rates are higher in Black/African-American women in comparison to White, Hispanic/Latina, Non-Hispanic/Latina, Asian and Pacific Islander (API), American Indian and Alaskan Native (AIAN) populations, as indicated in Table 2.1 (45.5 per 100,000).

The Bexar County zip codes with higher Black/African-American populations include:

78109	78220
78150	78222
78202	78234
78203	78235
78218	78239
78219	78244

Many of these areas are considered medically underserved with higher poverty percentages and lower education levels.

Selection of Community Profile Priority 2

The second target community focuses on Hispanics/Latinas in medically underserved areas who have higher risk for late-stage breast cancer and death due to population characteristics. Bexar County has higher rates of people without a high school education, compared to the US

The county also has higher rates of people living below 100 percent of the poverty level in relation to the state and national rates. Compared to state and national percentages, the Affiliate service area has a larger number of people ages 40-64 living below 250 percent of the poverty level.

Targeted zip codes for Hispanics/Latinas include:

78002	78207	78219	78227
78073	78208	78220	78237
78112	78210	78221	78242
78201	78211	78222	
78202	78212	78223	
78203	78214	78244	
78204	78215	78225	
78205	78218	78226	

Residents in these areas have higher rates of uninsured people with less than a high school education and income below the poverty level. These population characteristics and socioeconomic factors lead to higher risk for late-stage diagnosis and death.

Health Systems and Public Policy Analysis

Priority 1 Resources

A lack of treatment providers exist in Priority 1 zip codes and bordering areas, with few resources for treatment support and support/survivorship assistance (Figure 1). The Affiliate did not identify any financial assistance programs for treatment and only one agency, SLEW Wellness Center, in the area offers aftercare services to breast cancer patients and survivors. SLEW provides comprehensive support such as counseling, lymphatic drainage, lymphatic supplies, side effect management, complementary therapies and breast prostheses—and remains the only program of its kind in Bexar County.



Figure 1. Available breast cancer services in Priority 1

Priority 2 Resources

Priority 2 also faces limited treatment support and support/survivorship care (Figure 2). Three out of 29 providers offer treatment services; the Affiliate identified three agencies that offer financial aid for treatment and breast cancer care through co-pay assistance, sliding scale fees (University Health System CareLink) and comprehensive coverage. WINGS is the only agency that provides full financial coverage for breast cancer treatment for women in need, who do not qualify for Medicaid for Breast and Cervical Cancer.

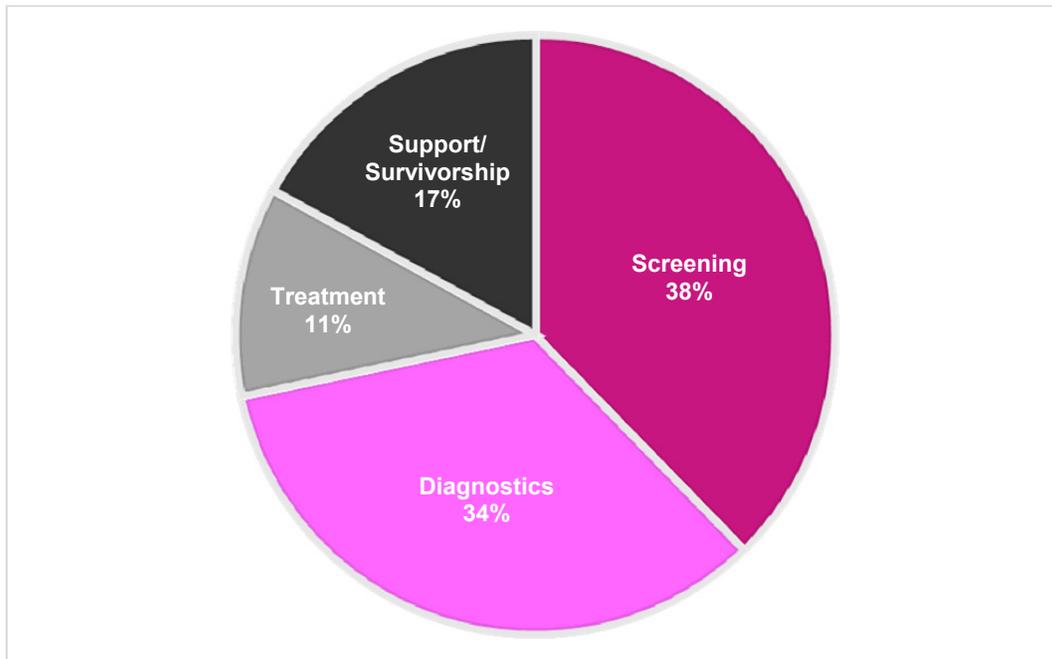


Figure 2. Available breast cancer services in Priority 2.

Current Public Policy Work

Susan G. Komen San Antonio is part of the Komen Texas Advocacy Collaborative (KTAC) comprised of mission representatives from Texas Affiliates. KTAC Affiliates maintain relationships with local and federal elected officials to ensure Komen's policy priorities are reinforced.

The Collaborative advocates for legislation that will ease the breast cancer burden on Texas women and ensure timely access to screening and treatment.

The KTAC Public Policy Leadership Committee monitors policy updates and opportunities to support issues that fulfill Komen's national and state legislative priorities.

Komen Texas Affiliates will strengthen the Collaborative structure through:

- Taking more active public policy roles, especially with volunteers willing to support KTAC's legislative goals
- Working with more cancer and health coalitions to learn about patient issues
- Developing a larger advocacy presence at the State Capitol.

Qualitative Data: Ensuring Community Input

Focus Groups

Eight focus groups were conducted for both priority areas. Questions related to breast cancer knowledge, challenges to getting health care, cultural beliefs and health care reform.

The following were common responses:

Barriers	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Uncomfortable with mammograms	Uncomfortable with mammograms
Fear of the screening process	Fear of the screening process
Lack of insurance	Lack of insurance
Lack of transportation	Do not feel respected by health care staff
Feel insurance status affects treatment by health care staff	
Education and Awareness	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Would like to see more breast cancer outreach at H-E-B Grocery Stores	Would like to see more breast cancer outreach at H-E-B Grocery Stores
	Would like to see more breast cancer outreach at church
	Need more follow-up care after treatment (emphasis)
Cultural Beliefs and Behaviors	
Priority 1-Black Women	Priority 2-Hispanic/Latina Women
Prayer is important	Prayer is important
Fear keeps women from getting care	Fear keeps women from getting care
	Family comes before self
	“Doctors should be seen when you’re sick” (Preventative health attitudes still lacking)
Disparities	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Diabetes	Diabetes
High blood pressure	High blood pressure
Survivorship	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Need culturally appropriate support groups in the community (near their neighborhoods)	Need culturally appropriate support groups while going through treatment
	Childcare during treatment
	Financial support for survivors
	More education about available resources

Key Informant Interviews

The CP Team gathered Key Informant Interviews from medical and community professionals in the target areas. Participants completed documents with questions about perceived challenges to administering cancer education and care.

An analysis of all key informant answers identified the following common themes between Priorities 1 and 2.

Barriers to Breast Cancer Services

- Patients are unaware of local breast cancer resources
- Patients have fear of the unknown and death
- Preventative health is not a priority
- Employment status or financial issues keep some women from getting the care they need after a diagnosis

Screening and Diagnostics

- Transportation and non-permanent contact information make it difficult for some patients to keep appointments for additional screening
- More information about mammograms may help patients feel more comfortable with screening

Breast Cancer Education

- Breast cancer information is provided in common areas, waiting rooms of health care facilities

Support

- Patient navigation programs are provided
- Diagnosed patients are provided with information about support groups

Survivorship

- Most survivors tend to keep follow-up appointments after treatment

Mission Action Plan

Based on feedback from the community, through quantitative and qualitative data, the following needs and responses were developed:

Priority 1: Black/African-American Women

Problem Statement: Black/African-American women in Bexar County have higher death rates compared to other ethnicities (27.4 per 100,000). **The death rate among this group is also higher than that of Texas and the US.** Late-stage diagnosis rates are also greater in Black/African-American women in comparison to White and Hispanic/Latina populations (45.5 per 100,000).

The Bexar County zip codes with higher Black/African-American populations include: 78109, 78150, 78202, 78203, 78218, 78219, 78220, 78222, 78234, 78235, 78239 and 78244.

Many of these areas are considered medically underserved with higher poverty and lower education levels.

Priority: Black/African-American women in eastern Bexar County need more information about available resources for cancer care, affordable health care and community-based support services.

Objective 1: Partner with local grocery stores starting in 2016 for recurring family community events that feature fun attractions, health care program vendors and interactive health education at locations in priority areas.

Objective 2: Encourage cancer support organizations to apply for Komen San Antonio grant funding for co-pay assistance programs for breast cancer patients, through the 2016-2017 Request for Applications.

Objective 3: By May 2016, use Facebook to develop a Komen and breast cancer resource presence, through advertisements targeting priority zip codes, and the creation of community groups. (Facebook community bulletin).

Objective 4: By October 2016, work with agencies in San Antonio's eastside to develop a support group targeted to Black/African-American breast cancer patients and survivors seeking help in their neighborhoods.

Priority 2: Hispanic/Latina Women

Problem Statement: Hispanics/Latinas in medically underserved areas have higher risk for late-stage breast cancer and death due to population characteristics. Bexar County has higher rates of people without a high school education, compared to the US.

The county also has higher rates of people living below 100 percent of the poverty level in relation to the state and national rates. Compared to state and national percentages, the Affiliate service area has a higher rate of people ages 40-64 living below 250 percent of the poverty level.

Targeted zip codes for Hispanics/Latinas include: 78002, 78073, 78112, 78201, 78202, 78203, 78204, 78205, 78207, 78208, 78210, 78211, 78212, 78214, 78215, 78218, 78219, 78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78237 and 78242.

Priority: Hispanic/Latina women throughout central, south and east San Antonio face more barriers to preventative health and need community-based information about where to get health care.

Objective 1: Encourage agencies to include childcare in grant requests for the 2016-2017 grant cycle as part of their breast cancer outreach programs, so more women can access health care services.

Objective 2: Partner with local grocery stores starting in 2016 for recurring family community events that feature fun attractions, health care program vendors and interactive health education at locations in priority areas.

Objective 3: Encourage health support organizations to apply for Komen San Antonio grant funding for co-pay assistance programs for breast cancer patients, through the 2016-2017 Request for Applications.

The priorities and objectives mentioned above are suggestions directly from women in areas of San Antonio that demonstrate highest need. These objectives require support from Affiliate volunteers, grantees and collaborators most familiar with the communities. The Affiliate's community programming and outreach will be focused on working in these areas.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen[®] San Antonio Community Profile Report.

Introduction

Affiliate History

Started in 1997 by a group of local survivors, Susan G. Komen® San Antonio has invested more than \$17.2 million in the local community. Seventy-five percent of net funds supports local nonprofit programs providing vital breast cancer screening, treatment, survivorship and education services locally. The remaining 25 percent goes to the Susan G. Komen Research Programs for groundbreaking breast cancer research and scientific programs around the world. Historically, more than 100 percent of funds Komen San Antonio sends to Komen Headquarters come back to the local community through research grants.

The Affiliate raises funds and awareness for people in need of breast cancer care, advocates for uninsured and underinsured patients, and educates about risk factors and available resources. Komen San Antonio relies on dedicated board members, staff, volunteers and donors to help. This is accomplished through fundraising, legislative advocacy and collaborative relationships with health care providers in Bexar County and training of volunteer advocates. These efforts ensure that those needing the Affiliate's support the most receive lifesaving care to survive breast cancer and maintain a high quality of life.

Komen runs one of the most responsive local grant programs in breast cancer today. In 2015, Komen San Antonio awarded grants totaling \$550,000 for cancer programs and \$190,000 for breast cancer research. Eleven local organizations received funds to provide real-time help through the following services:

- Screening and diagnostic services
- Financial support for treatment
- Nutrition and exercise programs
- Survivorship support including lymphatic drainage, wigs, massage therapy, mastectomy bras and psychological counseling
- Transportation to cancer appointments
- Neighborhood education programs

Affiliate Organizational Structure

The Affiliate board of directors, staff, committees and volunteers work together to ensure those in need receive access to lifesaving care in Bexar County (Figure 1.1).

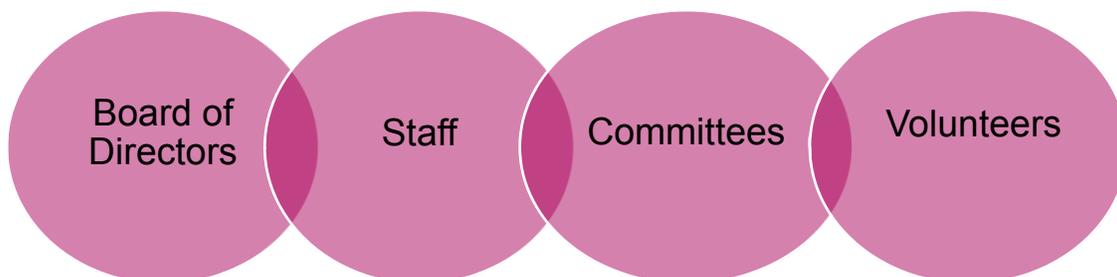


Figure 1.1. Susan G. Komen San Antonio organizational chart

Affiliate Service Area

Komen San Antonio serves Bexar County, the state's fourth most-populated county (Figure 1.2). Table 1.1 provides data about the local populations from the United States Census Bureau.

Table 1.1. Bexar County quick facts

People Quick Facts	Bexar County	Texas
Population, 2013 estimate	1,817,610	26,448,193
Population, 2010 (4/1) estimate base	1,714,774	25,145,561
Population, percent change, 4/1/2010 - 7/1/2013	6.0%	5.2%
Population, 2010	1,714,773	25,145,561
Persons under 5 years, 2013	7.3%	7.3%
Persons under 18 years, 2013	26.3%	26.6%
Persons 65 years and over, 2013	11.0%	11.2%
Female persons, percent, 2013	50.8%	50.3%
Foreign born persons, 2009-2013	13.1%	16.3%
Language	Bexar County	Texas
Language other than English spoken at home, age 5+, 2009-2013		
Just for consistency with the rest	42.0%	34.7%
Education	Bexar County	Texas
High school graduate or higher, age 25+, 2009-2013	82.6%	81.2%
Bachelor's degree or higher, age 25+, 2009-2013	26.3%	26.7%
Veterans	Bexar County	Texas
Veterans, 2009-2013	151,376	1,583,272
Households	Bexar County	Texas
Homeownership rate, 2009-2013	59.7%	63.3%
Housing in multi-unit structures, 2009-2013	27.3%	24.2%
Median value of owner-occupied housing, 2009-2013	\$123,700	\$128,900
Households, 2009-2013	604,698	8,886,471
Persons per household, 2009-2013	2.84	2.82
Per capita 12-month income (2013 dollars), 2009-2013	\$24,253	\$26,019
Median household income, 2009-2013	\$50,112	\$51,900
Persons below poverty level, 2009-2013	17.6%	17.6%
Race and Ethnicity	Bexar County	Texas
White alone, 2013	85.4%	80.3%
Black or African-American, 2013	8.2%	12.4%
American Indian and Alaska Native, 2013	1.2%	1.0%
Asian, 2013	2.8%	4.3%
Native Hawaiian and Other Pacific Islander, 2013	0.2%	0.1%
Two or More Races, 2013	2.1%	1.8%
Hispanic or Latino, 2013	59.1%	38.4%
White alone, not Hispanic or Latino, 2013	29.5%	44.0%

Source: United States Census Bureau

KOMEN SAN ANTONIO SERVICE AREA

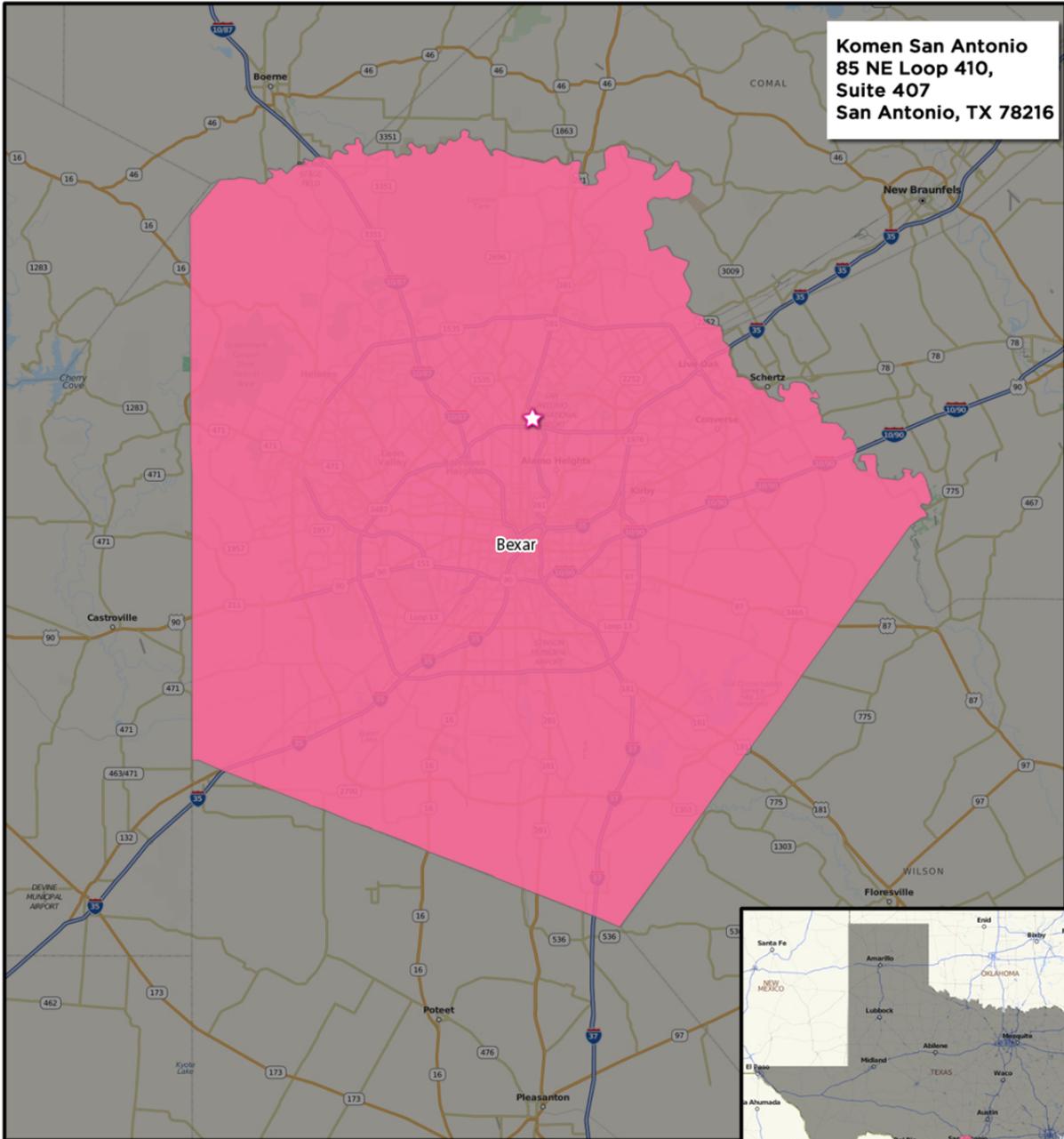


Figure 1.2. Susan G. Komen San Antonio service area

Purpose of the Community Profile Report

The Community Profile allows Komen San Antonio to better understand local breast cancer issues and remain responsive to the needs of patients and their families. Each year, the Affiliate determines grant funding priorities based on the areas and groups impacted the most by this disease. The Report identifies these priorities through use of demographic data, and input from focus groups and the medical community to address gaps in breast cancer health care and awareness.

Report conclusions will be shared with breast cancer patients and families, medical professionals, cancer organizations, donors, community leaders and legislators.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® San Antonio is to combine evidence from 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 San Antonio'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 San Antonio Service Area (Bexar County)	842,469	925	112.4	-3.1%	180	21.7	-1.9%	311	37.7	-4.3%
White	737,682	837	114.3	-3.2%	161	21.6	NA	273	37.3	-4.4%
Black/African-American	68,001	63	105.6	-0.2%	16	27.4	NA	27	45.5	0.1%
American Indian/Alaska Native (AIAN)	10,659	SN	SN	SN	SN	SN	SN	SN	SN	SN
Asian Pacific Islander (API)	26,126	12	49.2	-9.3%	SN	SN	SN	5	23.4	-7.4%
Non-Hispanic/ Latina	351,519	526	124.6	-1.6%	103	23.1	NA	165	39.6	-2.5%
Hispanic/ Latina	490,950	399	98.6	-4.5%	77	19.7	NA	146	35.5	-5.7%

*Target as of the writing of this report.

NA – data not available

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

Data are for years 2006-2010.

Rates are in cases or deaths per 100,000.

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

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

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

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

Incidence rates and trends summary

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

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

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

Overall, the breast cancer death rate and trend in the Komen San Antonio service area were similar to that observed in the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Texas.

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

Late-stage incidence rates and trends

Overall, the breast cancer late-stage incidence rate and trend in the Komen San Antonio service area were lower than that observed in the US as a whole. The late-stage incidence rate of the Affiliate service area was significantly lower 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 and lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The late-stage incidence rate among Hispanics/Latinas was lower than 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 and who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

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

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

- The number of women living in an area 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 San Antonio Service Area (Bexar County)	185	144	70.4%	61.6%-77.9%
White	147	117	73.1%	63.2%-81.2%
Black/African-American	15	11	57.0%	28.5%-81.5%
AIAN	SN	SN	SN	SN
API	SN	SN	SN	SN
Hispanic/ Latina	62	47	67.9%	53.4%-79.6%
Non-Hispanic/ Latina	119	94	73.0%	61.7%-81.9%

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 San Antonio 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. For the Affiliate service area as a whole, the screening proportion was not

significantly different 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 screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

Population Characteristics

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

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

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

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don't include children. They are 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 San Antonio Service Area (Bexar County)	87.0 %	8.2 %	1.4 %	3.3 %	40.9 %	59.1 %	42.3 %	29.0 %	11.7 %
ZIP code 78002	74.1 %	0.8 %	1.6 %	0.6 %	21.9 %	78.1 %	43.1 %	29.1 %	11.6 %
ZIP code 78015	93.2 %	1.1 %	1.3 %	2.2 %	82.5 %	17.5 %	59.6 %	42.1 %	17.3 %
ZIP code 78023	83.5 %	3.5 %	1.0 %	6.8 %	63.3 %	36.7 %	45.2 %	26.3 %	8.4 %
ZIP code 78073	75.2 %	1.4 %	1.4 %	0.9 %	25.0 %	75.0 %	42.2 %	27.8 %	10.6 %
ZIP code 78101	85.8 %	4.5 %	1.2 %	0.5 %	69.9 %	30.1 %	51.7 %	35.0 %	11.9 %
ZIP code 78109	56.2 %	26.4 %	1.6 %	4.5 %	60.2 %	39.8 %	37.5 %	22.8 %	6.5 %

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
ZIP code 78112	76.7 %	2.1 %	1.8 %	1.0 %	31.8 %	68.2 %	41.7 %	25.9 %	8.9 %
ZIP code 78148	75.1 %	11.7 %	1.5 %	4.7 %	68.7 %	31.3 %	44.8 %	31.2 %	13.1 %
ZIP code 78150	41.7 %	16.7 %	8.3 %	16.7 %	45.5 %	54.5 %	SN	SN	SN
ZIP code 78152	92.5 %	3.1 %	0.7 %	1.0 %	85.8 %	14.2 %	59.8 %	42.3 %	16.4 %
ZIP code 78154	77.9 %	9.8 %	1.5 %	4.5 %	72.8 %	27.2 %	47.4 %	30.9 %	12.2 %
ZIP code 78201	76.1 %	2.6 %	1.8 %	0.9 %	14.3 %	85.7 %	46.4 %	33.6 %	15.6 %
ZIP code 78202	48.0 %	30.4 %	2.0 %	0.6 %	34.4 %	65.6 %	41.3 %	29.7 %	13.3 %
ZIP code 78203	49.2 %	26.6 %	1.9 %	0.7 %	29.6 %	70.4 %	38.2 %	26.8 %	11.7 %
ZIP code 78204	75.1 %	1.2 %	1.7 %	0.7 %	9.6 %	90.4 %	47.3 %	33.9 %	15.8 %
ZIP code 78205	70.3 %	12.9 %	2.0 %	2.7 %	51.4 %	48.6 %	68.0 %	59.2 %	37.5 %
ZIP code 78207	70.7 %	4.3 %	1.8 %	0.6 %	9.1 %	90.9 %	39.3 %	28.1 %	13.4 %
ZIP code 78208	60.4 %	9.3 %	2.2 %	1.3 %	20.6 %	79.4 %	44.8 %	32.4 %	13.8 %
ZIP code 78209	85.8 %	4.0 %	1.3 %	2.5 %	71.2 %	28.8 %	54.1 %	40.3 %	20.3 %
ZIP code 78210	68.6 %	6.8 %	1.9 %	0.8 %	16.0 %	84.0 %	43.8 %	31.0 %	13.1 %
ZIP code 78211	74.0 %	1.2 %	1.4 %	0.4 %	4.1 %	95.9 %	41.3 %	29.0 %	13.0 %
ZIP code 78212	79.3 %	3.1 %	1.7 %	2.1 %	38.2 %	61.8 %	47.6 %	35.5 %	16.7 %
ZIP code 78213	74.7 %	4.7 %	1.5 %	2.2 %	31.8 %	68.2 %	44.5 %	31.8 %	14.4 %
ZIP code 78214	72.3 %	1.4 %	1.5 %	0.6 %	7.7 %	92.3 %	43.1 %	30.4 %	14.0 %
ZIP code 78215	72.7 %	9.5 %	1.9 %	3.7 %	52.3 %	47.7 %	45.8 %	30.2 %	9.1 %
ZIP code 78216	74.3 %	5.7 %	1.5 %	3.0 %	47.1 %	52.9 %	44.8 %	32.0 %	14.2 %
ZIP code 78217	69.5 %	12.6 %	1.7 %	3.2 %	56.1 %	43.9 %	45.2 %	32.0 %	13.6 %
ZIP code 78218	60.5 %	19.4 %	1.9 %	4.7 %	49.8 %	50.2 %	44.7 %	32.4 %	14.8 %
ZIP code 78219	49.4 %	31.2 %	1.4 %	2.7 %	52.3 %	47.7 %	42.6 %	30.5 %	13.0 %
ZIP code 78220	33.0 %	50.8 %	1.1 %	0.9 %	57.6 %	42.4 %	50.7 %	38.5 %	20.5 %
ZIP code 78221	75.5 %	1.2 %	1.3 %	0.8 %	12.2 %	87.8 %	43.1 %	30.2 %	13.3 %
ZIP code 78222	60.3 %	20.4 %	1.7 %	1.3 %	41.6 %	58.4 %	43.7 %	30.8 %	12.7 %
ZIP code 78223	75.2 %	5.3 %	1.4 %	0.9 %	23.5 %	76.5 %	41.3 %	28.4 %	11.4 %
ZIP code 78224	76.9 %	1.6 %	1.6 %	0.7 %	7.3 %	92.7 %	38.3 %	26.5 %	11.2 %
ZIP code 78225	79.4 %	0.5 %	1.5 %	0.4 %	5.1 %	94.9 %	47.8 %	35.2 %	17.4 %
ZIP code 78226	73.7 %	1.5 %	1.3 %	1.1 %	6.2 %	93.8 %	43.0 %	30.9 %	14.2 %
ZIP code 78227	68.6 %	7.0 %	1.5 %	2.1 %	22.6 %	77.4 %	37.8 %	26.1 %	11.8 %
ZIP code 78228	76.6 %	2.9 %	1.4 %	1.0 %	11.4 %	88.6 %	43.0 %	31.1 %	14.5 %
ZIP code 78229	66.3 %	10.4 %	2.1 %	7.0 %	44.6 %	55.4 %	34.9 %	24.7 %	11.4 %
ZIP code 78230	81.2 %	4.6 %	1.2 %	4.4 %	53.8 %	46.2 %	48.4 %	36.1 %	16.0 %
ZIP code 78231	87.4 %	3.0 %	1.1 %	3.9 %	69.1 %	30.9 %	55.2 %	41.9 %	15.9 %
ZIP code 78232	84.7 %	4.3 %	1.1 %	3.9 %	70.8 %	29.2 %	53.4 %	39.4 %	15.9 %

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
ZIP code 78233	70.4 %	12.0 %	1.7 %	4.3 %	55.3 %	44.7 %	44.2 %	30.4 %	11.9 %
ZIP code 78234	68.6 %	17.6 %	1.3 %	6.3 %	83.2 %	16.8 %	12.4 %	3.4 %	0.6 %
ZIP code 78235	72.9 %	17.0 %	0.8 %	3.9 %	72.0 %	28.0 %	15.2 %	8.8 %	2.3 %
ZIP code 78236	71.1 %	16.4 %	0.6 %	3.9 %	92.1 %	7.9 %	1.7 %	0.4 %	0.0 %
ZIP code 78237	69.2 %	2.8 %	1.7 %	0.5 %	4.7 %	95.3 %	41.8 %	29.6 %	14.2 %
ZIP code 78238	73.1 %	6.9 %	1.4 %	4.2 %	31.5 %	68.5 %	41.9 %	30.3 %	12.5 %
ZIP code 78239	62.7 %	20.6 %	1.7 %	4.5 %	59.4 %	40.6 %	49.8 %	37.8 %	19.0 %
ZIP code 78240	71.0 %	7.9 %	1.7 %	9.8 %	52.3 %	47.7 %	40.4 %	28.5 %	12.5 %
ZIP code 78242	72.0 %	3.8 %	1.7 %	1.3 %	13.2 %	86.8 %	33.5 %	21.8 %	8.0 %
ZIP code 78243	74.5 %	17.4 %	1.3 %	5.1 %	90.6 %	9.4 %	SN	SN	SN
ZIP code 78244	47.6 %	32.3 %	1.7 %	4.5 %	54.6 %	45.4 %	36.8 %	22.2 %	6.1 %
ZIP code 78245	67.1 %	11.1 %	1.6 %	3.9 %	33.5 %	66.5 %	32.1 %	19.9 %	7.0 %
ZIP code 78247	78.7 %	7.4 %	1.3 %	4.3 %	61.1 %	38.9 %	44.8 %	27.7 %	8.7 %
ZIP code 78248	89.8 %	2.3 %	0.6 %	4.6 %	75.1 %	24.9 %	56.4 %	39.1 %	11.9 %
ZIP code 78249	73.6 %	6.8 %	1.3 %	8.4 %	57.2 %	42.8 %	36.2 %	23.0 %	7.4 %
ZIP code 78250	74.5 %	7.1 %	1.7 %	4.0 %	40.8 %	59.2 %	41.1 %	26.0 %	7.3 %
ZIP code 78251	68.3 %	11.7 %	1.5 %	5.2 %	40.3 %	59.7 %	33.9 %	19.4 %	5.1 %
ZIP code 78252	72.9 %	9.1 %	1.0 %	1.7 %	28.2 %	71.8 %	27.4 %	17.0 %	6.0 %
ZIP code 78253	75.5 %	10.3 %	1.3 %	5.4 %	55.3 %	44.7 %	36.4 %	21.2 %	6.6 %
ZIP code 78254	75.7 %	7.4 %	1.2 %	4.5 %	48.3 %	51.7 %	34.3 %	20.2 %	6.3 %
ZIP code 78255	84.3 %	2.6 %	1.0 %	6.3 %	67.1 %	32.9 %	45.5 %	29.3 %	10.3 %
ZIP code 78256	72.0 %	6.3 %	1.2 %	13.3 %	69.3 %	30.7 %	33.6 %	19.1 %	5.1 %
ZIP code 78257	87.2 %	2.3 %	1.2 %	4.4 %	64.3 %	35.7 %	53.2 %	39.2 %	16.0 %
ZIP code 78258	80.8 %	5.1 %	0.8 %	9.3 %	69.9 %	30.1 %	42.4 %	23.8 %	8.3 %
ZIP code 78259	81.3 %	5.3 %	1.0 %	7.3 %	70.8 %	29.2 %	44.1 %	26.4 %	7.6 %
ZIP code 78260	83.3 %	4.4 %	1.1 %	5.5 %	70.6 %	29.4 %	42.5 %	23.9 %	6.6 %
ZIP code 78261	79.6 %	7.1 %	1.0 %	6.5 %	69.3 %	30.7 %	34.4 %	18.5 %	4.8 %
ZIP code 78263	84.0 %	5.8 %	1.3 %	1.2 %	69.5 %	30.5 %	56.1 %	38.7 %	14.5 %
ZIP code 78264	80.8 %	1.8 %	1.6 %	1.1 %	26.4 %	73.6 %	41.1 %	26.5 %	8.9 %

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 San Antonio Service Area (Bexar County)	18.3 %	17.1 %	41.3 %	7.3 %	12.8 %	7.2 %	4.5 %	27.2 %	22.6 %
ZIP code 78002	33.8 %	16.4 %	NA	9.5 %	17.6 %	11.7 %	99.3 %	100.0 %	31.8 %
ZIP code 78015	2.6 %	2.0 %	NA	3.0 %	6.9 %	0.2 %	33.0 %	0.0 %	7.1 %
ZIP code 78023	4.8 %	3.3 %	NA	4.0 %	9.2 %	2.1 %	15.1 %	14.0 %	8.2 %
ZIP code 78073	31.8 %	19.4 %	NA	10.2 %	11.4 %	10.9 %	93.2 %	69.2 %	31.5 %
ZIP code 78101	13.4 %	10.0 %	NA	9.4 %	4.4 %	2.3 %	100.0 %	43.9 %	18.2 %
ZIP code 78109	10.9 %	10.9 %	NA	7.6 %	11.0 %	2.8 %	2.0 %	0.0 %	16.1 %
ZIP code 78112	27.1 %	16.3 %	NA	9.7 %	7.4 %	7.3 %	100.0 %	56.1 %	24.4 %
ZIP code 78148	10.3 %	11.2 %	NA	4.9 %	11.0 %	2.4 %	0.0 %	0.0 %	17.3 %
ZIP code 78150	SN	SN	NA	SN	SN	SN	0.0 %	0.0 %	SN
ZIP code 78152	9.0 %	8.1 %	NA	7.0 %	3.6 %	0.8 %	100.0 %	0.0 %	11.0 %
ZIP code 78154	7.5 %	6.4 %	NA	5.8 %	7.7 %	2.4 %	3.9 %	0.0 %	10.4 %
ZIP code 78201	33.1 %	22.4 %	NA	11.2 %	23.8 %	15.9 %	0.0 %	61.1 %	32.4 %
ZIP code 78202	38.4 %	45.3 %	NA	16.9 %	16.4 %	10.6 %	0.0 %	100.0 %	31.8 %
ZIP code 78203	43.0 %	44.1 %	NA	5.7 %	14.3 %	11.5 %	0.0 %	100.0 %	31.3 %
ZIP code 78204	38.7 %	30.5 %	NA	10.7 %	21.8 %	14.6 %	0.0 %	31.3 %	28.5 %
ZIP code 78205	44.9 %	46.6 %	NA	6.1 %	15.4 %	16.1 %	0.0 %	100.0 %	25.6 %
ZIP code 78207	49.0 %	42.6 %	NA	16.3 %	20.5 %	22.4 %	0.0 %	86.9 %	29.9 %
ZIP code 78208	44.6 %	37.8 %	NA	13.7 %	18.7 %	16.0 %	0.0 %	100.0 %	32.6 %
ZIP code 78209	6.3 %	12.8 %	NA	5.9 %	8.6 %	2.8 %	0.0 %	12.5 %	13.2 %
ZIP code 78210	31.0 %	27.4 %	NA	9.1 %	16.3 %	11.8 %	0.0 %	58.8 %	28.4 %
ZIP code 78211	42.5 %	24.7 %	NA	14.3 %	18.4 %	17.2 %	0.0 %	76.1 %	33.8 %
ZIP code 78212	23.8 %	20.3 %	NA	7.0 %	10.7 %	9.0 %	0.0 %	60.3 %	22.9 %
ZIP code 78213	17.2 %	20.8 %	NA	7.7 %	17.4 %	9.0 %	0.0 %	33.5 %	26.9 %
ZIP code 78214	39.3 %	31.3 %	NA	11.1 %	14.1 %	16.8 %	0.0 %	97.1 %	26.1 %
ZIP code 78215	19.9 %	29.1 %	NA	12.9 %	21.7 %	8.2 %	0.0 %	68.7 %	28.8 %
ZIP code 78216	12.4 %	16.0 %	NA	5.0 %	12.5 %	7.7 %	0.0 %	2.3 %	22.8 %
ZIP code 78217	11.4 %	17.6 %	NA	4.7 %	8.3 %	5.1 %	0.0 %	0.0 %	20.2 %
ZIP code 78218	19.3 %	21.9 %	NA	11.8 %	15.8 %	6.6 %	0.0 %	68.5 %	23.3 %
ZIP code 78219	26.5 %	24.1 %	NA	14.2 %	15.3 %	7.7 %	1.0 %	41.5 %	22.5 %

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)*
ZIP code 78220	30.7 %	26.3 %	NA	10.4 %	9.7 %	2.7 %	2.2 %	72.4 %	25.0 %
ZIP code 78221	34.5 %	24.0 %	NA	13.0 %	14.9 %	14.3 %	10.8 %	100.0 %	28.6 %
ZIP code 78222	23.5 %	26.0 %	NA	8.2 %	12.1 %	8.0 %	3.3 %	37.0 %	22.6 %
ZIP code 78223	27.2 %	22.4 %	NA	9.6 %	9.9 %	7.8 %	6.9 %	7.6 %	25.6 %
ZIP code 78224	31.0 %	19.3 %	NA	11.7 %	17.9 %	14.0 %	1.7 %	100.0 %	26.0 %
ZIP code 78225	36.9 %	26.9 %	NA	5.9 %	12.8 %	14.0 %	0.0 %	14.0 %	27.2 %
ZIP code 78226	43.4 %	33.3 %	NA	15.8 %	15.9 %	22.3 %	0.0 %	8.8 %	29.1 %
ZIP code 78227	26.9 %	27.6 %	NA	9.2 %	13.6 %	11.4 %	0.0 %	58.2 %	25.8 %
ZIP code 78228	30.4 %	28.9 %	NA	8.2 %	15.6 %	14.1 %	0.0 %	61.9 %	27.5 %
ZIP code 78229	13.3 %	27.3 %	NA	4.8 %	15.4 %	6.2 %	0.0 %	9.9 %	24.8 %
ZIP code 78230	7.2 %	11.8 %	NA	6.5 %	12.1 %	4.6 %	0.0 %	0.0 %	14.0 %
ZIP code 78231	4.3 %	7.6 %	NA	4.1 %	11.4 %	1.4 %	2.3 %	0.0 %	13.1 %
ZIP code 78232	3.1 %	7.5 %	NA	5.7 %	6.9 %	2.6 %	0.0 %	0.0 %	13.9 %
ZIP code 78233	11.8 %	14.7 %	NA	8.8 %	10.3 %	3.7 %	0.0 %	0.0 %	18.5 %
ZIP code 78234	2.1 %	6.3 %	NA	4.0 %	5.7 %	1.5 %	0.0 %	0.0 %	3.4 %
ZIP code 78235	13.9 %	17.6 %	NA	9.1 %	6.9 %	0.0 %	0.0 %	100.0 %	9.2 %
ZIP code 78236	3.5 %	11.8 %	NA	6.0 %	4.3 %	0.0 %	0.0 %	0.0 %	6.2 %
ZIP code 78237	48.2 %	34.0 %	NA	11.6 %	15.7 %	19.6 %	0.0 %	63.2 %	32.2 %
ZIP code 78238	15.4 %	16.3 %	NA	6.6 %	13.5 %	5.6 %	0.0 %	31.5 %	21.4 %
ZIP code 78239	14.1 %	14.6 %	NA	8.8 %	10.5 %	4.7 %	0.0 %	28.3 %	17.4 %
ZIP code 78240	8.8 %	16.2 %	NA	6.2 %	14.4 %	4.9 %	0.0 %	0.0 %	17.3 %
ZIP code 78242	33.0 %	35.6 %	NA	12.6 %	16.6 %	11.1 %	0.0 %	2.9 %	29.9 %
ZIP code 78243	SN	SN	NA	SN	SN	SN	0.0 %	0.0 %	SN
ZIP code 78244	12.8 %	14.4 %	NA	11.1 %	12.9 %	5.2 %	0.0 %	0.0 %	19.9 %
ZIP code 78245	12.7 %	13.8 %	NA	6.6 %	12.1 %	4.5 %	3.2 %	3.5 %	16.5 %
ZIP code 78247	5.6 %	7.6 %	NA	5.1 %	8.1 %	2.6 %	0.0 %	0.0 %	13.0 %
ZIP code 78248	2.9 %	3.7 %	NA	2.4 %	10.3 %	1.5 %	0.0 %	0.0 %	6.3 %
ZIP code 78249	6.3 %	15.9 %	NA	6.0 %	13.9 %	5.1 %	0.0 %	0.0 %	12.6 %
ZIP code 78250	8.3 %	9.2 %	NA	6.3 %	9.6 %	3.2 %	0.0 %	0.0 %	15.7 %
ZIP code 78251	8.4 %	7.3 %	NA	6.9 %	13.4 %	3.7 %	0.0 %	0.0 %	15.6 %
ZIP code 78252	28.7 %	9.1 %	NA	8.9 %	16.6 %	10.6 %	27.1 %	95.9 %	22.0 %
ZIP code 78253	6.6 %	6.4 %	NA	7.3 %	9.4 %	2.1 %	19.7 %	39.3 %	10.1 %
ZIP code 78254	6.2 %	5.2 %	NA	5.2 %	10.6 %	2.0 %	4.2 %	0.0 %	13.2 %
ZIP code 78255	3.5 %	2.3 %	NA	5.3 %	11.0 %	0.0 %	19.6 %	0.0 %	5.4 %

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)*
ZIP code 78256	2.4 %	20.2 %	NA	7.7 %	20.2 %	3.2 %	0.6 %	0.0 %	12.8 %
ZIP code 78257	4.2 %	9.7 %	NA	1.2 %	8.4 %	1.8 %	21.2 %	0.0 %	11.2 %
ZIP code 78258	2.9 %	4.3 %	NA	4.0 %	14.8 %	2.6 %	0.0 %	0.0 %	7.9 %
ZIP code 78259	2.9 %	2.7 %	NA	4.2 %	10.2 %	1.8 %	4.9 %	0.0 %	7.5 %
ZIP code 78260	4.0 %	3.6 %	NA	5.1 %	10.5 %	2.5 %	5.2 %	0.0 %	7.0 %
ZIP code 78261	3.6 %	1.4 %	NA	3.5 %	10.6 %	3.0 %	17.4 %	0.0 %	7.0 %
ZIP code 78263	7.8 %	1.9 %	NA	6.8 %	3.9 %	2.4 %	86.2 %	0.0 %	12.4 %
ZIP code 78264	31.0 %	24.7 %	NA	12.1 %	12.0 %	6.2 %	76.9 %	100.0 %	27.2 %

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

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

- ZIP code 78109
- ZIP code 78150
- ZIP code 78202
- ZIP code 78203
- ZIP code 78218
- ZIP code 78219
- ZIP code 78220
- ZIP code 78222

- ZIP code 78234
- ZIP code 78235
- ZIP code 78236
- ZIP code 78239
- ZIP code 78243
- ZIP code 78244

The following ZIP codes have substantially larger API female population percentages than the Affiliate service area as a whole:

- ZIP code 78023
- ZIP code 78150
- ZIP code 78229
- ZIP code 78240
- ZIP code 78249
- ZIP code 78256
- ZIP code 78258
- ZIP code 78259
- ZIP code 78261

The following ZIP code has substantially larger AIAN female population percentages than the Affiliate service area as a whole:

- ZIP code 78150

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

- ZIP code 78002
- ZIP code 78073
- ZIP code 78112
- ZIP code 78201
- ZIP code 78202
- ZIP code 78203
- ZIP code 78204
- ZIP code 78207
- ZIP code 78208
- ZIP code 78210
- ZIP code 78211
- ZIP code 78213
- ZIP code 78214
- ZIP code 78221
- ZIP code 78223
- ZIP code 78224
- ZIP code 78225
- ZIP code 78226

- ZIP code 78227
- ZIP code 78228
- ZIP code 78237
- ZIP code 78238
- ZIP code 78242
- ZIP code 78245
- ZIP code 78252
- ZIP code 78264

The following ZIP codes have substantially older female population percentages than the Affiliate service area as a whole:

- ZIP code 78015
- ZIP code 78205
- ZIP code 78209
- ZIP code 78212
- ZIP code 78220
- ZIP code 78225
- ZIP code 78239

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

- ZIP code 78002
- ZIP code 78073
- ZIP code 78112
- ZIP code 78201
- ZIP code 78202
- ZIP code 78203
- ZIP code 78204
- ZIP code 78205
- ZIP code 78207
- ZIP code 78208
- ZIP code 78210
- ZIP code 78211
- ZIP code 78212
- ZIP code 78214
- ZIP code 78219
- ZIP code 78220
- ZIP code 78221
- ZIP code 78222
- ZIP code 78223
- ZIP code 78224
- ZIP code 78225
- ZIP code 78226

- ZIP code 78227
- ZIP code 78228
- ZIP code 78237
- ZIP code 78242
- ZIP code 78252
- ZIP code 78264

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

- ZIP code 78201
- ZIP code 78202
- ZIP code 78203
- ZIP code 78204
- ZIP code 78205
- ZIP code 78207
- ZIP code 78208
- ZIP code 78210
- ZIP code 78211
- ZIP code 78214
- ZIP code 78215
- ZIP code 78219
- ZIP code 78220
- ZIP code 78221
- ZIP code 78222
- ZIP code 78223
- ZIP code 78225
- ZIP code 78226
- ZIP code 78227
- ZIP code 78228
- ZIP code 78229
- ZIP code 78237
- ZIP code 78242
- ZIP code 78264

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

- ZIP code 78201
- ZIP code 78202
- ZIP code 78204
- ZIP code 78207
- ZIP code 78208
- ZIP code 78211
- ZIP code 78214

- ZIP code 78215
- ZIP code 78218
- ZIP code 78219
- ZIP code 78220
- ZIP code 78221
- ZIP code 78224
- ZIP code 78226
- ZIP code 78237
- ZIP code 78242
- ZIP code 78244
- ZIP code 78264

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

- ZIP code 78201
- ZIP code 78204
- ZIP code 78207
- ZIP code 78208
- ZIP code 78211
- ZIP code 78224

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

- ZIP code 78002
- ZIP code 78073
- ZIP code 78201
- ZIP code 78202
- ZIP code 78203
- ZIP code 78204
- ZIP code 78207
- ZIP code 78208
- ZIP code 78210
- ZIP code 78211
- ZIP code 78215
- ZIP code 78221
- ZIP code 78226
- ZIP code 78237
- ZIP code 78242

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 San Antonio 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 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 San Antonio 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
Bexar County - TX	Low	3 years	Currently meets target	
ZIP code 78002	NA	NA	NA	%Hispanic/Latina, education, language, rural, insurance, medically underserved
ZIP code 78015	NA	NA	NA	Older, rural
ZIP code 78023	NA	NA	NA	%API, rural
ZIP code 78073	NA	NA	NA	%Hispanic/Latina, education, language, rural, insurance, medically underserved
ZIP code 78101	NA	NA	NA	Rural, medically underserved
ZIP code 78109	NA	NA	NA	%Black/African-American
ZIP code 78112	NA	NA	NA	%Hispanic/Latina, education, rural, medically underserved
ZIP code 78150	NA	NA	NA	%Black/African-American, %API, %AIAN
ZIP code 78152	NA	NA	NA	Rural
ZIP code 78201	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
ZIP code 78202	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, language, insurance, medically underserved
ZIP code 78203	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, language, insurance, medically underserved
ZIP code 78204	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance
ZIP code 78205	NA	NA	NA	Older, education, poverty, language, medically underserved
ZIP code 78207	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
ZIP code 78208	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
ZIP code 78209	NA	NA	NA	Older
ZIP code 78210	NA	NA	NA	%Hispanic/Latina, education, poverty, language, insurance, medically underserved

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
ZIP code 78211	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
ZIP code 78212	NA	NA	NA	Older, education, medically underserved
ZIP code 78213	NA	NA	NA	%Hispanic/Latina, medically underserved
ZIP code 78214	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, language, medically underserved
ZIP code 78215	NA	NA	NA	Poverty, employment, foreign, insurance, medically underserved
ZIP code 78218	NA	NA	NA	%Black/African-American, employment, medically underserved
ZIP code 78219	NA	NA	NA	%Black/African-American, education, poverty, employment, medically underserved
ZIP code 78220	NA	NA	NA	%Black/African-American, older, education, poverty, employment, medically underserved
ZIP code 78221	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, language, rural, insurance, medically underserved
ZIP code 78222	NA	NA	NA	%Black/African-American, education, poverty, medically underserved
ZIP code 78223	NA	NA	NA	%Hispanic/Latina, education, poverty
ZIP code 78224	NA	NA	NA	%Hispanic/Latina, education, employment, foreign, language, medically underserved
ZIP code 78225	NA	NA	NA	%Hispanic/Latina, older, education, poverty, language
ZIP code 78226	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, language, insurance
ZIP code 78227	NA	NA	NA	%Hispanic/Latina, education, poverty, language, medically underserved
ZIP code 78228	NA	NA	NA	%Hispanic/Latina, education, poverty, language, medically underserved
ZIP code 78229	NA	NA	NA	%API, poverty
ZIP code 78234	NA	NA	NA	%Black/African-American

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
ZIP code 78235	NA	NA	NA	%Black/African-American, medically underserved
ZIP code 78236	NA	NA	NA	%Black/African-American
ZIP code 78237	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, language, insurance, medically underserved
ZIP code 78238	NA	NA	NA	%Hispanic/Latina
ZIP code 78239	NA	NA	NA	%Black/African-American, older
ZIP code 78240	NA	NA	NA	%API
ZIP code 78242	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, language, insurance
ZIP code 78243	NA	NA	NA	%Black/African-American
ZIP code 78244	NA	NA	NA	%Black/African-American, employment
ZIP code 78245	NA	NA	NA	%Hispanic/Latina
ZIP code 78249	NA	NA	NA	%API
ZIP code 78252	NA	NA	NA	%Hispanic/Latina, education, language, rural, medically underserved
ZIP code 78253	NA	NA	NA	Rural, medically underserved
ZIP code 78255	NA	NA	NA	Rural
ZIP code 78256	NA	NA	NA	%API, foreign
ZIP code 78257	NA	NA	NA	Rural
ZIP code 78258	NA	NA	NA	%API
ZIP code 78259	NA	NA	NA	%API
ZIP code 78261	NA	NA	NA	%API, rural
ZIP code 78263	NA	NA	NA	Rural
ZIP code 78264	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, rural, medically underserved

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 areas

The Komen San Antonio service area (Bexar County) is in the low priority category. Bexar County is expected to take three years to reach the death rate HP2020 target.

Additional Quantitative Data Exploration

The Quantitative Data Report suggests two populations in need of more breast cancer resources in Bexar County: Blacks/African-Americans and Hispanics/Latinas. In effort to justify these priority groups in the Komen San Antonio service area, additional data were collected. Blacks/African-Americans and Hispanics/Latinas are diagnosed with more advanced breast cancer stages and have poorer survival rates in the United States than other population groups (Li, Malone, & Daling, 2003). Black/African-American women in particular have higher rates of advanced stage diagnosis and lower survival characteristics compared to Non-Blacks/African-Americans (Carey, Perou, Livasy, & et al., 2006).

The TNM Classification of Malignant Tumors stands for tumor, nodes and metastases and classifies breast cancer staging (Komen 2014). The advanced stages for Black/African-American women are usually presented at TNM stage III and TNM stage IV with significant predictor factors such as low income, never being married, no health insurance, delay in seeing the physician due to cost, lack of transportation and cultural beliefs that contribute to screening deferment. In Hispanics/Latinas, breast cancer death is generally lower than Non-Hispanics/Latinas, but remains the leading cause of cancer death among the ethnicity. (Mejia de Grubb, Kilbourne, Kihlberg, & Levine, 2013).

The Affiliate also obtained the breast cancer stage distribution for women in Bexar County from 2007 through 2011. The information was sought in order to compare incidence and late-stage cases in the Affiliate service area's zip codes. The data, provided by the Texas Cancer Registry, are presented in Table 2.8.

Table 2.8. SEER summary stage distribution-Numbers of newly-diagnosed cases of breast cancer in Texas females by stage and zip code from 1/1/2007 -12/31/2011 (five-year totals)

Zip Codes	In-situ	Localized	Regional	Distant	Unknown Stage	All Stages
78002	3	7	5	0	0	15
78015	17	34	15	3	1	70
78023	29	51	16	3	5	104
78073	2	14	4	1	1	22
78101	11	15	4	2	0	32
78109	15	46	27	2	3	93
78112	6	9	9	0	2	26
78148	15	38	17	1	4	75
78150	0	0	0	0	0	0
78152	1	5	1	0	3	10
78154	28	57	28	4	4	121
78201- 78212, 78215	155	421	218	39	61	894
78213 & 78216	73	173	69	13	14	342
78214	10	34	21	1	6	72
78217	35	67	28	6	8	144
78218	18	70	34	5	5	132
78219	12	30	14	2	3	61
78220	21	34	19	7	4	85
78221	24	54	27	4	10	119
78222	19	33	19	6	5	82
78223	38	81	35	10	12	176
78224	9	21	11	5	4	50
78225	7	20	15	2	2	46
78226	5	5	9	3	0	22
78227	25	78	35	7	7	152
78228	39	93	50	7	5	194
78229	19	44	16	2	3	84
78230	40	88	28	8	7	171
78231	10	30	12	3	0	55
78232	37	100	37	8	12	194
78233	37	97	44	10	9	197
78234	2	4	3	0	0	9
78235	0	0	0	0	0	0
78236	4	1	2	2	0	9
78237	18	48	28	5	5	104

Zip Codes	In-situ	Localized	Regional	Distant	Unknown Stage	All Stages
78238	26	40	22	5	6	99
78240	48	99	46	7	9	209
78242	10	30	16	3	3	62
78243	0	1	0	0	0	1
78244	25	42	17	8	6	98
78245	35	50	30	3	11	129
78247	46	88	48	6	10	198
78248	28	51	16	1	3	99
78249	28	72	30	2	5	137
78250	39	94	37	6	7	183
78251	27	68	30	7	9	141
78252	5	4	7	1	1	18
78253	13	46	21	4	1	85
78254	30	58	31	1	6	126
78255	12	14	4	2	2	34
78256	5	8	3	2	1	19
78257	1	15	5	0	1	22
78258	38	80	38	4	5	165
78260	22	48	21	3	7	101
78261	12	17	3	0	2	34
78263	4	14	7	3	1	29
78264	8	10	9	0	1	28

Table 2.8 supplements the results of the Quantitative Data Report, which only provides overall breast cancer statistics for the county. This allows the Affiliate to look at incidence cases in specific zip codes. The general overview of stage distribution in the county was a factor in the determination of target communities by indicating 22.4 percent of breast cancer cases from 2007 to 2011 were regional stages.

In a regional stage, cancer spreads beyond the breast and to nearby lymph nodes, resulting in poorer prognosis than localized cancer (National Cancer Institute). This supports the Affiliate's conclusions that the identified target communities face higher risk of later stage breast cancers and might benefit from culturally relevant breast health education. The Texas Cancer Registry stage distribution breakdown by zip code was utilized to understand if stage at diagnosis was greater for late-stages than early stages. These data were compared to late-stage diagnosis and breast cancer death rates for the two selected Community Profile priorities: Black/African-American and Hispanic/Latina women.

A limitation to the data are that some zip codes contain miniscule numbers of cases for a 5-year time period. In order to overcome this, the sum of cases by stage was aggregated, divided by

the total number and multiplied by 100 to calculate the percentage. The data does not reflect information on ethnicity, full zip codes or ages which constitute further limitations.

Figure 2.1 reflects the following cancer stages: in-situ, localized, regional, distant and unknown stages. Regional and distant stages comprise a quarter of the entire stage distribution.

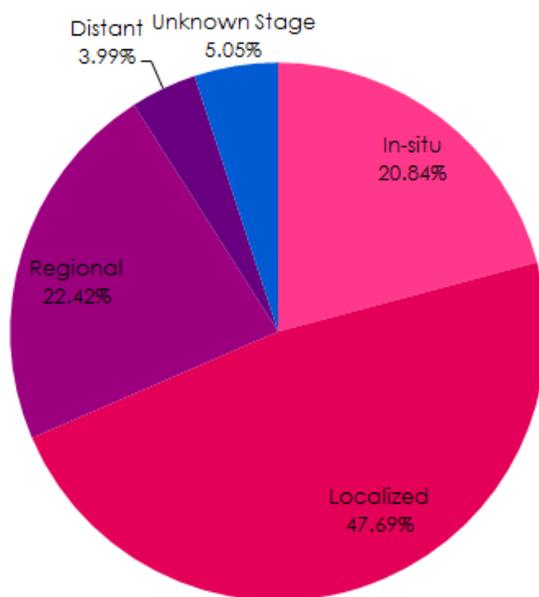


Figure 2.1. Percentage of cancer stage distribution in Bexar County 2007-2011 provided by the Texas Cancer Registry.

Selection of Target Communities

Susan G. Komen San Antonio has chosen two target communities within Bexar County deriving from the Quantitative Data Report results. Over the next four years, the Affiliate will concentrate efforts in these neighborhoods to make the most efficient use of available resources. Komen San Antonio will attempt to reach and maintain the HP2020 breast cancer standards. These goals consist of reducing death rates in Bexar County by targeting vulnerable populations in medically underserved areas with high rates of poverty and lower education levels, to maintain the late-stage diagnosis rate under HP2020 targets in the county.

Community Profile Priority 1

The first target community consists of areas with high percentages of Black/African-American women, who have higher risk of breast cancer death and late-stage diagnosis. In order to meet the death rate goal set by HP2020, the Affiliate selected this population as a target priority. Table 2.1 indicates Black/African-American women in Bexar County have higher death rates compared to other ethnicities (27.4 per 100,000). The death rate among this group also is higher than Texas and the US.

Late-stage diagnosis rates are higher in Black/African-American women in comparison to White, Hispanic/Latina, Non-Hispanic/Latina, API and AIAN populations, as indicated in Table 2.1 (45.5 per 100,000).

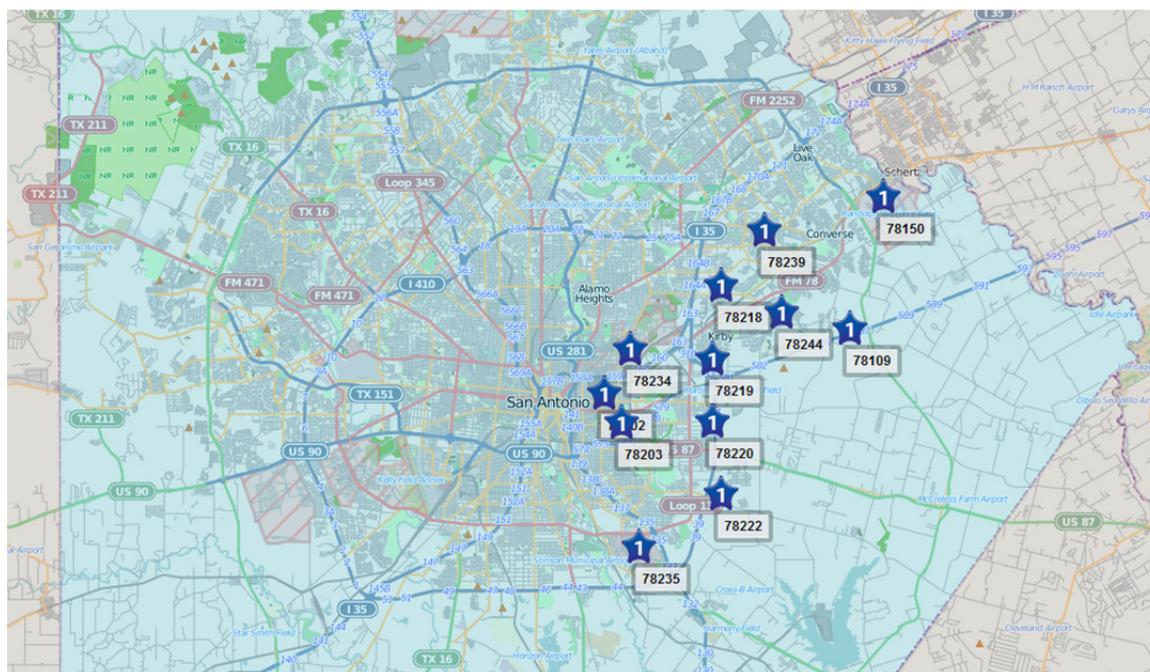
The Bexar County zip codes with higher Black/African-American populations include: 78109, 78150, 78202, 78203, 78218, 78219, 78220, 78222, 78234, 78235, 78239 and 78244.

Many of these areas are considered medically underserved with higher poverty percentages and lower education levels. Therefore, Komen San Antonio will focus outreach and resources in these communities that face high risk for breast cancer death and late-stage diagnosis.

Initially, zip codes 78236 and 78243, located on the West side of San Antonio, were identified as priority sites; however, they are positioned at Lackland Air Force Base. Based on security clearance and timing challenges, the Affiliate excluded 78236 and 78243 from the priority areas.

The Community Profile Team also concluded that demographic data in these populations apply to many women who do not reside in the Komen San Antonio service territory. Therefore, further investigation into these communities could lead the Affiliate away from drawing accurate conclusions that are representative of Bexar County. Exploring military health care systems might also minimize the focus of underserved residents in the San Antonio area.

Figure 2.2 highlights areas with high percentages of Black/African-American women who face higher risk of breast cancer death and late-stage diagnosis. Areas are mainly concentrated in the northeast and east sides of Bexar County.



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Figure 2.2. Community Profile Priority 1 with zip code boundaries.

Community Profile Priority 2

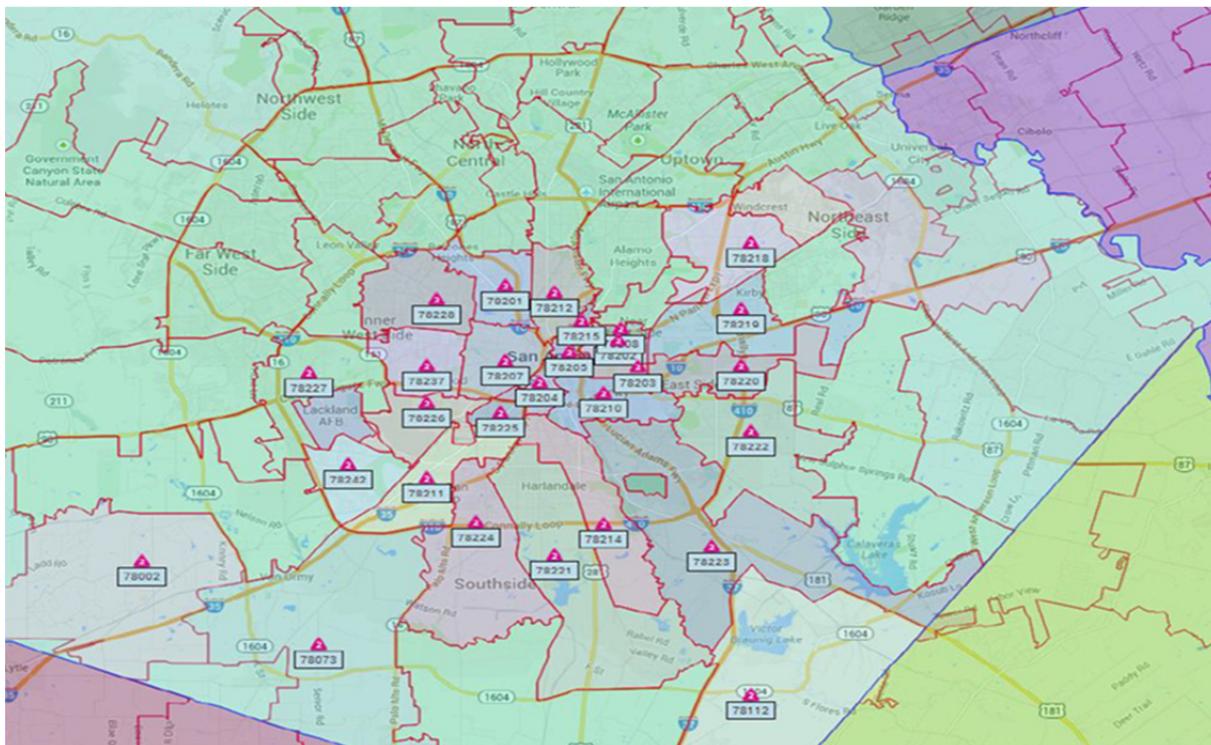
The second target community focuses on Hispanics/Latinas in medically underserved areas who have higher risk for late-stage breast cancer and death due to population characteristics.

According to Table 2.5, Bexar County has higher rates of people without a high school education, compared to the US. The county also has higher rates of people living below 100 percent of the poverty level in relation to the state and national rates. Compared to state and national percentages, the Affiliate service area has a higher rate of people ages 40-64 living below 250 percent of the poverty level.

Targeted zip codes for Hispanics/Latinas include: 78002, 78073, 78112, 78201, 78202, 78203, 78204, 78205, 78207, 78208, 78210, 78211, 78212, 78214, 78215, 78218, 78219, 78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78237 and 78242.

Residents in these areas have higher rates of uninsured people with less than a high school education and income below the poverty level. These population characteristics and socioeconomic factors may lead to higher risk for late-stage diagnosis and death. Due to the need, the Community Profile will target Hispanic/Latina populations in locations where risk factors are higher.

Figure 2.3 highlights areas with high rates of Hispanics/Latinas with population characteristics placing them at increased risk for late-stage diagnosis and death. The areas are mainly concentrated within Loop 410, downtown San Antonio and the South side.



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Figure 2.3. Community Profile Priority 2 with zip code boundaries.

Health Systems Analysis Data Sources

Susan G. Komen® San Antonio conducted an online search of numerous databases to identify the most current resources for breast health located in the two Community Profile Priorities. Community resources such as Komen grantees, breast health organizations and support groups were utilized to supplement the search. The following sources yielded intelligence on community health centers, free clinics, hospitals, accredited breast care centers and local health departments:

- American College of Radiology
- American College of Surgeons
- City-Data.com
- Centers for Medicare & Medicaid Services
- Health Resources and Services Administration
- National Association of County & City Health Officials
- National Cancer Institute
- The National Association of Free & Charitable Clinics
- US Food & Drug Administration

The Community Profile Team began the search with the National Cancer Institute website to identify designated cancer centers in the state. The US Food & Drug Administration site documented mammography facilities certified by the FDA, or certifying state listed by zip code. The Data.Medicare.gov site was used to establish a list of hospitals registered with the Centers for Medicare & Medicaid Services in the target communities. The National Association of County & City Health Officials site provided a list of the local health departments. The Health Resources and Services Administration site gave a listing of community health centers by state for underserved populations. The National Association of Free & Charitable Clinics site was utilized to find free and charitable clinics providing breast health services. The American College of Radiology and the American College of Surgeons helped the team verify certifications and accreditations of the resources.

Cancer resources and programs in the target areas were included to demonstrate an overview of available services. Most information was obtained through agency websites, community contacts and phone calls.

The Affiliate primarily focused on providers and services directly in the Community Profile priority zip codes. However, resources in close proximity to these areas were also included to provide an accurate picture of easily accessible breast cancer care options.

Available cancer programs were collected for each priority area in a Health Systems Analysis Template, based in the designated and bordering zip codes. The amount of providers and services were counted and analyzed by category (screening, treatment, support/survivorship, etc.). Using the Breast Cancer Continuum of Care model, resource gaps and strengths were identified in categories of care.

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 and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman 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.

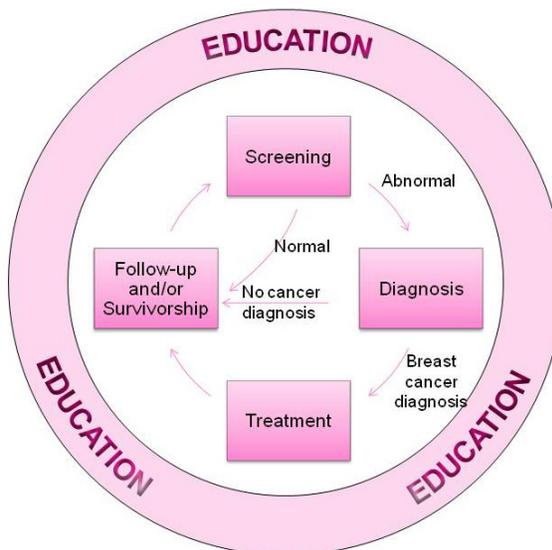


Figure 3.1. Breast Cancer Continuum of Care (CoC)

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to 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 pathology reports determine 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 and 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, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-

up appointments and communication with their 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 also many reasons why a woman does not enter or continue in the breast cancer CoC. 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 and patient navigation can address some of these barriers and help a woman progress through the CoC more quickly.

Summary of Health Systems Strengths and Weaknesses

Community Profile Priority 1

For priority zip codes in the northeast and eastside areas of Bexar County, Komen San Antonio identified available screening, diagnostic, treatment and support/survivorship services (Figure 3.2).

In the northeast, the CentroMed Walzem Clinic provides screening, clinical breast exams, diagnostic services and patient navigation in 78218.

Near target zip codes 78218 and 78239, Baptist M&S Imaging, Northeast Imaging Center, located in 78217, provides diagnostic services such as ultrasounds and MRIs.

SLEW Wellness Center, in the same zip code, offers support ranging from counseling, side effect management, support groups, exercise and nutrition programs, patient navigation to financial assistance for uninsured women.

This area also houses Northeast Methodist Hospital which provides free patient navigation services open to all breast cancer patients.

CommuniCare Frank Bryant Health Center is a Federally Qualified Health Center (FQHC) located in the eastside in 78220 offering screening, diagnostic services and patient navigation to low income patients.

In zip code 78235, Baptist Breast Center Mission Trail provides screening and diagnostic services.

For Community Profile Priority 1, screening and diagnostic services are the most prevalent with minimal treatment support and support/survivorship programs. While screening and diagnostics assistance remain a vital part of the Breast Cancer Continuum of Care, gaps in treatment, treatment support and support/survivorship care exist.

Support/survivorship assistance programs for financial aid, counseling, support groups, side effect management, exercise/nutrition programs, end of life and legal services are limited.

SLEW Wellness Center offers many of these survivorship services; however, no resources for end of life and legal care have been identified in the priority area or outside the designated zip codes.

The only treatment support offering also comes from SLEW Wellness Center, through patient navigation for low income or uninsured breast cancer patients. Komen San Antonio did not find providers or assistance for chemotherapy, radiation, surgery and reconstruction in Priority 1.

Community Profile Priority 2

Cancer resources in Priority 2—central, east, south and west side areas—include screening, diagnostics, treatment, treatment support and support/survivorship services.

Priority 1 also offers the same categories of breast cancer care, but Priority 2 has a substantially higher number of providers: 16 programs in the target areas and four outside the designated zip codes.

The south side of Bexar County has screening and diagnostic services in target zip codes.

- CentroMed South Park Clinic, 78211
- South Texas Radiology Imaging Center-Southwest Imaging Center, 78224
- CentroMed City Base Clinic, 78223
- University Health System-University Family Health Center Southeast, 78223

CentroMed Somerset Family Clinic is located in 78069, but borders Priority 2 designated zip codes 78002 and 78073.

The following Methodist Health System locations offer a variety of breast cancer care including screening and diagnostic patient navigation, treatment support, reconstructive surgery, side effect management, individual counseling and financial assistance:

- Methodist Family Health Center, E. Southcross, 78223
- Methodist Family Health Center, St. James, 78202
- Methodist Family Health Center, SW Military, 78221
- Methodist Main Hospital, 78229

The eastside and northeast areas have screening and diagnostic programs available with the following agencies:

- Communicare -Frank Bryant Health Center, 78220
- The Martinez Street Women's Center, 78210
- CentroMed Walzem Clinic, 78218

Baptist M&S Imaging-Northeast Imaging Center offers breast cancer diagnostic services in 78217—which is not a Priority 2 zip code. However, the agency is close to designated zip code 78218.

The Martinez Street Women's Center located in 78210 works in the east side to provide community health outreach, clinical breast exams, screening mammograms—through the University Health System Healthy U Express Mobile Mammography Unit—diagnostic testing referrals and patient navigation.

The providers listed below offer screening and diagnostic services in the center city area in Priority 2 zip codes:

- CentroMed-Santa Rosa Clinic, 78207
- CentroMed-Sarah E. Davidson Clinic (Haven for Hope), 78207

- CommuniCare Barrio Family Health Center, 78207
- University Health System Women’s Breast Health Program-Robert B, Green, 78207

San Antonio Precision Cancer Center resides in 78213 offering treatment for breast cancer survivors. While the provider is not located in one of the target zip codes, it has proximity to residents in 78212 and 78201.

WINGS, located in 78227, provides patient navigation and financial coverage for breast cancer treatment for uninsured and low income women.

Located 78237, University Health System-University Family Health Center Southwest provides breast cancer screening services, including patient navigation.

The YWCA, in 78237, conducts grassroots breast cancer educational outreach, tailored to the Hispanic/Latino community, and provides screening referrals and counseling to eligible women. The agency works closely with the Mexican Consulate to educate immigrants about breast health awareness and available resources for health care.

In the medical center, based in northwest San Antonio, several cancer programs offer a plethora of services in 78229. This area is not a Priority 2 designation, but serves many local residents, especially those in target zip code 78226.

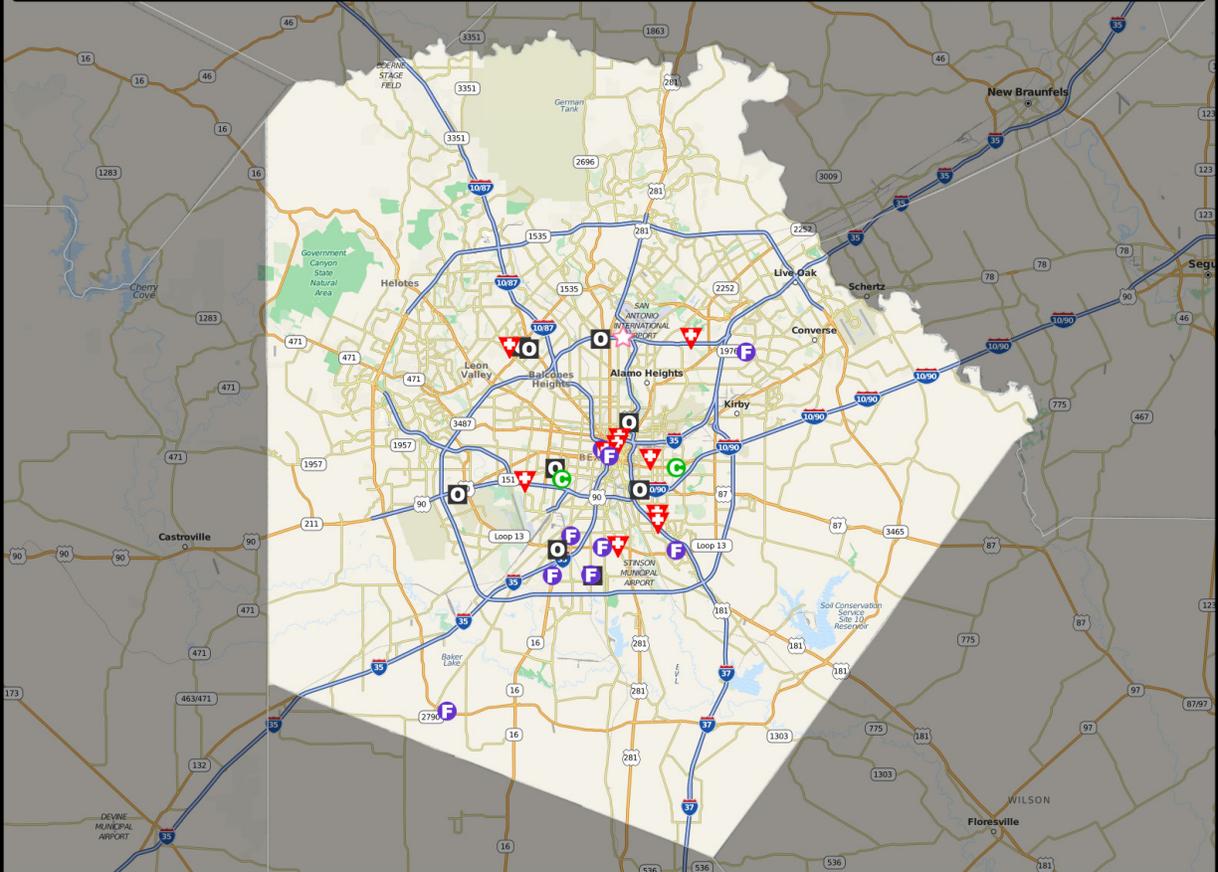
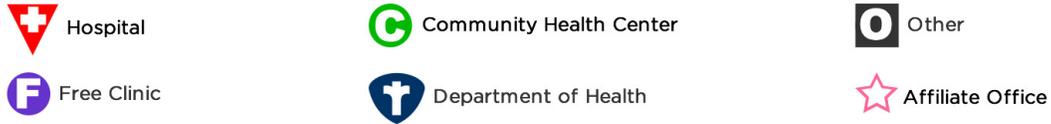
- Baptist M&S Imaging-Baptist Breast Center, Screening and Diagnostics, 78229
- Cancer Therapy & Research Center, Treatment and Support Groups, 78229
- Christus Santa Rosa Hospital-Medical Center, Screening, Diagnostics, Treatment, Support Groups and Individual Counseling, 78229
- ThriveWell Cancer Foundation, Exercise/Nutrition Education, Financial Assistance for Co-Pays, Transportation, Art Healing, 78229.

Like Priority 1, there are several providers offering screening and diagnostic services in the target areas. However, treatment/support and support/survivorship care is limited. Of about 29 providers, nine offer treatment services and the Affiliate identified three agencies that provide financial assistance for breast cancer treatment. WINGS is the only agency that provides comprehensive financial coverage for breast cancer treatment for women in need.

Financial assistance programs for breast cancer reconstructive surgery were not identified, and seven providers offer the service in Priority 2.

Individual counseling and exercise/nutrition programs for breast cancer patients are minimal. Five agencies offer counseling and ThriveWell Cancer Foundation DIVA programs provide exercise/nutrition programs in the south side, central and northwest areas of Priority 2.

Priority 2: Zip Codes with Higher Percentages of Hispanic/Latinas



Statistics

Total Locations in Region: 30

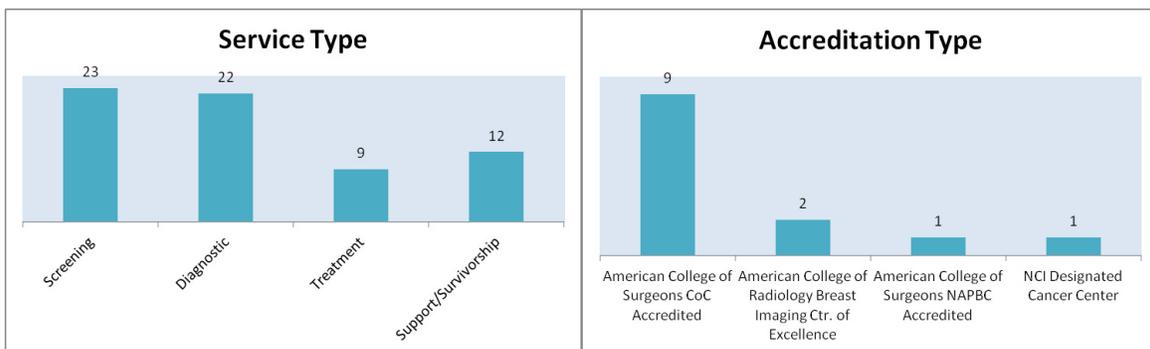


Figure 3.3. Breast cancer services available in Priority 2

Key Mission-Related Partnerships in Community Profile Priorities

Susan G. Komen San Antonio awards grant funding to numerous agencies providing breast cancer services in both priority areas. The Affiliate collaborates with the following organizations for breast cancer educational outreach and to understand best ways of serving constituents:

- CentroMed Clinics
- CommuniCare Clinics
- Martinez Street Women's Center
- University Health System
- ThriveWell Cancer Foundation, DIVA Programs
- SLEW Wellness Center
- WINGS
- YWCA

Komen San Antonio began working with oncology breast cancer nurse navigators at Northeast Methodist Hospital to efficiently connect patients to the Affiliate for resources and Breast Cancer Care Packages. Resources and Care Packages offer educational information about treatment options, available programs and materials that guide patients through their cancer journeys. This year, the hospital expanded the Affiliate relationship to include Methodist Stone Oak in the north side and Methodist Main Hospital in northwest San Antonio.

The Baptist Health System works with Susan G. Komen San Antonio for Race for the Cure event sponsorship and community breast cancer programming. The relationship mainly involves the North Central Baptist Hospital location in the Stone Oak area, but the Affiliate recently developed connections with the Baptist Breast Center Mission Trail site. The Breast Center assisted Komen by serving as a Community Profile focus group venue for women in the far southeast area of San Antonio.

Potential New Partnerships or Collaboration Opportunities to Address Needs

While the Affiliate has strong mission partnerships with numerous organizations in the Community Profile priorities, there are potential collaborations Komen San Antonio can leverage.

The Affiliate could develop relationships with Baptist Imaging Centers, Methodist Health Centers and University Health System clinics to provide breast cancer educational information, Breast Cancer Care Packages and Komen contact information. Communication with these entities could help the Affiliate understand ongoing breast cancer needs in the community, while developing a larger network of breast cancer survivors, patients and community advocates.

South Texas Radiology Imaging Center-Southwest Imaging Center and Baptist Health System support the Komen San Antonio Race for the Cure as sponsors. The Affiliate could expand these relationships to include a more collaborative role on breast cancer initiatives already in progress such as survivor mentorship and support programs.

Currently, the Affiliate does not work closely with treatment providers, San Antonio Precision Cancer Center or Cancer Therapy & Research Center and could establish connections by coordinating Komen resources for cancer patients and survivors.

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The state Breast and Cervical Cancer Services (BCCS) program 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.

- CDC Funds – Federal cancer prevention and control programs for state, territorial and tribal organizations funds.
- Title XX to TANF – Texas opts to convert a portion of its Temporary Assistance for Needy Families (TANF) funds to Social Services Block Grant (Title XX) funds which can be used for clinical women’s health services.
- State General Revenue – State funds allocated by the Texas legislature.

Points of Contact to Enroll

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. In fiscal year 2013, 43 organizations contracted with DSHS to provide BCCS services at 212 clinics across the state.

Breast and cervical cancer screening services are available through health care providers across Texas. A list of contractors and the counties they serve is available at <http://www.dshs.state.tx.us/bccscliniclocator.shtm>.

Eligibility

The Texas BCCS program offers low-income women, ages 18-64, access to screening and diagnostic services for breast and cervical cancer.

To qualify, a woman must be:

- Low-income (at or below 200 percent of the Federal Poverty Income Guidelines).
- Uninsured or underinsured
- Age 40 – 64 years for breast cancer screening and diagnostic services
- Age 21 – 64 years for cervical cancer screening services
- Age 18 – 64 years for cervical cancer diagnostic services

High Priority Populations:

- Breast Cancer: Ages 50-64
- Cervical Cancer: Ages 21 - 64 years

Medicaid for Breast and Cervical Cancer (MBCC)

BCCS contracted health clinics are the gateway to cancer treatment and determine a woman's eligibility for the Medicaid for Breast and Cervical Cancer (MBCC) program. BCCS contractors are required to:

1. Collect the verifying documents for identity, income, and qualifying diagnosis
2. Complete the MBCC application
3. Send all the documents to DSHS for review of the qualifying diagnosis.

Eligibility for MBCC

A woman must be:

- Diagnosed and in need of treatment for one of the following biopsy-confirmed definitive breast or cervical diagnoses: CIN III, severe cervical dysplasia, cervical carcinoma in-situ, invasive cervical cancer, ductal carcinoma in situ or invasive breast cancer, as defined by BCCS policy; **and**
- Have family gross income at or below 200% of the Federal Poverty
- Income Guidelines, as defined by BCCS policy; **and** (see Table at: www.dshs.state.tx.us/bcccs/eligibility.shtm#income)
- Uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid); **and**
- Under age 65; **and**
- A Texas resident; **and**
- A US citizen or qualified alien.

Enrollment

- Contact a BCCS contractor in your area; visit the BCCS Clinic Locator at <http://www.dshs.state.tx.us/bccscliniclocator.shtm>.
- BCCS contractor will screen for eligibility and if applicable complete the Medicaid Medical Assistance Application (form 1034). The BCCS contractor will review and collect required documentation of eligibility.
- DSHS will verify the patient's qualifying diagnosis and send Form 1034 to the Health and Human Services Commission (HHSC).
- HHSC Centralized Benefits Services makes the final Medicaid eligibility determination.

Coverage

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

Affiliate's Current Relationship with the State NBCCEDP

The Collaborative relationship with BCCS is new. Susan G. Komen Headquarters managed the relationship in the past, but with recent advocacy program changes, KTAC is taking over responsibility of communicating and working with the agency to ensure advocacy interests are met.

Affiliate's Plan for the Next Four Years to Establish or Strengthen the Relationship with the State NBCCEDP

Advocacy efforts for the next four years include more communication with Breast and Cervical Cancer Services and learning methods Komen can be helpful in ensuring BCCS serves more of the working poor. The program currently serves only six percent of eligible women.

State Comprehensive Cancer Control Coalition

The Texas Cancer Plan includes the following objectives:

- Encourage prevention activities and risk reduction
- Increase screening and early detection rates
- Initiate more timely access to diagnosis, treatment and palliative care (pain management)
- Improve quality of life and survivorship for patients
- Increase support cancer research and commercialization projects for better treatments and economic development in Texas
- Develop and strengthen access to health care as well as medical professionals

More information about these objectives can be found in the complete version of the Texas Cancer Plan (Cancer Alliance of Texas).

The Texas Cancer Plan encourages community-based organizations and stakeholders to pursue the following objectives:

- Support policy, environmental and systems changes for cancer control.
- Provide cancer prevention awareness information and screening programs for clients.
- Provide navigation services for clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

Affiliate's Current Relationship with the State Cancer Coalition

The Komen Austin, Dallas County, Houston and North Texas Affiliates, from the Komen Texas Advocacy Collaborative (KTAC), are members of the Cancer Alliance of Texas (CAT)—the state cancer coalition. Member Affiliates share responsibility of attending quarterly calls and updating KTAC on developments.

Affiliate's plan for the next four years to establish or strengthen its roles with the state's cancer coalition.

Goals of The Komen Texas Advocacy Collaborative include:

1. Encouraging more Affiliates to become Cancer Alliance of Texas members
2. Integrating cancer policy objectives into the KTAC advocacy agenda.

With budget and staffing limitations, KTAC Affiliates will seek ways to collaborate with other CAT agencies for policy advocacy, especially those working on Medicaid Expansion and issues relating to increased access to care.

Affordable Care Act

State Action on Medicaid Expansion

Texas forfeited its option to run a state insurance exchange. As a result, consumers in the state can choose coverage from a federally run marketplace. Insurance offerings with providers vary from county to county (Health care.gov). Texas did not expand Medicaid coverage for those with incomes up to 133 percent of the poverty level. This would have increased access to breast health and breast cancer care for about 900,000 Texas women (Komen Policy Fact Sheet). Medicaid Expansion could also mean an overall increase in economic activity through the addition of federal funds for the program (Executive Office of the President).

Estimated Number of Uninsured in State Prior to and After Insurance Mandate

Prior to the insurance mandate, more than 6.2 million people were uninsured in Texas, making up about 24 percent of the total population (Kaiser, "Health Insurance Coverage of the Total Population"). 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.

Implications of ACA on State NBCCEDP Eligibility and Utilization

There has been minimal impact to the program by the implementation of the ACA as most BCCS clients do not qualify for marketplace subsidies because their incomes are too low.

Implications of ACA for Health Care Providers

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, like oncology (Texas Public Radio). 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). These are issues Komen San Antonio grantees have indicated to the Affiliate as well.

In conversations with local providers and hospitals such as Baptist Health System, CentroMed, CommuniCare and University Health System there does not seem to be a recent influx of newly insured patients through exchanges. However, current efforts to navigate people through the ACA continue to occur.

Implications of ACA for the Affiliate.

Texas has the highest rate of uninsured people in the nation. According to the Kaiser Family Foundation, 53 percent of the population has been uninsured for at least five years, and 40 percent have incomes below the poverty level.

Without Medicaid Expansion in Texas, which would have eased eligibility requirements, over one million Texans remain uninsured (Kaiser Family Foundation). ACA 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 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 (IRS.gov).

More community outreach efforts might be needed to connect the eligible uninsured to insurance access through the marketplace, especially with 31 percent of the uninsured reporting never having coverage in their lifetime (Kaiser Family Foundation). However, with over one million uninsured people in the state who are unable to access affordable insurance even with ACA provisions and tax credits, health care centers and nonprofits will continue to serve a large population in need.

The overall impact of the ACA 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 ACA 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

Most 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. Some Affiliates host legislative events to promote breast cancer awareness with local legislators and secure their support of Komen.

KTAC participants in 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.

State Public Policy Activities

With advocacy program changes at Komen Headquarters, KTAC is assuming more state level advocacy and public policy roles. Most of the Affiliates are ready to engage legislators beyond initial contact, with more emphasis on policy changes affecting breast cancer patients and

survivors. Komen Affiliates would like to strengthen the Collaborative structure through public policy, especially through volunteers willing to support KTAC's legislative goals. Future goals include working with more cancer and health coalitions to learn about patient issues and to develop Komen's advocacy presence.

Health Systems and Public Policy Analysis Findings

The Community Profile priorities possess a substantial amount of breast cancer screening and diagnostic services for the insured and uninsured/underinsured. Many of the Federally Qualified Health Centers (FQHC) like CentroMed and CommuniCare, as well as the hospital systems, offer navigation services to assist patients through the Breast Cancer Continuum of Care.

Priority 1

A lack of treatment providers exist in Priority 1 zip codes and bordering areas, with few resources for treatment support and support/survivorship assistance. The Affiliate did not identify any financial assistance programs for treatment and only one agency, SLEW Wellness Center, in the area offers aftercare services to breast cancer patients and survivors. SLEW provides comprehensive support such as counseling, lymphatic drainage, lymphatic supplies, side effect management, complementary therapies and breast prostheses—and remains the only program of its kind in Bexar County.

Priority 2

Priority 2 also faces limited treatment support and support/survivorship care. Three out of 29 providers offer treatment services; the Affiliate identified three agencies that offer financial aid for treatment and breast cancer care through co-pay assistance, sliding scale fees (University Health System CareLink) and comprehensive coverage. WINGS is the only agency that provides full financial coverage for breast cancer treatment for women in need, who do not qualify for Medicaid for Breast and Cervical Cancer.

Both priorities face treatment, treatment support and support/survivorship gaps in the Continuum of Care. Assistance programs for breast cancer reconstructive surgery were not identified, and only one agency offers comprehensive aftercare services including side effect management or complementary therapies. Exercise/nutrition and individual counseling programs are available, but limited with only three providers offering services for Priorities 1 and 2. Residents could benefit from coordinated patient navigation programs that guide women during treatment and through aftercare.

Key Partnerships in Target Communities and Potential New Partners.

The Affiliate has strong partnerships in place with grantees providing screening, treatment, education, survivorship and patient navigation services to uninsured/underinsured people.

Informal collaborations with hospitals, treatment centers and other breast cancer programs and agencies to understand patient concerns and methods for improving quality of care remain ongoing.

Komen seeks to initiate new relationships with health care sponsors and other providers in the priority areas for educational outreach regarding available resources. These contacts will further assist the Affiliate in identifying survivor and patient concerns.

Impact of Public Policy on Breast Health Care

Texas has the highest rate of uninsured people in the nation. Without Medicaid Expansion in Texas, which would have eased eligibility requirements, over one million Texans remain uninsured (Kaiser Family Foundation).

The Affordable Care Act could help alleviate barriers to health care access for Texans who fall in the insurance gap through the following provisions:

- Preventive Services without Cost Sharing (Including Mammograms)
- Restrictions on Annual and Lifetime Limits
- Restraints on Out-of-Pocket Costs
- Required Coverage of Pre-existing Conditions
- Tax Credits for those with Incomes Between 100-400 Percent of the Poverty Level (To Help with Insurance Coverage)

More community outreach efforts might be needed to connect the eligible uninsured to insurance access through the Affordable Care Act marketplace, especially with 31 percent of the uninsured reporting never having coverage in their lifetime (Kaiser Family Foundation).

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. 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.

Current Public Policy Work

Susan G. Komen San Antonio is part of the Komen Texas Advocacy Collaborative (KTAC) comprised of mission representatives from Texas Affiliates. KTAC Affiliates maintain relationships with local and federal elected officials to ensure Komen's policy priorities are reinforced. Some Affiliates host legislative events to promote breast cancer awareness with local legislators and secure their support of Komen.

The Collaborative maintains communication to discuss updates from state health agencies and advocacy organizations, and is responsible for public policy planning and KTAC's role for local advocacy. Komen Texas Affiliates will strengthen the Collaborative structure through more active public policy roles, especially with volunteers willing to support KTAC's legislative goals. Future goals include working with more cancer and health coalitions to learn about patient issues and to develop a larger advocacy presence at the State Capitol.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Komen San Antonio selected focus groups and key informant interviews for their qualitative data collection methods. The Community Profile Team conducted a total of eight focus groups, four for each priority area.

A focus group is defined as a discussion between six or more people. The purpose of a focus group is to gather ideas, views and experiences pertaining to breast health and breast cancer.

Black/African-American and Hispanic/Latina women aged 18-64 who resided in the selected priority areas were asked to participate through the Affiliate's constituent database, social media and word of mouth.

Key Informants were contacted by email or telephone to confirm their participation. Sources made up nonprofit organizations, hospitals, oncologists and FQHCs. The purpose of a Key Informant Interview is to collect information from a diverse group of people who have firsthand knowledge of the community. They provide insight about breast cancer problems and can also give recommendations for solutions.

Methodology

Each focus group consisted of a moderator, note taker and observer. The note taker was responsible for writing down the participants' responses. The Team created a note taker guide to help facilitate the note taking process. The guide was formatted similarly to the focus group questionnaire in addition to more available writing space following each question. The observer also took notes, but was primarily responsible for ensuring that the moderator was kept on schedule.

At each focus group, every participant acknowledged and signed a consent form and demographic form. Prior to beginning the discussion, the moderator stated the rules for the focus group, time frame and incentives for participation. All participants were informed that they were not required to stay and could leave at any time. Each participant spoke in turns allowing for the note taker to record the responses.

Every Team member was responsible for a minimum of four key informants to contact. The individuals contacted their key informants via email to disclose the purpose and importance of their participation. After confirmation, the key informant survey and consent form were emailed and given a two week deadline to submit their responses. Following the two week deadline, participants who did not turn in their completed surveys and consent forms were followed up by an email reminder. A shared folder was used by the Team to compile the consent forms and key informants received.

After the focus groups and key informant interviews were completed, the Team met to analyze the results. The questions ranged from categorical to continuous. For the continuous questions, key words were selected from each question and the most common responses were tallied.

Selecting key words allowed the Team to develop patterns in the responses provided by the participants. All questions and responses were reviewed from each focus group for each priority. This method allowed the Team to identify key themes and common responses.

Sampling

Two target communities were identified based on demographic and socioeconomic information that may put certain areas within Bexar County at higher risk for late-stage breast cancer diagnosis and early death. Zip codes with higher percentages of Black/African-American and Hispanic/Latina women with lower education, employment and poverty levels, as well as higher medically underserved numbers were chosen.

These initial factors helped the Team decide which issues are most pressing for those in need in the Komen San Antonio area.

The Community Profile Team recruited Black/African-American and Hispanic/Latina women ages 18 and above who lived in the target zip codes. Focus group questions sought insight from participants about the following factors:

1. Access to Health Care
2. Barriers
3. Education/Awareness
4. Cultural Beliefs/Behaviors
5. Disparities
6. Survivorship

Priority 1 Focus Group Participants.

For Priority 1 focus groups, 24 Black/African-American women participated by providing insight about their experiences with health care, as well as attitudes from neighbors and families.

Ages ranged from younger than 39 years to older than 60 years of age. A breakdown of Priority 1 participant ages can be found in Table 4.1.

Table 4.1. Ages of Priority 1 (Black/African-American Women) focus group participants

Answer Options	Response Percent	Response Count
39 years of age and younger	25.0%	6
40-49 years of age	41.7%	10
50-59 years of age	20.8%	5
60 years of age and older	12.5%	3
<i>answered question</i>		24

Half of the women surveyed had a high school diploma or GED and about nine percent of the group earned a bachelor’s degree (Figure 4.1). Approximately five percent had a master’s degree.

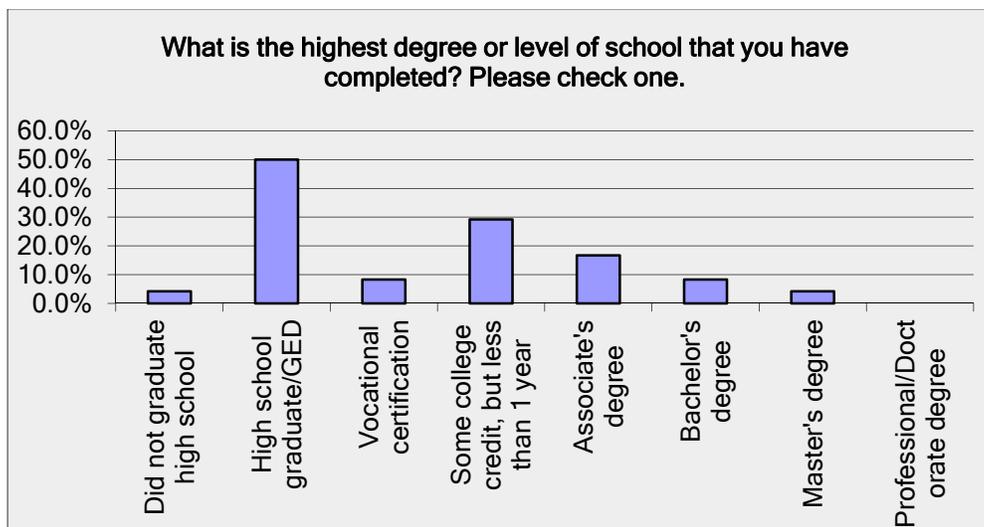


Figure 4.1. Educational attainment for Priority 1 (Black/African-American Women) focus group participants

Of the 24 Black/African-American women participating, most had household incomes below \$40,000 a year, with only one person earning more than \$50,000 (Table 4.2).

Table 4.2. Household income breakdown of Priority 1 (Black/African-American Women) focus group participants

Answer Options	Response Percent	Response Count
Less than \$10,000	30.4%	7
\$10,001- \$20,000	4.3%	1
\$20,001- \$30,000	17.4%	4
\$30,001- \$40,000	21.7%	5
\$40,001- \$50,000	13.0%	3
More than \$50,000	4.3%	1
Don't know/Not sure	0.0%	0
Would not prefer to disclose	8.7%	2
<i>answered question</i>		23
<i>skipped question</i>		1

Priority 2 Focus Group Participants.

The Team worked with 32 Hispanic/Latina women to understand their thoughts about breast cancer, as well as attitudes from families and neighbors.

Half of the participants were over age 60, with only one person under age 39. Table 4.3 indicates the range of ages represented in the focus groups.

Table 4.3. Ages of Priority 2 (Hispanic/Latina) focus group participants

Answer Options	Response Percent	Response Count
39 years of age and younger	3.1%	1
40-49 years of age	18.8%	6
50-59 years of age	28.1%	9
60 years of age and older	50.0%	16
<i>answered question</i>		32

Close to 45 percent of Hispanic/Latina women surveyed earned a high school diploma or GED, with only six percent having a bachelor’s degree (Figure 4.2). No participants had a master’s degree.

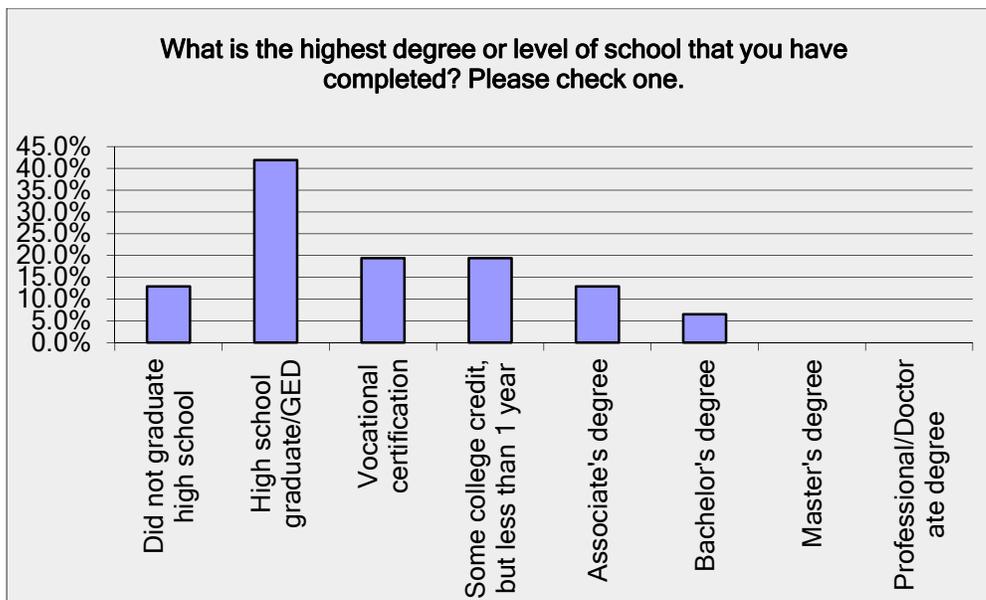


Figure 4.2. Educational attainment for Priority 2 (Hispanic/Latina) focus group participants

Most household incomes were less than \$50,000 a year, with no one making more than that amount (Table 4.4).

Table 4.4. Household income breakdown of Priority 2 (Hispanic/Latina) focus group participants

Answer Options	Response Percent	Response Count
Less than \$10,000	20.0%	6
\$10,001- \$20,000	13.3%	4
\$20,001- \$30,000	20.0%	6
\$30,001- \$40,000	16.7%	5
\$40,001- \$50,000	20.0%	6
More than \$50,000	0.0%	0
Don't know/Not sure	0.0%	0
Would not prefer to disclose	10.0%	3
<i>answered question</i>		30
<i>skipped question</i>		2

Key Informants.

Six key informant sources were selected to answer questions about their experiences serving Priority 1 communities. Two work with hospital systems, one with a Federally Qualified Health Center (FQHC), and three work at health care nonprofits (Table 4.5).

All of the individuals have experience serving women in the priority areas. For Priority 1—Black women with higher risk for late-stage breast cancer and death—seven key informants work outside chosen communities and five operate within the areas.

Table 4.5. Key informant types for Priority 1 (Black/African-American Women)

	Nonprofit	Hospital	FQHC
1	X		
2		X	
3		X	
4	X		
5	X		
6			X

Eight key informants provided insight regarding Priority 2 communities based on their experience serving Hispanic/Latina women with medical care and education.

Of the informants, three work with health care nonprofits, three are employed with hospitals, two serve at FQHCs and two are oncologists (Table 4.6).

Four key informants in Priority 2 work outside designated areas and eight serve target communities within the zip codes.

Table 4.6. Key informant types for Priority 2 (Hispanic/Latina Women)

	Nonprofit	Hospital	FQHC	Oncologists
1	X			
2				X
3				X
4	X			
5	X			
6		X		
7			X	
8			X	
9		X		

Individuals in the focus groups were selected through quota sampling, which means participants were chosen if they matched criteria of the target communities.

Health Care professionals were chosen from Affiliate grantees and local public health workers were selected to provide insight. The Team chose informants with established Komen relationships and knowledge of the priority populations—a selection process known as convenience sampling.

Ethics

Prior to beginning each focus group, Participant Consent Forms were given to each individual. The consent form discussed the purpose of the focus group. It assured participants their input was voluntary and that all responses would be kept anonymous in the final report. By signing the consent form, participants agreed that they understood the information provided and agreed to participate in the focus group.

Names of focus group participants and key informants were not shared during the questioning process. Communication with data sources occurred individually and did not include group information.

Consent forms from focus groups and key informant interviews have not been duplicated. Their storage remains in a secure location within the Affiliate office and will not be distributed to the public for any reason. Exceptions include key informants who want to be listed as a participant. In those cases, permission is granted through email correspondence.

Qualitative Data Overview

The focus group data were gathered from notes taken by the Community Profile Team. At each focus group, a note taker and observer took notes and helped document participants' responses. Data were transcribed electronically into an Excel spreadsheet for each priority.

The Key Informant Interview surveys were given in a Word document format. The surveys included key questions to learn about potential barriers and challenges Black/African-American and Hispanic/Latina women face when accessing breast cancer care. These were sent to interviewees and returned to the Community Profile Team via email upon completion.

After reviewing and analyzing focus group and key informant responses, the Community Profile Team coded answers with key words. Phrases such as “fear of metastasis,” “lack of insurance,” “time,” and “uncomfortable with medical providers” were used to organize focus group responses.

Codes like “knowledge deficit,” “sufficient patient navigation programs,” “fear,” and “prevention is a low priority” were used to divide key informant responses.

For codes that appeared frequently, the team chose corresponding topics as priority issues to address.

Major Findings: Focus Groups of the Priority Populations.

An analysis of all focus groups identified the following common themes broken down by topic:

- Barriers to Breast Health Services
 - Lack of comfort during mammograms
 - Fear of the screening process
 - Lack of insurance
- Education and Awareness
 - Groups would like to see more breast cancer outreach at local grocery stores
- Cultural Beliefs and Behaviors
 - Importance of prayer
 - Fear keeps women from getting care
- Health Disparities
 - Diabetes
 - High blood pressure
- Survivorship
 - Need culturally-appropriate support groups

Differences arose in the responses of the Priority Populations in regard to Barriers, Education and Awareness, Cultural Beliefs and Behavior and Survivorship.

Priority 1- Black/African-American Women acknowledged the following unique themes:

Barriers to Breast Cancer Services

- Lack of transportation
- Feel insurance status affects treatment by health care staff

Priority 2- Hispanic/Latina Women identified other exclusive themes:

- Barriers to Breast Cancer Services
 - Do not feel respected by health care staff
- Education and Awareness
 - Would like to see more breast cancer outreach at church
 - Need a greater emphasis on follow-up care after treatment
- Cultural Beliefs and Behaviors
 - Family comes before self
 - “Doctors should be seen when you’re sick”
- Survivorship
 - Childcare during treatment
 - Financial support for survivors
 - Greater education about available resources

A summary of focus group findings by Priority population may be found in Table 4.7.

Table 4.7. Focus group findings by Priorities 1 & 2

Barriers	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Uncomfortable with mammograms	Uncomfortable with mammograms
Fear of the screening process	Fear of the screening process
Lack of insurance	Lack of insurance
Lack of transportation	Do not feel respected by health care staff
Feel insurance status affects treatment by health care staff	
Education and Awareness	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Would like to see more breast cancer outreach at H-E-B	Would like to see more breast cancer outreach at H-E-B
	Would like to see more breast cancer outreach at church
	Need more follow-up care after treatment (emphasis)
Cultural Beliefs and Behaviors	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Prayer is important	Prayer is important
Fear keeps women from getting care	Fear keeps women from getting care
	Family comes before self
	“Doctors should be seen when you’re sick” (Preventative health attitudes still lacking)
Disparities	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Diabetes	Diabetes
High blood pressure	High blood pressure
Survivorship	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Need culturally appropriate support groups in the community (near their neighborhoods)	Need culturally appropriate support groups while going through treatment
	Childcare during treatment
	Financial support for survivors
	More education about available resources

Major Findings: Key Informant Responses

An analysis of all key informant answers identified the following common themes between Priorities 1 and 2:

- Barriers to Breast Cancer Services
 - Patients are unaware of local breast cancer resources
 - Patients have fear of the unknown and death
 - Preventative health in not a priority

- Employment status or financial issues keep some women from getting the care they need after a diagnosis
- Screening and Diagnostics
 - Transportation and non-permanent phone numbers make it difficult for some patients to keep appointments for additional screening
 - More information about mammograms may help patients feel more comfortable with screening
- Breast Cancer Education
 - Breast cancer information is provided in common areas, waiting rooms of facilities
 - Patients are provided with information about breast cancer programs
- Support
 - Patient navigation programs are provided to patients
 - Diagnosed patients are provided with information about support groups
- Survivorship
 - Most survivors tend to keep follow-up appointments after treatment.

A summary of common key informant responses for both priorities can be found in Table 4.8.

Table 4.8. Key informant response findings by Priorities 1 & 2

Barriers	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Patients are unaware of breast cancer resources.	Patients do not have adequate awareness of breast self-exams or breast cancer resources.
Patients have fear of the unknown, death and loss of breasts.	Patients have fear of diagnosis, side effects, losing job, losing husband, cost of treatment and death.
The cost of health care creates a barrier to care for breast cancer patients	The cost of health care creates a barrier to care for breast cancer patients.
Preventative health is not a priority.	Patients put family before self.
Employment status or financial issues keep some women from getting the care they need after a diagnosis.	Employment status or financial issues keep some women from getting the care they need after a diagnosis.
	Women tend to believe prayer and alternative medicine can heal cancer alone.

Screening and Diagnostics	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
More information about mammograms may help patients feel more comfortable with screening.	More information about mammograms may help patients feel more comfortable with screening.
Appointments for additional screening tend to get scheduled quickly.	Training technicians and physicians could alleviate the stress of getting mammograms.
Transportation, non-permanent phone numbers, lack of patient support system, and lack of insurance contribute to people being less likely to keep appointments for screening.	Transportation, non-permanent addresses and phone numbers make it difficult for some patients to keep appointments for additional screening.
	Making screening environments more comfortable and peaceful could ease anxiety while getting mammograms.
Breast Cancer Education	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Breast cancer information is provided in common areas, waiting rooms of facilities.	Breast cancer information is provided in common areas, waiting rooms of facilities.
Patients are provided with information about breast cancer programs.	Patients are provided with information about breast cancer programs.
Support	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Patient navigation programs are offered to patients.	Patient navigation programs are offered to patients.
Diagnosed patients are provided with information about support groups.	Diagnosed patients are provided with information about support groups.
Survivorship	
Priority 1-Black/African-American Women	Priority 2-Hispanic/Latina Women
Most survivors tend to keep follow up appointments after treatment.	Most survivors tend to keep follow up appointments after treatment.

Qualitative Data Findings

Through the use of eight focus groups and 15 key informant interviews, the Community Profile Team found that in addition to socioeconomic factors that put priority populations at-risk for later stage breast cancer and death, other issues exist.

Based on these data, the following topics were selected as areas for further questioning from the Quantitative Data Report:

1. Access to Care
2. Barriers
3. Education/Awareness
4. Cultural Beliefs/Behaviors
5. Disparities
6. Survivorship

For Priority 1, Black/African-American women indicated that the lack of insurance and transportation, prevalence of fear make accessing breast cancer services difficult. In addition, participants said that insurance status affects the way medical staff treat patients, and that more support groups in the area they live are lacking.

For Priority 2, Hispanic/Latina women shared that many in the community are not accustomed to seeing health care providers before medical problems occur. Poor treatment by medical staff for the uninsured, lack of sufficient education outreach of available resources and more support during treatment (e.g. childcare, culturally appropriate support groups, financial assistance, etc.) are reasons women delay care and seek preventative screening. Tables 4.9 and 4.10 provide overviews of Priority 1 and 2 demographic breakdowns:

Table 4.9. Demographic breakdown of target communities comprising Priority 1

	Black	Education	Employment	Insurance	Language	Medically Underserved	Poverty	Older
ZIP code 78109	X							
ZIP code 78150	X							
ZIP code 78202	X	X	X	X	X	X	X	
ZIP code 78203	X	X		X	X	X	X	
ZIP code 78218	X		X			X		
ZIP code 78219	X	X	X			X	X	
ZIP code 78220	X	X	X			X	X	X
ZIP code 78222	X					X	X	
ZIP code 78234	X							
ZIP code 78235	X					X		
ZIP code 78239	X					X	X	
ZIP code 78244	X		X					

For Priority 1, areas with high populations of Black/African-American women were noted. Poverty, employment and medically underserved areas among these zip codes made up the initial reasons the Community Profile Team chose them.

Table 4.10. Demographic breakdown of target communities comprising Priority 2

	Hispanic	Education	Employment	Foreign	Insurance	Language	Medically Underserved	Poverty	Older	Rural
Zip Code 78002	X	X	X		X	X	X			X
ZIP code 78073	X	X	X		X	X	X			X
ZIP code 78112	X	X					X			X
ZIP code 78201	X	X	X	X	X	X	X	X		
ZIP code 78202	X	X	X		X	X	X	X		
ZIP code 78203	X	X	X		X	X	X	X		
ZIP code 78204	X	X	X	X	X	X		X		
ZIP code 78205	X	X	X			X	X	X	X	
ZIP code 78207	X	X	X	X	X	X	X	X		
ZIP code 78208	X	X	X	X	X	X	X	X		
ZIP code 78210	X	X	X		X	X	X	X		
ZIP code 78211	X	X	X		X	X	X	X		
ZIP code 78212	X	X					X		X	
ZIP code 78214	X	X	X			X	X	X		
ZIP code 78215	X			X	X		X	X		
ZIP code 78218	X						X			
ZIP code 78219	X	X					X	X		
ZIP code 78220	X	X					X	X		
ZIP code 78221	X	X	X	X	X	X	X	X		X
ZIP code 78222	X	X					X	X	X	
ZIP code 78223	X	X						X		
ZIP code 78224	X	X	X	X		X	X			
ZIP code 78225	X	X	X			X		X	X	
ZIP code 78226	X	X	X		X	X		X		
ZIP code 78227	X	X	X			X	X	X		
ZIP code 78228	X	X	X			X		X		
ZIP code 78237	X	X	X		X	X		X		
ZIP code 78242	X	X	X		X	X		X		

Originally, zip codes with the highest percentages of Hispanic/Latina women were analyzed. The prevalence of lower education, employment, insurance and language issues, as well as higher medically underserved and poverty percentages among these areas, resulted in their selection as Priority 2. The Health Systems Analysis showed the availability of breast cancer resources in both priority areas.

As Figure 4.3 indicates, breast cancer health care options for Priority 1 communities are sparse. Treatment and Support/Survivorship services are non-existent within the areas and the team faced challenges locating culturally appropriate programs.

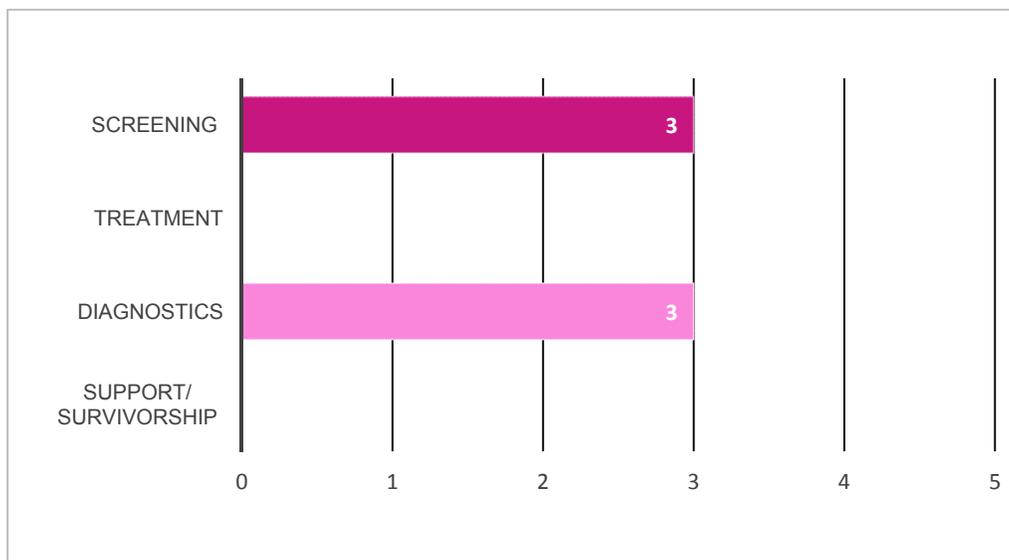


Figure 4.3. Available breast cancer services in Priority 1

For Priority 2, a larger proportion of breast cancer services are available. However, 72 percent makes up screening and diagnostic programs for underserved people; the amount of programs offered for support/survivorship and treatment are limited.

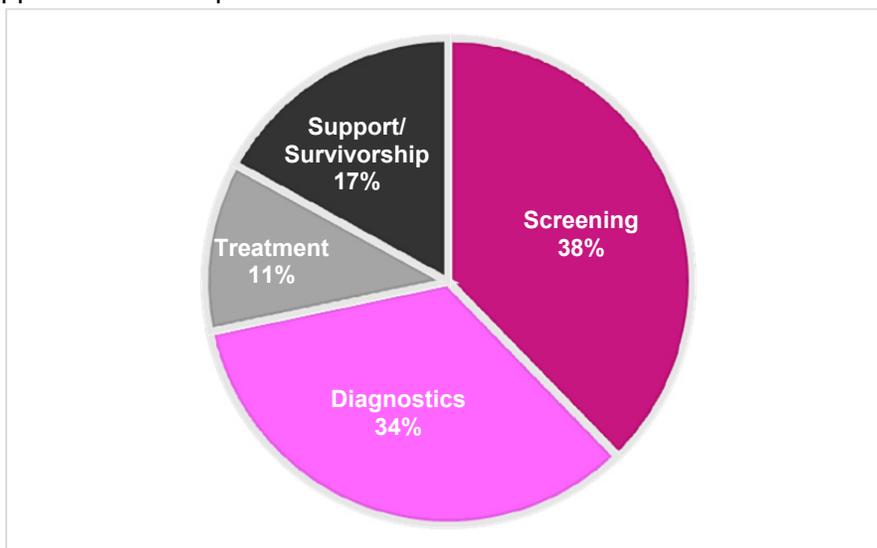


Figure 4.4. Available breast cancer services in Priority 2

Strengths and weaknesses of data sources and methods

- The team experienced lower numbers of Priority 1 (Black/African-American Women) focus group participants
- Constraints on staff and intern time did not allow for another set of focus groups which would have targeted Spanish-speaking only women in Priority 2
- Lower numbers of key informant participants for both priorities provide a limited outlook of provider and community health worker perspectives. It was difficult to obtain data from informants and communication involved more time
- Difficult to find health care professionals with focus of serving Black/African-American women in the Priority 1 areas
- Key informant participants were experienced in the breast cancer community
- The use of resources such as H-E-B gift cards to cover meeting refreshments and SeaWorld tickets as incentives for attendance resulted in more women attending focus groups
- Focus groups consisted of women with various backgrounds and demographics

Mission Action Plan

Breast Health and Breast Cancer Findings of the Target Communities

Quantitative Data Overview

Community Profile Priority 1

The first target community consists of areas with high percentages of Black/African-American women, who have a greater risk of breast cancer death and late-stage diagnosis. In order to meet the death rate goal set by HP2020 (see Healthy People 2020 Forecasts, page 22), the Affiliate selected this population as a target priority. In the Quantitative Data Report, Table 2.1 indicates Black/African-American women in Bexar County have higher death rates compared to other ethnicities (27.4 per 100,000). The death rate among this group is also higher than Texas and the US.

- **Late-stage diagnosis rates are higher in Black/African-American women in comparison to White, Hispanic/Latina, Non-Hispanic/Latina, Asian and Pacific Islander (API) and American Indian and Alaskan Native (AIAN) populations, as indicated in Table 2.1 (45.5 per 100,000).**
- **The Bexar County zip codes with higher Black/African-American populations include: 78109, 78150, 78202, 78203, 78218, 78219, 78220, 78222, 78234, 78235, 78239 and 78244. Many of these areas are considered medically underserved with higher poverty percentages and lower education levels.**
- Initially, zip codes 78236 and 78243, located on the west side of San Antonio, were identified as priority sites; however, they are positioned at Lackland Air Force Base. Based on security clearance and timing challenges, the Affiliate excluded 78236 and 78243 from the priority areas. The Community Profile Team also concluded that demographic data in these populations apply to many women who do not reside in the Komen San Antonio service territory. Therefore, further investigation into these communities could lead the Affiliate away from drawing accurate conclusions that are representative of Bexar County. Exploring military health care systems might also minimize the focus of underserved residents in the San Antonio area.

Community Profile Priority 2

The second target community focuses on Hispanics/Latinas in medically underserved areas who have higher risk for late-stage breast cancer and death due to population characteristics.

According to Table 2.5 (found in the Quantitative Data Report, Bexar County has higher rates of people without a high school education, compared to the US. The county also has higher rates of people living below 100 percent of the poverty level in relation to the state and national rates. Compared to state and national percentages, the Affiliate service area has a higher rate of people ages 40-64 living below 250 percent of the poverty level.

- **Targeted zip codes for Hispanics/Latinas include: 78002, 78073, 78112, 78201, 78202, 78203, 78204, 78205, 78207, 78208, 78210, 78211, 78212, 78214, 78215, 78218, 78219, 78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78237 and 78242.**

- Residents in these areas have higher rates of uninsured people with less than a high school education and income below the poverty level. These population characteristics and socioeconomic factors lead to increased risk for late-stage diagnosis and death.

Health Systems Analysis and Public Policy Overview

The Community Profile priorities possess a substantial amount of breast cancer screening and diagnostic services for the insured and uninsured/underinsured. Many of the Federally Qualified Health Centers (FQHC) including CentroMed and CommuniCare, as well as the hospital systems, offer navigation services to assist patients through the Breast Cancer Continuum of Care.

Priority 1

A lack of treatment providers exist in Priority 1 zip codes and bordering areas, with few resources for treatment support and support/survivorship assistance. The Affiliate did not identify any financial assistance programs for treatment and only one agency, SLEW Wellness Center, in the area offers aftercare services to breast cancer patients and survivors. SLEW provides comprehensive support such as counseling, lymphatic drainage, lymphatic supplies, side effect management, complementary therapies and breast prostheses—and remains the only program of its kind in Bexar County.

Priority 2

Priority 2 also faces limited treatment support and support/survivorship care. Three out of 29 providers offer treatment services; the Affiliate identified three agencies that offer financial aid for treatment and breast cancer care through co-pay assistance, sliding scale fees (University Health System CareLink) and comprehensive coverage. WINGS is the only agency that provides full financial coverage for breast cancer treatment for women in need, who do not qualify for Medicaid for Breast and Cervical Cancer services.

Both priorities face treatment, treatment support and support/survivorship gaps in the Continuum of Care. Assistance programs for breast cancer reconstructive surgery were not identified, and only one agency offers comprehensive aftercare services including side effect management or complementary therapies. Exercise/nutrition and individual counseling programs are available, but limited with only three providers offering services for areas near priorities 1 and 2. Residents could benefit from more treatment assistance programs and aftercare options.

Current Public Policy Work

Susan G. Komen San Antonio is part of the Komen Texas Advocacy Collaborative (KTAC) comprised of mission representatives from Texas Affiliates. KTAC Affiliates maintain relationships with local and federal elected officials to ensure Komen's policy priorities are reinforced. The Collaborative advocates for legislation that will ease the breast cancer burden on Texas women and ensure timely access to screening and treatment.

The KTAC Public Policy Leadership Committee monitors policy updates and opportunities to support issues that fulfill Komen's national and state legislative priorities.

Komen Texas Affiliates will strengthen the Collaborative structure through more active public policy roles, especially with volunteers willing to support KTAC's legislative goals. Future goals include working with more cancer and health coalitions to learn about patient issues and to develop a larger advocacy presence at the State Capitol.

Qualitative Data Overview

Major Findings: Focus Groups of the Priority Populations

Eight focus groups were conducted for both priority areas. Questions related to breast cancer knowledge, challenges to getting health care, cultural beliefs and health care reform.

An analysis of all focus groups identified the following common themes broken down by topic:

- Barriers to Breast Health Services
 - Lack of comfort during mammograms
 - Fear of the screening process
 - Lack of insurance

- Education and Awareness
 - Groups would like to see more breast cancer awareness efforts at local grocery stores

- Cultural Beliefs and Behaviors
 - Importance of prayer
 - Fear keeps women from getting care

- Health Disparities
 - Diabetes
 - High blood pressure

- Survivorship
 - Need culturally-appropriate support groups

Differences arose in the responses of the priority populations in regard to barriers, education and awareness, cultural beliefs and behavior, and survivorship.

Major Findings: Key Informant Responses

The Community Profile Team gathered Key Informant Interviews from medical and community professionals from the target areas. Participants completed documents with questions about their perspectives of the chosen populations and perceived challenges to administering cancer education and care.

An analysis of all key informant answers identified the following common themes between priorities 1 and 2:

- Barriers to Breast Cancer Services
 - Patients are unaware of local breast cancer resources
 - Patients have fear of the unknown and death
 - Preventative health is not a priority

- Employment status or financial issues keep some women from getting the care they need after a diagnosis
- Screening and Diagnostics
 - Transportation and non-permanent contact information make it difficult for some patients to keep appointments for additional screening
 - More information about mammograms may help patients feel more comfortable with screening
- Breast Cancer Education
 - Breast cancer information is provided in common areas, waiting rooms of health care facilities
 - Patients are provided with information about breast cancer programs
- Support
 - Patient navigation programs are provided to patients
 - Diagnosed patients are provided with information about support groups
- Survivorship
 - Most survivors tend to keep follow-up appointments after treatment.

Mission Action Plan

Based on feedback from the community, through quantitative and qualitative data, the following needs and responses were developed:

Priority 1: Black/African-American Women

Problem Statement: Black/African-American women in Bexar County have higher death rates compared to other ethnicities (27.4 per 100,000). **The death rate among this group is also higher than that of Texas and the US.** Late-stage diagnosis rates are also greater in Black/African-American women in comparison to White and Hispanic/Latina populations (45.5 per 100,000).

The Bexar County zip codes with higher Black/African-American populations include: 78109, 78150, 78202, 78203, 78218, 78219, 78220, 78222, 78234, 78235, 78239 and 78244. Many of these areas are considered medically underserved with higher poverty and lower education levels.

Priority: Black/African-American women in eastern Bexar County need more information about available resources for cancer care, affordable health care and community-based support services.

Objective 1: Partner with local grocery stores starting in 2016 for recurring family community events that feature fun attractions, health care program vendors and

interactive health education at locations in priority areas.

Objective 2: Encourage cancer support organizations to apply for Komen San Antonio grant funding for co-pay assistance programs for breast cancer patients, through the 2016-2017 Request for Applications.

Objective 3: By May 2016, use Facebook to develop a Komen and breast cancer resource presence, through advertisements targeting priority zip codes, and the creation of community groups. (Facebook community bulletin).

Objective 4: By October 2016, work with agencies in San Antonio's eastside to develop a support group targeted to Black/African-American breast cancer patients and survivors seeking help in their neighborhoods.

Priority 2: Hispanic/Latina Women

Problem Statement: Hispanics/Latinas in medically underserved areas have higher risk for late-stage breast cancer and death due to population characteristics. Bexar County has higher rates of people without a high school education, compared to the US.

The county also has higher rates of people living below 100 percent of the poverty level in relation to the state and national rates. Compared to state and national percentages, the Affiliate service area has a higher rate of people ages 40-64 living below 250 percent of the poverty level.

Targeted zip codes for Hispanics/Latinas include: 78002, 78073, 78112, 78201, 78202, 78203, 78204, 78205, 78207, 78208, 78210, 78211, 78212, 78214, 78215, 78218, 78219, 78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78237 and 78242.

Priority: Hispanic/Latina women throughout central, south and east San Antonio face more barriers to preventative health and need community-based information about where to get health care.

Objective 1: Encourage agencies to include childcare in grant requests for the 2016-2017 grant cycle as part of their breast cancer outreach programs, so more women can access health care services.

Objective 2: Partner with local grocery stores starting in 2016 for recurring family community events that feature fun attractions, health care program vendors and interactive health education at locations in priority areas.

Objective 3: Encourage health support organizations to apply for Komen San Antonio grant funding for co-pay assistance programs for breast cancer patients, through the 2016-2017 Request for Applications.

The priorities and objectives mentioned above are suggestions directly from women in areas of San Antonio that demonstrate highest need. These objectives require support from Affiliate volunteers, grantees and collaborators most familiar with the communities. The Affiliate's community programming and outreach will be focused on working in these areas.

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