

# Health Systems and Public Policy Analysis

## Health Systems Analysis Data Sources:

Komen Dallas County conducted an extensive assessment to identify breast health services available to constituents in their service area. The Community Profile Team used online search portals that provided detailed information on community health centers, free clinics, hospitals, accredited breast care centers, and local health departments. Additionally, the Affiliate used existing organizational resource listings, the Komen Grants eManagement System, and internet searches to identify organizations providing breast health and breast cancer services to Dallas County residents. The open access databases searched included:

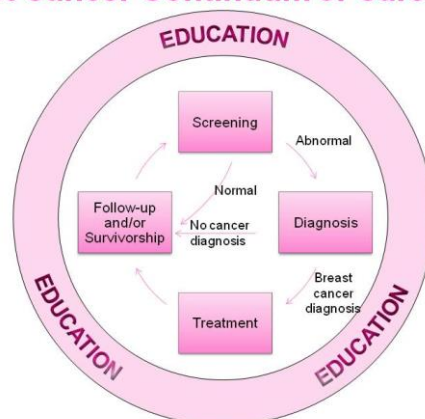
- American College of Radiology Centers of Excellence
- American College of Surgeons National Accreditation Program for Breast Centers
- American College of Surgeons Commission on Cancer
- Lone Star Association of Charitable Clinics Directory
- National Cancer Institute Designated Cancer Centers
- National Association of County and City Health Officials Directory of Local Health Departments
- U.S. Center for Medicare Services (CMS) Hospital Search
- U.S. Food & Drug Administration (FDA) Mammography Facility Database
- U.S. Health Resources and Services Administrations (HRSA) Health Centers and Look-Alikes Directory

After identifying potential sites to include in the analysis through these databases and online searches, contact information along with the services provided at each location were confirmed through a review of the organization's website and a verification phone call. Organizations not providing breast health services were excluded from the assessment. The findings from this detailed search were compiled and available services were evaluated by type, location, comprehensiveness of offerings, and quality of care indicators. Using the diagram of the Breast Cancer Continuum of Care (CoC) (Figure 4), the team then reviewed the findings for each target community in terms of potential gaps in services, and other barriers to access, in particular, geography.

## Health Systems Overview

**Figure 4. The Breast Cancer Continuum of Care**

### Breast Cancer Continuum of Care (COC)



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. 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, she would enter the CoC by getting screened for breast cancer with a clinical breast exam (CBE) and/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 information to encourage women to get screened and reinforcing the need to continue routine screening thereafter.

If the screening test results are abnormal, 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, breast MRI, or biopsy. If the tests are negative (or benign) and breast cancer is not found, she would go into the follow-up loop, and return for screenings 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 the information provided. Education can empower a woman and help her to manage anxiety and fear.

If breast cancer is diagnosed, a woman would ideally proceed quickly to treatment. Education can cover such topics as treatment options, how a pathology report determines her 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 begin after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include: navigating insurance issues, locating financial assistance, and managing symptoms, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics including: making healthy lifestyle choices, long-term effects of treatment, managing side effects, the importance of follow-up appointments, and communication with providers. Most women will return to screening at a recommended interval after treatment ends or during treatment for some women (such as those taking long-term hormone therapy).

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

### Dallas County

The Community Profile Team began the Health Systems Analysis by looking at resources available in the Affiliate service area as a whole. Dallas County is resource rich with 98 organizations providing direct breast health services for those in need, including 12

organizations that offer the full continuum of breast cancer services housed within a single organization. Patients at these facilities are able to receive breast cancer screening, diagnostic testing, treatment, and support services seamlessly within one entity. The locations providing a full continuum of breast cancer services are: Baylor Medical Center at Carrollton, Baylor Medical Center at Garland, Baylor Medical Center at Irving, Baylor University Medical Center, Dallas VA Medical Center, Medical City Hospital, Methodist Charlton Medical Center, Methodist Dallas Medical Center, Methodist Richardson Medical Center, Parkland Health & Hospital System, Texas Health Resources Presbyterian Hospital of Dallas, and UT Southwestern Simmons Cancer Center, the only National Cancer Institute (NCI) designated cancer center in the Affiliate's service area.

Categorizing the organizations into the specific offerings along the CoC, the Community Profile Team identified 73 locations offering breast cancer screenings - 24 offering both screening mammograms and clinical breast exams, 19 offering only clinical breast exams, and 30 offering only screening mammograms. Dallas County is home to four mobile mammography units that travel the 871 square miles of the county in addition to serving neighboring counties. The mobile mammography units are owned and managed by Baylor Health Care System, Methodist Health System, Parkland Health & Hospital System, and UT Southwestern. For patients who receive an abnormal result from their screening mammogram, there are 42 locations in Dallas County offering breast cancer diagnostic testing. Patients with a breast cancer diagnosis can choose among 27 entities offering breast cancer treatment options and 43 organizations offering some form of survivorship support.

### Cedar Hill

While Dallas County offers an abundance of resources, these resources are concentrated in areas outside of the Affiliate's target areas located in the southern sector of the county. Cedar Hill is home to two organizations that offer breast health services of any kind. Women living in Cedar Hill have the option to have a clinical breast exam or a screening mammogram within their community. Planned Parenthood of Greater Texas Cedar Hill Health Center offers women clinical breast exams on-site. As a Texas Breast and Cervical Cancer (BCCS) provider, Planned Parenthood can refer eligible women for no-cost screening mammograms and diagnostic testing at other partner locations (Texas Department of State Health Services, 2014). Additionally, as a BCCS provider, Planned Parenthood can help eligible women with a breast cancer diagnosis apply for the state Medicaid for Breast and Cervical Cancer program (MBCC). Baylor Breast Imaging Center at Cedar Hill offers digital screening mammograms and is an American College of Radiology Breast Imaging Center of Excellence. Women screened at this clinic that receive an abnormal result are referred to imaging facilities in Southeast or Northeast Dallas (see Figure 1).

Women living in Cedar Hill are not able to access the full CoC within their own community. Without nearby locations to receive breast health services, women may need to take additional hours off work, spend additional time and money traveling for appointments, and/or find childcare to cover the additional time needed to attend appointments, amongst other barriers that may arise. For breast cancer patients this extra travel time compounded with the fatigue from treatment can make adherence to their recommended treatment more challenging. For women without their own means of transportation, access to care becomes even more difficult, as no public transportation bus or rail routes are located in Cedar Hill (Dallas Area Rapid Transit (DART), 2013).

Overall, the breast health services available in Cedar Hill are a weakness for women living in the community. There is only one location where a woman can have a screening mammogram and if her insurance is not accepted there or the cost is prohibitive, she must travel outside of her community to be screened. Uninsured and underinsured women living in Cedar Hill have access to a Planned Parenthood clinic for clinical breast exams and referrals for mammograms and diagnostics as needed; however, they would need to travel to other parts of the county to receive these services. The lack of public transportation only adds an additional layer of challenges for women seeking breast health services.

To address the gaps in services available in Cedar Hill, the Affiliate will have to work with other organizations to achieve change. The Affiliate is a member of the District 3 Public Health Advisory Council, which is focused on the health needs of the southern sector of Dallas County. Membership on this council allows the Affiliate the opportunity to network with other health agencies working in these communities and to stay abreast of local programs and happenings that may offer the potential for collaboration. The Affiliate will work with its community grant recipients and address the need for increased mobile mammography outreach in Cedar Hill. During the most recent grant cycle, Komen Dallas County funded four mobile mammography events in Cedar Hill. The Affiliate will explore with its grantees how this outreach can be increased, if through qualitative data exploration this proves a need. Additionally the Affiliate can begin a dialogue with imaging providers in the county to discuss the dearth of services available in the southern sector.

Cedar Hill is a new area of focus for the Affiliate and at this time the appropriate organizations and community leaders to partner with is unknown. During its qualitative data exploration, the Community Profile Team will seek to identify new partnerships in the community through key informant interviews and focus groups. Potential partners for future collaboration and community outreach include the Cedar Hill Recreation Center, African American sororities, and area churches.

### DeSoto Lancaster

The city of DeSoto has one organization, Advanced Imaging, providing breast health services within the community boundaries. Advanced Imaging provides screening mammograms and diagnostic services including: diagnostic mammograms, breast MRI, ultrasounds, and biopsies. Women living in the city of Lancaster have no local breast health resources and must travel outside of their home community to receive any service – from a clinical breast exam to breast cancer treatment. The Komen Dallas County grantees hosted five mobile mammography events funded by the Affiliate in DeSoto Lancaster during the most recent grant cycle.

For underserved women without access to their own means of transportation, this lack of services is compounded by the fact that there are no available bus or rail routes in DeSoto (DART, 2013). Women living in Lancaster have access to one bus route (DART, 2013). Using the Google (2014) transit tool online, the Community Profile Team studied the travel time to Methodist Charlton Medical Center, the nearest hospital offering services. Once a woman arrives at a stop along the only bus route available in Lancaster, her travel time is expected to be one hour and 37 minutes and includes one transfer. For a woman unable to access services at this hospital due to insurance coverage or cost, travel to Parkland Health & Hospital, the county's tax-supported hospital, is estimated to be one hour and 51 minutes with two transfers and a half-mile walk. These examples are provided to illustrate the challenges that a lack of local services and a lack of a personal automobile can cause for a woman seeking a screening

or diagnostic test, to say nothing of a woman seeking radiation treatment for breast cancer undergoing this trek five days a week, for multiple weeks in a row.

DeSoto Lancaster's available breast health services are a major weakness for women living in this community as there are so few local services available. In addition to all of the demands on a woman's time and finances, a lack of local resources only makes it harder for women to adhere to the steps identified in the Breast Cancer Continuum of Care. The access and availability of services is yet another barrier that must be overcome in order to ensure women in this community are able to receive the necessary care to reduce the late stage diagnosis and breast cancer mortality rates experienced in this community.

The Affiliate will need to align with organizations with similar goals to improve the health of women living in DeSoto Lancaster in order to achieve change that results in the elimination of the breast health disparities experienced by women in this community. DeSoto Lancaster lies within the area served by the District 3 Public Health Council described above. Similar to Cedar Hill, DeSoto Lancaster is a new area of focus for Komen Dallas County. The Community Profile Team will work to identify potential organizations and key leaders through qualitative data collection. In addition to the activities described above, the Affiliate will work with current grantees and imaging providers to improve service delivery in DeSoto Lancaster. Other potential partners include the Lancaster Recreation Department, African American sororities, area churches, and Crescent Medical Center Lancaster, an eighty-four bed acute care general hospital not currently offering any breast health services.

### South Dallas

South Dallas is home to three organizations offering services along the full CoC: Methodist Charlton Medical Center, Methodist Dallas Medical Center, and the Dallas VA Medical Center. Methodist Dallas and Methodist Charlton are both American College of Radiology Breast Imaging Centers of Excellence. Methodist Dallas Medical Center and the Dallas VA Medical Center received the American College of Surgeons Commission on Cancer accreditation. Methodist Dallas is also a member of National Accreditation Program for Breast Centers (NAPBC). It is important to note that patients at the Dallas VA Medical Center must meet the eligibility requirements set forth by the U.S. Department of Veterans Affairs.

In addition to the hospitals offering services along the full continuum, South Dallas is home to three organizations offering clinical breast exams and one site that provides screening mammograms in addition to CBE for a total of seven local screening providers. There are not any providers of diagnostic testing or breast cancer treatment outside of the three hospitals described above. The Women's Health Boutique provides support services for side effect management in the form of wigs, scarves, and prosthetics. The majority of South Dallas residents have access to bus and rail routes offered by Dallas Area Rapid Transit (DART, 2013). During the 2013 - 2014 community grant cycle, Komen Dallas County grantees hosted 34 mobile mammography events in South Dallas using Affiliate funds.

The presence of three hospitals offering the full continuum of breast cancer services is a great strength for the community of South Dallas. However, the Dallas VA Medical Center is only available to veterans meeting specific eligibility criteria. Additionally, because South Dallas spans a vast geographic area, access to Methodist Dallas and Methodist Charlton may be challenging for women not living in close proximity to these hospitals.

The presence of multiple locations to receive a screening and enter into the continuum is another strength of this community. However, these services are clustered in the northern reaches of South Dallas and are a considerable distance from those women living in the outer boundaries of this community. South Dallas is the most economically disadvantaged of the three target communities in terms of income and insurance status. As such, access to resources to pay for and facilitate receiving care (child care, paid-time off benefits through an employer, ownership of a personal vehicle) is likely to be a barrier for the women of South Dallas.

South Dallas has been a focus of the Affiliate's community outreach and funding priorities since 2006 based on the findings of earlier Affiliate Community Profile reports. The Affiliate is fortunate to have a network of relationships in South Dallas due to this history. The Affiliate serves on the UNT Health Science Center Dallas Cancer Disparities Research Coalition - Community Advisory Board. This coalition's work began in South Dallas and has since spread to the rest of the county. The District 3 Public Health Council is a key partner for the Affiliate's work in South Dallas, in addition to: the Urban League of Greater Dallas and North Central Texas, Bluitt-Flowers Community Oriented Primary Care Clinic, Foremost Family Health Clinic – Martin Luther King, Jr., and the Affiliate's community grant recipients.

The Affiliate will work to continue to nurture and develop these existing relationships while identifying new avenues for partners through the qualitative data collection process. Potential groups to work with include area YMCAs, the Dallas Parks and Recreation Department, African American sororities, and area churches. The findings from the qualitative data collection and analysis will ultimately inform the future direction of the Affiliate.

## **Public Policy Overview**

### **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**

To improve access to screening, the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which directed the Centers for Disease Control and Prevention (CDC) to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (CDC, 2014). Currently, the NBCCEDP funds all 50 states, the District of Columbia, five U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer. The program helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services. These services include: clinical breast exams, mammograms, pap tests, pelvic exams, Human papillomavirus (HPV) tests, diagnostic testing if screening results are abnormal, and referrals to treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women who are diagnosed with cancer in the NBCCEDP access to treatment through Medicaid. To date, all 50 states and the District of Columbia have approved this Medicaid option (CDC, 2014).

The Texas Department of State Health Services Breast and Cervical Cancer Services (BCCS) program is funded by a mix of resources from the Centers for Disease Control and Prevention (CDC), the Temporary Assistance for Needy Families (TANF) program, and state general revenue. CDC funds are allocated from federal cancer prevention and control programs for state, territorial, and tribal organizations. Texas opts to convert a portion of its federal 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. The funding from the state general revenue is allocated by the Texas legislature.

BCCS services are provided through contracts with local health departments, community-based organizations, private non-profit 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>. As of the writing of this report, the two BCCS providers in Dallas County are Parkland Health & Hospital System and Planned Parenthood of Greater Texas.

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% 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

**Figure 5. 2014 Federal Poverty Income Guidelines  
All States (Except Alaska and Hawaii) and D.C.**

<b>Family Size</b>	<b>200% of Poverty Guideline</b>
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

Source: Center for Medicaid and CHIP Services (CMCS), 2014

BCCS contracted health clinics are the gateway to cancer treatment and determine a woman’s eligibility for the Texas Department of State Health Services 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; and 3) send all the documents to DSHS for review of the qualifying diagnosis.

To be eligible 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.](http://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 U.S. citizen or qualified alien.

To enroll, a woman must contact a BCCS contractor in her area. The 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 will make the final Medicaid eligibility determination.

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 in order for the woman to be eligible for Medicaid.

The Public Policy Committee of the Komen Texas Advocacy Collaborative (KTAC) maintains communication with the Texas Breast and Cervical Cancer Services (BCCS) program, run by the Department of State Health Services. BCCS provides budget, service and policy updates to KTAC as needed, and is aware of the Collaborative's goals of advocating for the uninsured in Texas and all people affected by breast cancer. The Collaborative's relationship with BCCS is new. Susan G. Komen® Headquarters managed this relationship in the past, but with recent advocacy program changes at the national level, KTAC is taking over the responsibility of communicating and working with the agency to ensure advocacy interests are met.

The KTAC Public Policy Committee is working to develop a relationship with Medicaid, through the Texas Health and Human Services Commission, in order to stay informed of changes with MBCC and other policy changes of interest to the mission of Komen.

The advocacy efforts of KTAC for the next four years include increasing communication with the BCCS program and learning methods of how Komen can be helpful in ensuring BCCS serves more of the working poor. While this program is vital, it alone cannot meet the need in the state and the program currently serves only six percent of eligible women. In Dallas County, during the BCCS funding cycle that ran July 1, 2012 – August 31, 2013, BCCS provided 1,026 screenings and diagnosed 15 breast cancers. Between April 1, 2013 and March 31, 2014, Komen Dallas County funded 4,437 mammograms and the detection of 65 cancers through its community grants program. This information is shared to illustrate the limited resources available to the women of Dallas County through BCCS and the need for additional support for the medically underserved.

#### State Comprehensive Cancer Control Coalition



In 2012, the Cancer Prevention and Research Institute of Texas (CPRIT) submitted the *Texas Cancer Plan* to the state's residents. The plan identifies the challenges and issues that affect Texas and presents a comprehensive set of goals, objectives, and strategic actions to help inform and guide communities in the fight against cancer (CPRIT, 2012).

The *Texas Cancer Plan* priority areas for 2012 - 2016 include:

- Decrease tobacco initiation and use, and exposure to secondhand smoke
- Increase screening and early detection for breast, cervical, and colon and rectum cancers
- Reduce pain and suffering from cancer through coordinated supportive care
- Reduce cancer health disparities
- Increase opportunities to access and participate in clinical trials

Specific to breast cancer, the *Texas Cancer Plan* (2012) has a stated goal to increase the proportion of early stage diagnosis through screening and early detection to reduce deaths from breast cancer. The objectives to achieve this goal are to increase the proportion of women who receive breast cancer screening according to national guidelines and to reduce the late-stage (regional and distant) diagnosis of breast cancer. Among the strategic actions to achieve these objectives are increasing and improving access to care by reducing structural and financial barriers and using evidenced-based interventions to provide education and decrease disparities. These objectives and strategies align with the work and overall goals of the Affiliate.

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

- Raise constituents' awareness about cancer prevention and control programs in your district and help establish new programs when needed
- Sponsor or support legislation and funding that promotes cancer research, prevention, and control
- Ensure that all Texans have access to health care and to screening and early detection services
- Ensure that tobacco settlement funds are used for reducing tobacco use and for cancer control purposes

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. The Cancer Alliance of Texas (CAT) exists to promote, enhance, and expand all public and private partners' efforts to implement the *Texas Cancer Plan* (Cancer Alliance of Texas, 2014). The aim of CAT is to advance cooperative efforts that focus on cancer prevention, early detection, screening, and other related or supportive efforts among the population of Texas, which advance the goals of the *Texas Cancer Plan*. Member Affiliates share responsibility of attending quarterly calls and updating KTAC on developments.

The Komen Texas Advocacy Collaborative goals related to the state cancer coalition are to encourage more Affiliates to become Cancer Alliance of Texas members and to integrate 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 increasing access to care.

### Affordable Care Act

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 from providers vary from county to county (U.S. Centers for Medicare Services, 2014). Texas did not expand Medicaid coverage for those with incomes up to 133 percent of the poverty level. Expansion would have increased access to breast health and breast cancer care for about 900,000 Texas women (Susan G. Komen, 2013). Medicaid Expansion could also mean an overall increase in economic activity through the infusion of federal funds for the program (Executive Office of the President, 2014).

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 Family Foundation, 2014). The Affordable Care Act (ACA) insurance mandate for individuals went into effect January 2014; its impact on the current uninsured rate is still being determined. The office of the U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation (2014) reports that 733,757 Texas residents enrolled for health insurance during the initial ACA open enrollment period (October 1, 2013 – March 31, 2014) through the Health Insurance Marketplace. Enrollment numbers outside of the marketplace through both individual and employer plans is unknown.

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

The impact of health reform for health care providers varies among states, with some exchange plans offering a larger network of providers. Currently, challenges exist for patients with lower-cost exchange plans attempting to access specialty care like oncology (Feibel, 2014). Those with lower incomes tend to choose exchange plans with lower premiums and higher deductibles resulting in problems affording care when a health issue arises. Some consumers face cultural barriers and literacy challenges to understanding plans (Sun, 2014).

Texas has the highest rate of uninsured people in the nation. According to the Kaiser Family Foundation (2014), 53 percent of the uninsured population in Texas report being uninsured for at least five years and 31 percent of the uninsured report never having coverage in their lifetime. Looking at the uninsured in Texas, 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, 2014). The Affordable Care Act provisions for 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 healthcare access for those who fall in the coverage gap in Texas. The federal health exchange provides tax subsidies to people making between 100 percent and 400 percent of the poverty level to help offset insurance costs through the marketplace (Internal Revenue Service, 2014).

Increased community outreach efforts may 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, 2014). However, with over one million uninsured people in the state who are unable to access affordable insurance even with Affordable Care Act provisions and tax credits, health care centers and nonprofits will continue to serve a large population in need. The overall impact of the Affordable Care Act in Texas on the uninsured will take time. In the meantime, thousands of women will still need breast cancer screening, treatment, education, and aftercare services.

With Texas electing not to expand Medicaid coverage, the Affiliate's grantees have not indicated any change in their current outreach or patient demographics. The prevalence of access to care issues means that the Texas Komen Affiliates will continue to serve high volumes of uninsured and underinsured constituents through community-based grants. Working in collaboration with Affordable Care Act outreach programs, Komen Dallas County might be able to use grant funding more efficiently by ensuring that those without insurance options receive resources and that those eligible for subsidies through the Health Insurance Marketplace are able to enroll and begin taking advantage of preventive cancer screenings. Komen Dallas County may consider including ACA information as part of their outreach efforts to ensure women know of the law's inclusion of mammography as a covered benefit for general audiences, and more specific information about lifetime caps and pre-existing condition changes for survivors.

### Affiliate's Public Policy Activities

Most KTAC Affiliates, including Komen Dallas County, maintain relationships with local and federal-level elected officials to ensure Komen's policy priorities are reinforced, and have become comfortable contacting policy makers. At Komen Dallas County, the primary method of communication is through mailed correspondence several times a year and, as resources allow, face to face meetings. Komen Dallas County has hosted legislative events to promote breast cancer awareness with local legislators and secure their support of Komen. The Affiliate will continue to host these events in the future as opportunities that fit with the mission and strategic goals of the organization arise.

The Collaborative convenes 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. Komen Dallas County is a member of both the Collaborative and the Public Policy Committee.

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 in the state.

### Health Systems and Public Policy Analysis Findings

Overall, Dallas County has a strong foundation in place to build upon to meet the needs of women in the target communities of Cedar Hill, DeSoto Lancaster, and South Dallas. There are gaps in the Continuum of Care and barriers to care that will require collaborative solutions to resolve. There is promise that gaps in the provision of screenings in the targeted areas can be addressed by the four mobile units already operational in the county. Increasing access to diagnostic testing and breast cancer treatment will be more challenging to address since these services are almost always provided in stationary locations that require large investments of capital. Diminishing barriers related to transportation and hours of operation may prove to be an effective medium-term solution until new facilities open in the target areas.

The Affiliate's existing relationships with its grantees and membership on the District 3 Public Health Council and the UNT Health Science Center Dallas Cancer Disparities Research Coalition Advisory Boards will continue to be integral in working to eliminate breast cancer mortality disparities in the target areas. The Affiliate will continue to nurture relationships with the Urban League of Greater Dallas and North Central Texas, Bluit-Flowers Community Oriented Primary Care Clinic, and the Foremost Family Health Clinic – Martin Luther King, Jr. location. African American sororities and the Dallas Black Chamber of Commerce are potential partners for future collaboration. Many area churches participate in the Affiliate's annual Komen Dallas Race for the Cure®. Engaging with these churches more consistently with mission-based communication will be a potential strategy for the Affiliate to pursue. Cedar Hill and DeSoto Lancaster are new areas of focus for the Affiliate and partnerships will be imperative to having an impact in these communities.

The qualitative data collected during key informant interviews and focus groups with community residents and breast cancer survivors in the next phase of the Community Profile will be critical in helping to identify the appropriate organizations and leaders for the Affiliate to partner with on this important task. Likewise, this information will inform the work the Affiliate undertakes to address health systems deficiencies. While the Community Profile Team has identified potential gaps and barriers in services offered through the Health Systems Analysis, these findings may not match the experiences of the women living and working in these communities.

The importance of public policy on breast health cannot be overstated. At the federal level, the power of policy can be seen through the NBCCEDP. This program has screened more than 4.5 million women since 1991 and diagnosed more than 62,121 breast cancers in women who otherwise may not have had access to such services (CDC, 2014). Since 1991, approximately 210,463 Texas women have been screened for breast cancer through the state BCCS program. During the 2011 - 2012 program year alone, 24,610 breast screenings were provided and 453 breast cancers were detected (BCCS, 2013). These BCCS services are vitally important to the medically underserved women in Texas, especially those women who live in an area not served by a Komen Affiliate that cannot access the Affiliate-funded community grant programs. In Dallas County, the Affiliate's grant funding alone cannot meet the growing demand for breast health services, nor can the BCCS program. Working together, these agencies can serve more women and work toward their common goal to prevent late-stage diagnosis and reduce breast cancer mortality.

A coalition of cancer organizations, survivors, and advocates championed a constitutional amendment, which was approved in 2007 establishing the Cancer Prevention and Research Institute of Texas (CPRIT) and authorizing the state to issue \$3 billion in bonds to fund groundbreaking cancer research, prevention programs, and services in Texas (CPRIT, 2014). Since 2010, CPRIT has funded 544 awards for cancer research, product development, and prevention. The total amount awarded thus far is \$1,020,947,235 (CPRIT, 2014). This investment would not be possible without the work of individual citizens and organizations collaborating to effect change at the policy level. Locally, this has resulted in 30 funded grants to Dallas-based organizations totaling a \$16,925,411 investment. This funding has brought programs offering lymphedema therapy, screenings, diagnostic tests, education outreach, genetic screening, patient navigation, and clinical research to the Dallas-Fort Worth Metroplex area.

Komen Dallas County will continue to maintain a line of communication with local officials to ensure they know the Affiliate is available to serve as a resource to them and their constituents. The Affiliate will work to ensure that elected officials are aware of the programs the Affiliate is

funding in the community, as well as the vital investment Komen is making into research institutions in the state of Texas. The Affiliate will share the impact of Komen locally and globally – through the stories of grant recipients, survivors, and co-survivors.

The Affiliate will promote the Komen Advocacy priorities to protect federal funding to ensure all women have access to lifesaving breast cancer screenings, the continued federal investment in cancer research, promote the passage of oral chemotherapy parity at the federal level, and the expansion of Medicaid coverage. Komen Dallas County will continue to be an active member of the Komen Texas Advocacy Collaborative, as the member Affiliates work to share a collective, united voice to advocate for the health of the medically underserved and breast cancer survivors in the state.