



# COMMUNITY PROFILE REPORT

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## **Disclaimer**

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## **Acknowledgements**

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- Eastgate Missionary Baptist Church
- Urban League of Greater Dallas

While we can not name every person who contributed to the community profile we would like to extend our sincere thanks to all the individuals who either participated in this process or supported us through the recruitment of participants.

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## **Executive Summary**

### **Introduction**

Nancy G. Brinker promised her dying sister--Susan G. Komen--that she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure<sup>®</sup>, which is the world's largest breast cancer organization and the largest source of nonprofit funds dedicated to the fight against breast cancer with more than \$1.9 billion invested to date.

The Dallas County Affiliate of Susan G. Komen for the Cure<sup>®</sup> founded in 1992 and host of the original Race for the Cure<sup>®</sup> now attracting more than 26,000 participants and raising more than \$2.8 million to fight breast cancer. Each year, the Dallas County Affiliate is proud to be a part of this global fight, having contributed more than \$10 million to the cause with 25 percent of these funds going toward internationally innovative research and the remaining 75 percent supports breast health agencies and organizations in Dallas County. These agencies and organizations provide a continuum of care for breast health through education, screening, and treatment programs for the underserved and noninsured in Dallas County.

Komen Dallas County conducts a needs assessment, which results in the Community Profile, to guide our priorities and work more effectively within the community. The Community Profile includes an overview of demographic and breast cancer statistics that highlight target areas, groups or issues. Komen Dallas County then uses the Community Profile Report to make informed decisions on how the Affiliate can use its resources to make the greatest impact on breast cancer in the area through the awarding of local grants for education, screening and treatment programs. Funding for local grants is then aligned with the most significant needs in the community.

Every two years, the Community Profile Report is revised to reflect changes in the community, allowing the Affiliate to identify any gaps in the health system and to work toward filling them. Analysis of Dallas County in the Community Profile Report includes the voices of those living in target areas. The completed Community Profile Report is an assessment of the state of breast health in Dallas County and a plan of action in order to improve it.

### **Statistics and Demographic Review**

According to the United States Census Bureau (U.S. Census Bureau, 2012) in 2010, Dallas County was the home of an estimated 2,368,139 persons, representing almost 10 percent of the population of the State of Texas. Of these persons, 50.6 percent were female and 63.6 percent were between the ages of 18 and 64. It is estimated that 28.7 percent of females in the target age group (18-64) living in Dallas County are not insured. (Texas Cancer Registry, 2009) The Dallas County area is very diverse, with residents of varying ethnicities, including those of African American (22.3 percent) heritage and Hispanic or Latino (38.3 percent) origin. Additionally, 33.1 percent of Dallas County residents are White non-Hispanic, 5.0 percent are of Asian descent, and

the remaining few are of American Indian or Alaskan descent. Dallas County is an urban and suburban area with few rural locales found in its 880 square miles.

With regard to breast health in Dallas County, some of the highest breast cancer mortality and incidence rates actually occur in areas that are included in the higher income brackets. Given the Affiliate's commitment to the underserved areas, the focus of this Community Profile Report remains in the South Dallas area, where there are not only equally high mortality rates, but also larger portions of the population that are unemployed or working unsalaried jobs, and are likely uninsured.

A review of selected cancer facts for Dallas County, from the Texas Cancer Registry, estimates that in 2012 it is expected that there will be 8,987 new cancer cases and 3,200 cancer deaths. Of these incident cases, 1,339 are expected to be breast cancer, ranking second behind prostate cancer and above lung/bronchus cancer. Of the cancer deaths, 253 are expected to be due to breast cancer. In addition to the Texas Cancer Registry, several other data sources, including data from Thomson Reuters<sup>®</sup> estimates, show age-adjusted incidence rates for female breast cancer in the Dallas area to be steady at about 112 new cases per 100,000 women per year. Mortality rates from 2003 to 2007 (Texas Cancer Registry, 2009) show only a slight decrease from 24.2 deaths per 100,000 women to 22.6 deaths per 100,000 women.

While mortality and incidence rates are a good indication of the overall breast health of Dallas County, it is important to take a close look at zip code-level data that includes stage of diagnosis as well. The zip codes in Dallas County that have the highest late stage diagnoses (Stage III and Stage IV) were cross-referenced with information regarding insurance status, age, income, and race. After reviewing the key statistics of late stage diagnosis and mortality data, we were able to identify an area of greatest need. Further examining the demographics of the area allowed us to narrow our focus to the 5 zip codes listed below based on access to care and insurance rates. From this information, target areas in the southern part of Dallas County were identified to be the highest priority. These zip codes include 75210, 75215, 75216, 75232, and 75241.

### **Health Systems Analysis**

In order to evaluate the systems currently in place in South Dallas, many community leaders of different ethnicities and backgrounds were interviewed. The findings led to a general consensus that the greatest barriers to breast health in these communities are fear and mistrust. Another common problem is that breast health (and health in general) is a low priority. Many women in these communities subscribe to the idea of fatalism or rely on faith to get them through their health issues. Ultimately, there is a dire need for innovative and intensive education and outreach programs to mobilize these women. Finally, the lack of effective communication between existing services adds another element to the barriers that these communities face. Part of the Affiliate's involvement in this community should be to address these specific barriers and improve communication among providers.

## **Qualitative Data Overview**

To collect community data, several focus groups were conducted at varying locations. The participants were very diverse and included residents from all of the target zip codes. The key findings from these focus groups indicate that the anticipated barriers to breast health in this area (access, time, money) were all real issues, but it was discovered through the course of this analysis that one of the biggest barriers in this community is fear, which is often due to misinformation.

## **Conclusions**

In conclusion, the early screenings through mammograms remain the top priority for the Affiliate, in conjunction with education and community outreach. While the focus groups and interviews allow us to identify target demographics, we are also able to get a clearer picture of the obstacles women perceive as barriers for them in addressing their breast health through the focus groups, surveys and interviews. These barriers include, but are not limited to; lack of funds, time and myths surrounding breast cancer and mammograms.

Without the education and outreach programs in place, it is very difficult to increase the number of women who will enter (and remain in) the continuum of care. The screenings will provide the earlier diagnoses of breast cancer; moreover, the education and community outreach will help dispel the myths and reduce the fears women have associated with the screening for and treatment of breast cancer.

## **Narrative of Affiliate Priorities**

Until the cures are found, the long-term goal of the Affiliate is to reduce mortality from breast cancer. There are two identified priorities for reducing mortality. The first priority is to increase the early screening mammograms through the expansion of the existing outreach programs that provide breast health education. The second priority is to reduce the late stage diagnosis of breast cancer in the southern Dallas County target area.

Educational outreach programs need to be expanded to more locations where women gather in the priority Dallas County neighborhoods where the breast health message “early detection is the best protection” is either not heard or acted upon due to perceived barriers.

Breast health education needs to be increased and customized for the target populations. This will require reaching out to places where the women of these priority areas gather, collaborating with non-breast health community partners to distribute breast health information and resources available to women with financial limitations; working with community leaders, including churches to endorse breast health educational activities and providing information about where to find free and low cost services. These education components are the first step to effect changes in late stage diagnosis and mortality rates in southern Dallas County.

The area needs more localized screening and treatment centers. Without localized services, a comprehensive program of scheduling, navigation of service providers and transportation needs to be made available.

Reducing late stage diagnosis in southern Dallas County is a more complex priority. In addition to education, screening mammography provides the best and most cost effective weapon in the fight against breast cancer. Providing access to screening mammography services for the entire community and providing financial solutions for low income, underinsured and uninsured women where they work and live will be necessary. Addressing the lack of follow up with women is another educational opportunity.

The combination of the educational outreach programs and screening mammograms will support the continuum of care by helping more women receive timely screening mammograms resulting in the reduction of late stage breast cancer diagnoses.

Screening mammograms are the largest funded initiative of Komen Dallas County's grant program and would need to be increased or alternative providers must be identified to support the growing need of free and low cost services.

Funding is a critical piece for a successful grant program. Komen Dallas County grantees generally deplete their granted funds before the grant cycle ends. The development of additional funding is needed to make an impact in the fight against breast cancer. Most funding currently comes from the *Komen Dallas Race for the Cure*<sup>®</sup> and revenue from the *Susan G. Komen 3-Day for the Cure*<sup>®</sup>. Expansion of these events and developing alternative sources of revenue will be necessary to provide expanded services brought on by the demand of an effective educational outreach program.

## **Komen Dallas County Affiliate Action Plan**

### **Priority One**

Increase the screening rate in Dallas County from the 2009 reported rate of 62.5 percent. (Thomson Reuters<sup>®</sup>, 2009)

### **Objective One**

Expand the existing educational committee outreach and/or find educational outreach grantees that will participate in an additional 20 educational events per year, county wide

### **Action Plan**

1. Work with community leaders, education committee members and current and potential grantees to identify five new locations to reach women in the identified target zip codes.
2. Work with existing grantees, providers and community leaders for sources for new grantee prospects



3. Target a minimum of fifteen educational outreach activities toward the identified priority zip codes by March 31, 2013
4. Host two trainings of education volunteers by March 31, 2013 to encourage their asking for a commitment from women who have not had a mammogram to get one

### **Priority Two**

In the defined area of southern Dallas County, reduce the combined initial stage of diagnosis of stages III and IV from the 2007 reported level of 12.6 per 100,000 women.

### **Objective One**

Increase the number of events provided by the education committee of Komen Dallas County in the southern Dallas County area by at least 15 events per year.

### **Action Plan**

1. Participate in a minimum of fifteen educational outreach programs in southern Dallas County and seek out targeted educational outreach venues to find uninformed women by March 31, 2013
2. Provide education and train a minimum of five community leaders in the southern Dallas County area about breast health issues to help spread breast health information and breast cancer facts to priority zip codes by March 31, 2013
3. Provide training for all education volunteers through a minimum of four trainings by March 31, 2013 to be resources for women who inquire about services available and how to access these services in southern Dallas County

### **Objective Two**

Fund grants that are specific to the southern Dallas County area to provide breast health education, screening and treatment in the next two grant cycles.

### **Action Plan**

1. Maintain the existing relationships with current grantees and cultivate additional providers for education, screening and treatment in southern Dallas County
2. Work with grantees to host a minimum of two breast health screening fairs in the specific target area of southern Dallas County by March 31, 2013
3. Increase revenues to fund additional services that will support the continuum of care

## Introduction

### Affiliate History

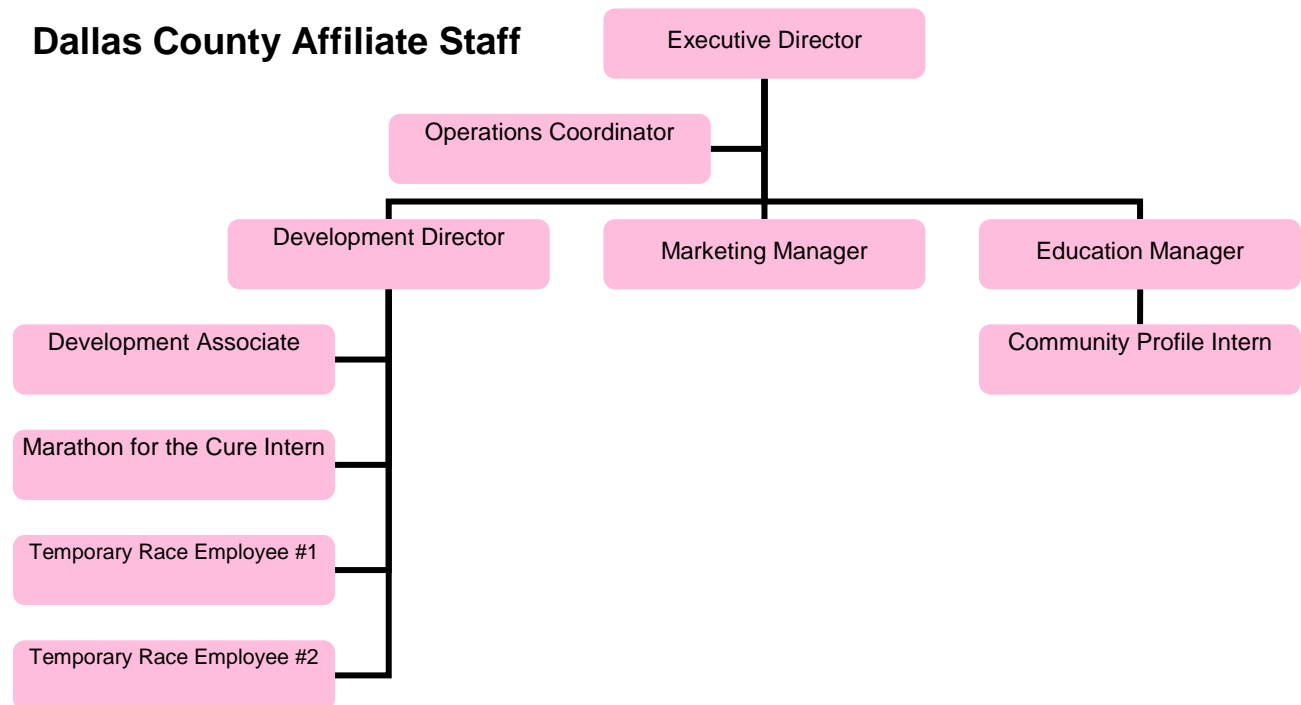
The Dallas County Affiliate of Susan G. Komen for the Cure® was founded in 1992 and is the host of the original *Race for the Cure*® attracting more than 26,000 participants and raising more than \$2.8 million to fight breast cancer. Each year, Komen Dallas County is proud to be a part of this global fight with 25 percent of these funds going toward internationally innovative research and the remaining 75 percent supports breast health agencies and organizations in Dallas County. These agencies and organizations provide a continuum of care for breast health through education, screening, and treatment programs for the underserved and uninsured in Dallas County.

In 2010, the Affiliate granted locally more than \$1.85 million, in turn providing more than 5,700 screening mammograms, diagnostic screening and treatment for uninsured women, two patient navigators and financial assistance for women actively fighting breast cancer.

### Organizational Structure

Komen Dallas County is based in Dallas, Texas. The Affiliate is governed by a Board of Directors, the Executive Committee, various standing committees, and operated by staff. A 15 member Board of Directors currently works with six full-time staff (see *Figure 1*) to fulfill the Komen promise: to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

**Figure 1** Komen Dallas County Staff Organizational Chart





**Figure 2** Dallas County Affiliate of Susan G. Komen for the Cure® Service Area

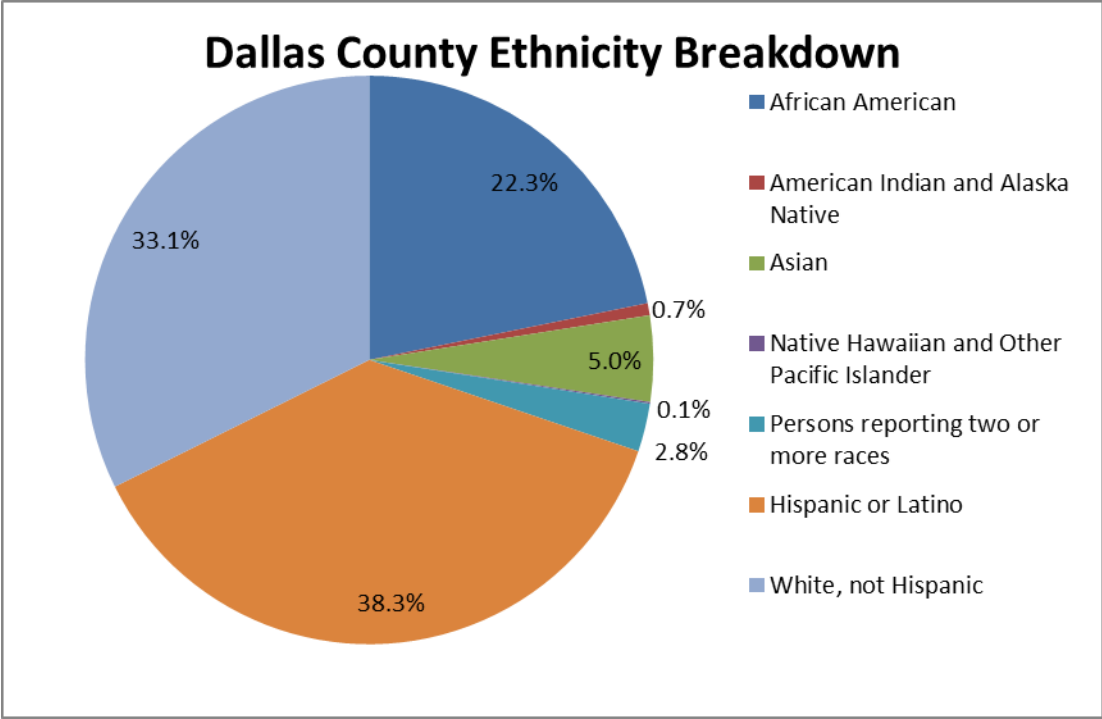
**Description of Service Area**

The Komen Dallas County Affiliate service area represents the following cities (see *Figure 2*):

Addison	Dallas	Grapevine <sup>†</sup>	Ovilla <sup>†</sup>
Balch Springs	De Soto	Highland Park	Richardson <sup>†</sup>
Cedar Hill <sup>†</sup>	Duncanville	Hutchins	Rowlett <sup>†</sup>
Carrollton <sup>†</sup>	Farmers Branch	Irving	Sachse <sup>†</sup>
Cockrell Hill	Ferris <sup>†</sup>	Lancaster	Seagoville <sup>†</sup>
Combine <sup>†</sup>	Garland <sup>†</sup>	Lewisville <sup>†</sup>	Sunnyvale
Coppell <sup>†</sup>	Glenn Heights <sup>†</sup>	Mesquite <sup>†</sup>	University Park
	Grand Prairie		Wilmer <sup>†</sup>

<sup>†</sup>Denotes a municipality whose physical boundaries extend beyond Dallas County.

Dallas County is home to an estimated 2,368,139 persons, accounting for almost 10 percent of the population of the State of Texas (United States Census Bureau, 2012). Of these persons, 50.6 percent were female and 63.6 percent were between the ages of 18 and 64. It is estimated that 28.7 percent of females in the target age group (18-64) living in Dallas County are not insured. (Texas Cancer Registry, 2009)



**Figure 3** Dallas County Ethnicity Breakdown  
 U.S. Census Bureau, Dallas County, State & County QuickFacts

The Dallas County area is very diverse with residents of varying ethnicities. (see Figure 3) Dallas County is an urban and suburban area with few rural locations found in its 880 square miles.

**Purpose of the Report**

To meet our promise, Komen Dallas County conducts a needs assessment, which results in the Community Profile, to guide our priorities and work more effectively within the community. The Community Profile includes an overview of demographic and breast cancer statistics that highlight target areas, groups, or issues in Dallas County. The data helps Komen Dallas County to identify the communities and populations where our efforts are most needed and will have the most impact.

To ensure effective and targeted efforts it is vital to understand the needs and barriers as well as current programs and service gaps that exist. Community strengths are assessed in order to develop partnerships and collaborative groups. Analysis of the community in the Profile also includes analysis of the community through those living in target areas and representing target populations.

A quality Community Profile strives to ensure that local efforts backed by Komen Dallas County are targeted and non-duplicative and allows the organization to:

- Drive inclusion efforts in the breast cancer community
- Strengthen sponsorship efforts – “tell the story”
- Establish directions for marketing and outreach
- Establish focused granting priorities
- Establish focused education needs
- Drive public policy efforts

## **Breast Cancer Impact in Dallas County**

### **Methodology**

The statistics cited in this report are from several different sources, including the Texas Cancer Registry, United States Census Bureau, as well as the data estimates through Thomson Reuters<sup>®</sup>.

Not only were mortality and incidence rates considered, but this report also includes demographic data such as median age, percent female population, and uninsured females. After evaluating all the data available at the county level, certain areas of Dallas County were identified as being of high priority. Then, by narrowing the focus of the factors controlling the presence of breast cancer to those areas, five zip codes were identified to be of the highest priority due to several factors, including mortality and incidence rates, late stage diagnosis projections, and percentages of uninsured females aged 18-64.

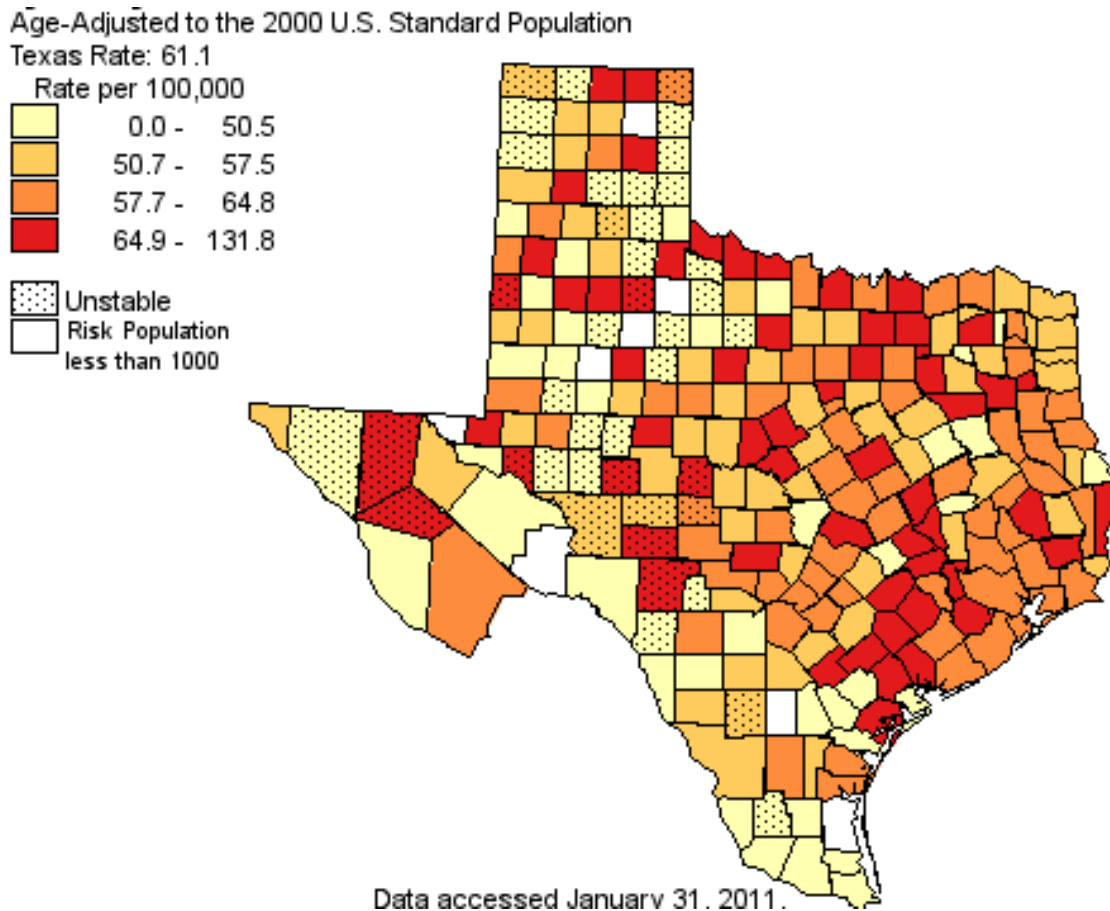
### **Overview of the Affiliate Service Area**

Of the estimated 2,368,139 persons living in Dallas County (U.S. Census Bureau, 2009), 50.6 percent were female and 63.6 percent were between the ages of 18 and 64. It is estimated that 28.7 percent of females in this target age group (18-64) living in Dallas County are uninsured. The ethnic diversity of the Dallas County area includes those of African American (22.3 percent) heritage and Hispanic or Latino (38.3 percent) origin. Additionally, 33.1 percent of Dallas County residents are White non-Hispanic, 5.0 percent are of Asian descent, and the remaining few are of American Indian or Alaskan descent.

With regard to breast health in the State of Texas, Dallas County falls in the second highest range of age-adjusted invasive cancer incidence rates, close to the state average, but is surrounded on all sides (5 out of 6 adjacent counties) by areas that fall into the highest incidence rate ranges (*see Figure 4*). Within Dallas County, many of the zip codes of interest, specified in *Communities of Interest*, fall in the southern part of the county, where demographics indicate a lower household income and larger minority populations. Interestingly, some of the highest breast cancer mortality and incidence rates actually occur in areas that are included in the higher income brackets.

Given the Affiliate’s commitment to the underserved areas, the focus of this Community Profile Report remains in the South Dallas area, where there are not only higher

mortality rates, but also larger portions of the population that are unemployed or working unsalaried jobs, and are likely uninsured.



**Figure 4** Age-Adjusted Invasive Cancer Incidence Rates in Texas. Texas Department of State Health Services, Texas Cancer Registry. 2003-2007 Incidence File

A review of selected cancer facts for Dallas County, from the Texas Cancer Registry (Texas Cancer Registry, 2012) estimates that in 2012 there will be 8,987 new cancer cases and 3,200 cancer deaths. Of these incident cases, 1,339 cases will be breast cancer, ranking second behind prostate cancer and above lung/bronchus cancer. Of the cancer deaths, 253 are expected to be due to breast cancer. In addition to the Texas Cancer Registry, several other data sources, including Thomson Reuters<sup>®</sup> estimates show age-adjusted incidence rates for female breast cancer in the Dallas area to be steady at about 112 new cases per 100,000 women per year.

Mortality rates from 2003 to 2007 (Texas Cancer Registry, 2009) show only a slight decrease from 24.2 deaths per 100,000 women to 22.6 deaths per 100,000 women. Additionally, it has been estimated that of the 2009 female population, aged 40 and over, more than one-third (37.5 percent) do not get annual mammograms (Thomson Reuters<sup>®</sup>, 2010). Perhaps the biggest indicator of the breast cancer burden in Dallas

County is the prevalence, defined as the current numbers of cases that have been diagnosed and are being treated in this Affiliate's service area.

Of the more than 2.3 million people living in Dallas County in 2009, it is estimated that 5,530 are currently living with breast cancer, a number that is likely much larger given the number of people that do not get screened regularly or at all. Furthermore the average age of a person with breast cancer in Dallas County is 57.4, almost two years younger than the national average. Though no county-specific data is available, the younger age of diagnosis, as well as the above-average mortality rates, indicates the likelihood of a higher number of years of potential life lost than in other areas of the country.

While mortality, incidence, prevalence, and screening rates are a good indication of the overall breast health of Dallas County, it is important to take a close look at zip code-level data that includes stage of diagnosis as well. Beginning with mortality and incidence data to narrow the focus of this report, the zip codes in Dallas County that also have the highest late stage diagnoses (Stage III and Stage IV) were then cross-referenced with information regarding insurance status, age, income, and race/ethnicity. From this information, target areas in the southern part of Dallas County were identified to be of highest priority. These zip codes include 75210, 75215, 75216, 75232, and 75241.

## Communities of Interest: What the Data Shows

As mentioned, the five zip codes (see *Figure 5*) of highest priority all lie in the southern part of the affiliate's service area. These zip codes were selected after a careful analysis, detailed below, of the demographics (<http://www.zip-codes.com/zip-code/>), breast cancer data (Thomson Reuters<sup>®</sup>, 2010), and other information relevant to each community.

### Breast Cancer Incidence and Mortality Comparisons

*Rates Per 100,000 Women*

Location	Incidence	Mortality	Stage III and IV Diagnosis	Average Income	% of Uninsured Females 18-64
Dallas County	112	22.6	8.7%	\$ 47,155	28.7%
75210	114.61	32.54	13.20%	\$ 15,058	79.3%
75215	140.5	41.85	13.40%	\$ 16,043	75%
75216	133.02	37.19	12.70%	\$ 29,460	75%
75232	113.58	35.64	12.90%	\$ 39,824	34.3%
75241	139.87	41.57	13.50%	\$ 30,300	58.7%

**Figure 5** Breast Cancer Incidence and Mortality Comparisons  
Thomson Reuters<sup>®</sup>, 2010

#### 75210

This zip code borders the above target area and includes Fair Park. The average home value is \$33,900. The population of 8,891 people is 88.2 percent African-American, and 56.5 percent female. This community has the highest rate of uninsured females (79.3 percent) aged 18-64.

#### 75215

This Dallas community lies east of I-45 and includes the area southwest of Fair Park. This zip code has an average home value of \$35,500. The population of 19,414 people is 82.2 percent African-American and 51 percent female. Within the target age group, 18-64, more than 75 percent of the women in this area are uninsured.

#### 75216

The final target area lies between I-45 and I-35E near Cedar Crest Country Club. Of the 51,940 persons residing in this zip code, 78.3 percent are African-American, 19.0 percent are Hispanic, and 53.1 percent are female. Uninsured females aged 18-64 comprise nearly 75 percent of the population.

#### 75232

This community is along I-35E just north of I-20. The current population of 30,083 is 79.4 percent African-American, 13.9 percent Hispanic, and 53.6 percent female. The average age is 33.7 years. The average income in this area is \$39,824, the highest of



the target areas. (see *Figure 5*) The number of uninsured females aged 18-64, 34.3 percent, is the lowest of all the target areas.

### **75241**

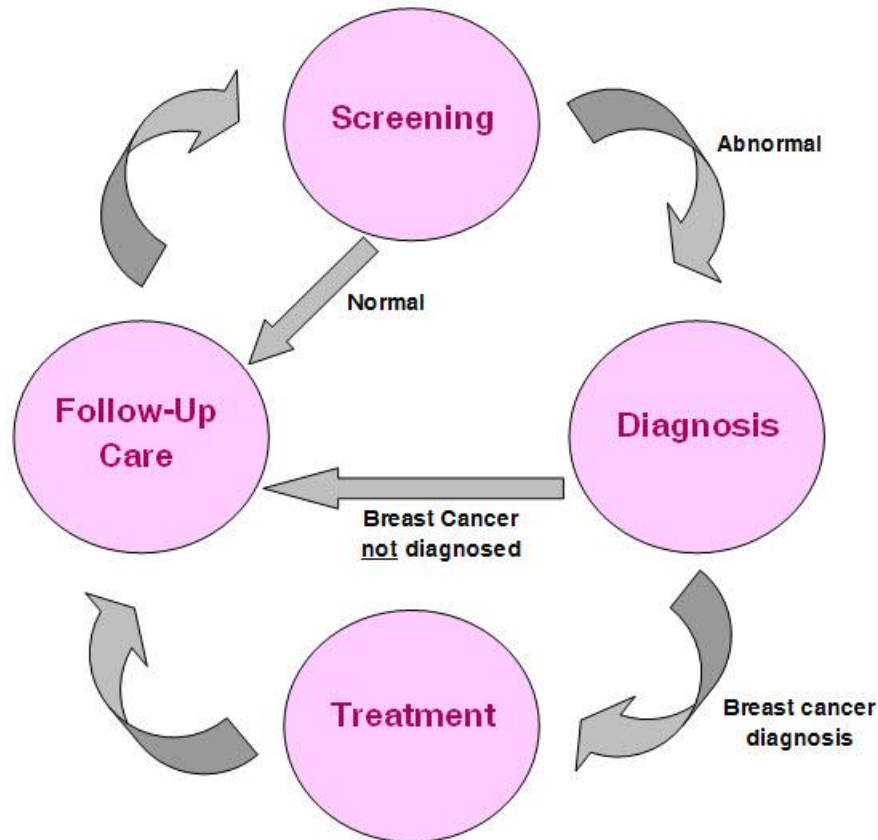
This Dallas zip code lies in the northwest corner of the I-20/I-45 exchange. The average home value is \$57,800. The region has seen considerable growth since the 2000 census, increasing in population almost 40 percent to more than 30,100 people currently. The average age is 34.5 years above Dallas and the community is 54.6 percent female and 93.0 percent African-American. Uninsured females aged 18-64 comprise 58.7 percent of the female population.

### **Conclusions**

Overall, the biggest differences in the continuum of care among the areas in Dallas County are in the screening rates and late stage diagnoses. In the areas of priority, more than one-third of women do not get annual mammograms. Low median income, as well as the large numbers of uninsured, has made it difficult for these women to have access to care. Due to a lack of screening, the number of late stage breast cancer diagnoses are among the highest in area.

The Affiliate is committed to reducing these late stage diagnoses by acting to increase the number of women who receive annual mammograms through education, outreach, and increasing the amount of screening mammograms.

## Continuum of Care



**Figure 6** Breast Health Continuum of Care

### Overview of Continuum of Care

The continuum of care (see Figure 6) is the foundation for breast care. The four primary parts of the continuum of care include; screening, diagnosis, treatment and follow-up care. Patients and providers equally face challenges in completing the continuum of care.

The first step in the continuum of care is screening. Challenges cited through interviews and focus groups were lack of funds, time and a fear of the potential findings as well as perceived pain. Providers indicated that if they were successful in removing the barriers in getting a woman to receive her screening mammogram, the next phase of continuum of care would often be met with the same challenges.

If a woman has an abnormal reading providers arrange for a diagnostic screening, which is the second phase in the continuum of care. However, some providers noted only a 46 percent follow up of women with abnormal readings. This gap in follow up was attributed to multiple factors including many of the same factors in the screening phase such as the lack of funds, time and again fear. Providers shared that patient transition was another factor. Many women in the target zip codes do not claim a medical home. This greatly decreases follow up care. The ability to track these women is a constant challenge and greatly reduces the provider's ability to understand the effectiveness of their efforts in completing the continuum of care.

In the event that a woman is diagnosed "positive" with breast cancer the next step is to treat the cancer. This is the most expensive phase of the continuum of care because most often the word "treatment" is not referencing singular care. In fact it often references a combination of treatments ranging from radiation, chemotherapy to surgeries. Currently in Dallas County there are a limited number of breast health organizations that provide free or low cost breast cancer treatments. The primary challenge here for both the patient and providers is a lack of funds. This alone can stop a woman from moving forward in her breast cancer care, especially when patients are faced with paying their bills or receiving their breast cancer treatment.

Along each phase of the continuum of care there is a constant need for education and outreach. Educating women in these priority zip codes is very important. Education and awareness of multiple locations to access free or low cost screening mammograms, diagnostic screenings and treatment procedures will allow providers to overcome the first hurdle in the continuum related to the lack of funds. The education will help to dispel the myths that create fear of the screenings and will help women become more informed of the continuum of care regardless of a positive or negative finding.

### **Data Sources and Methodology**

The Dallas County health systems review includes the assessment of providers, both Affiliate grantees and non-grantees, breast cancer resources and services. Data from the following sources was used: the Dallas/Ft. Worth Hospital Council, Texas Cancer Registry, Parkland Health System and the Texas Breast Cancer and Cervical Cancer Services (BCCCS) program.

### **Overview of Community Assets**

A review of the providers and their service area identified that all necessary breast health services are available in Dallas County. There are approximately 31 hospitals and healthcare systems, including specialty and children's hospitals, in the Komen Dallas County service area with more located immediately outside the Affiliate's service area (Dallas/Ft. Worth Hospital Council, 2011).

Screening mammogram services are provided through the use of mobile units. Other services are accessed by traveling to the provider sites elsewhere in the county. The agencies providing free and low cost services in southern Dallas County are:

**American Cancer Society**

The American Cancer Society provides transportation to treatment, breast prosthetics, wigs, and head coverings to medically underserved breast cancer patients; all at no cost to the patient.

**Bridge of Blessings**

The Bridge of Blessings provides temporary financial assistance to qualified individuals who are undergoing treatment for breast cancer.

**Bridge Breast Network**

The Bridge Breast Network provides low income, uninsured individuals with breast health services for diagnosis and treatment of breast cancer. Services include breast health education and awareness, biopsies, breast surgery, radiology, chemotherapy and radiation oncology.

**Cancer Support Community (*formerly Gilda's Club North Texas*)**

Cancer Support Community (*formerly Gilda's Club North Texas*) provides education and emotional support to Dallas County minority communities who are living with breast cancer.

**Easter Seals of North Texas**

Easter Seals provides case management and counseling is also available, as are occupational and physical therapy to improve function and decrease pain. Financial assistance with transportation to appointments is available.

**Methodist Health Systems**

The Methodist Health System Program provides screening mammography and diagnostic imaging services to the medically under-served population of Dallas County. Special focus is on reaching the African-American, Hispanic and other minority populations in Dallas County.

**Parkland Health & Hospital System**

Parkland Health & Hospital System provides screening mammography screenings, case management, patient navigation assistance and breast education. Parkland is a BCCCS contractor and handles all of the Dallas County Health and Human Services primary referral for all incoming breast health related inquiries.

**Small Pearls of Hope**

Small Pearls of Hope provides temporary financial assistance to qualified individuals who are undergoing treatment for breast cancer.

**UT Southwestern Medical Center of Dallas/Center for Breast Care**

UT Southwestern University Hospitals & Clinics, Breast Imaging Services provides mobile mammogram screening to uninsured women in Dallas County.

### **YWCA Women's Health Services**

The YWCA Women's Health program provides free screening mammograms, diagnostic follow-ups, transportation and breast health systems navigation assistance to women.

### **Planned Parenthood of North Texas**

Planned Parenthood provides screening mammograms. Planned Parenthood is a BCCCS contractor.

### **Advanced Imaging**

Advanced Imaging provides discounts for screening mammograms for low income and uninsured clients.

The Bluit Flowers Health Center, part of the Parkland system, located in zip code 75216 is the only breast health provider with free or low cost services with an actual location in the target area of southern Dallas County. The next closest hospital that provides these services is the Methodist Charlton Clinic, located just west of the target area. Methodist is a grantee of the Komen Dallas County Affiliate providing free screening mammograms and diagnostic mammograms to women who qualify.

Another charity clinic, the Irving Interfaith Clinic, servicing the Irving community provides women's services for Irving residents at or below the 200% of poverty level and has a strong relationship with Baylor Medical Center at Irving. The hospital offers ancillary services, such as mammograms at no cost to the clinic's patients. Mammograms are paid for through the fundraising efforts of the Irving Healthcare Foundation, which secures gifts for five healthcare charities in the city.

The Los Barrios Unidos Community Center provides general health exams, not specifically related to breast health but is a resource in sharing information with their patients about breast cancer facts and resources available for them.

Some of the services are available at both the provider's site and in the field such as breast health education and mammograms from mobile units. Other services are available only at the provider's site, including: diagnostic mammograms, actual treatments, counseling and post operation services like bra and prosthesis fittings.

In 2010, Komen Dallas County grantees formed the Patient Navigation Action Coalition (PNAC) to help address challenges in navigating patients from one agency to another and/or to identify resource concerns as a group. PNAC meets every other month and is currently being managed and coordinated by the YWCA staff.

Financial assistance is available for eligible women actively going through breast cancer treatment through the Bridge of Blessings, Dallas County Health and Human Services and Small Pearls of Hope. These three agencies cover a variety of items including; rent/mortgage, child care, groceries and utilities for specified periods of time.

Currently, hospitals, healthcare systems, agencies and organizations are maximizing their BCCCS funds for breast health in Dallas County. The BCCCS program reports that of the 40,341 women who applied for the program and were eligible, only 2,398 were able to be screened due to a lack of funds in the program. Other funders, including Komen Dallas County, are helping to fill this gap; however, not to the full extent of the county's needs.

This number may be distorted as it represents only those women who actively applied for the BCCCS program. As education outreach and awareness efforts increase in the priority zip code populations the number of eligible women may increase.

### **Legislative Issues in Target Communities**

Although Komen Dallas County continues to grow and expand there are still opportunities to grow relationships with elected officials in the service area. The Affiliate participates in the Texas Lobby Day and the National Lobby Day held in Washington DC annually. At the 2010 *Komen Dallas Race for the Cure*<sup>®</sup>, the Affiliate was able to identify supporters through an advocacy booth.

Elected officials are also invited to participate in the *Komen Dallas Race for the Cure*<sup>®</sup> activities, in addition to, functions where the Affiliate's grantees are highlighted.

As funding continues to be a struggle for agencies and organizations supporting breast health in Dallas County, the Affiliate will center its legislative efforts on those issues that impact breast health funding. The most immediate need is to protect the state's Breast Cancer and Cervical Cancer Services program funding.

The state of Texas spends approximately 3.9 percent every two years on its Breast Cancer and Cervical Cancer Services program (BCCCS, 2009). As economic challenges continue to create state budget cuts the Affiliate will work closely with elected officials to remind them of the critical need to continue the funding of these programs.

The next step for the Affiliate will be to form an advocacy committee to create or strengthen relationships with elected officials.

### **Program and Service Findings**

In reviewing the data provided by providers there were three issues that impacted providers' ability to service the priority zip codes: funding, patient follow up and outreach.

Providers indicated that of the women they are serving now they typically run out of funds to screen all women entering into their breast health programs, this in turn creates a cascade of challenges if they cannot get them referred on to another program in the area. The clear need from the Affiliate is to provide additional funding for grantees. The providers also addressed another concern. If they had all the funding available to them they would still be faced with lack of patient "follow up". If these women were able

to receive screening, they often move without forwarding or updating their address or change their “medical home”. Without an electronic medical database connecting all of the health systems in the service area, this particular “follow up” problem will continue to be a challenge. Moreover, if a woman has an abnormal finding the providers reported that the women will not follow through on a formal diagnosis because of their fear of being diagnosed potentially with breast cancer.

## **Conclusions**

The need to strengthen outreach efforts is high because the agencies felt they are still not reaching the most critical populations, those areas where there is a higher incidence of late stage breast cancer diagnoses. Education outreach can inform women of all the resources available to them if they are diagnosed with breast cancer to help alleviate the fears of being diagnosed. Outreach efforts are needed not only in the community but also providers in the priority zip code areas to make them aware of the resources available for patients.

Komen Dallas County has the opportunity to expand relationships with key breast health and education funders to increase funding for granting purposes, support, if not coordinate, a higher level of communication amongst their grantees and reach out to target populations to inform them of breast health and breast cancer resources available to them in addition to extending this similar outreach to private and public providers.

## **Breast Cancer Perspectives in the Target Communities**

### **Data Sources and Methodology**

Multiple sources were used to collect and compare data; including the use of statistical data, key informant interviews and focus groups.

Statistical data sources that offered actual figures were used as the primary measure for analysis. Target population demographics and breast cancer statistics were obtained from the US Census Bureau: State and County QuickFacts, 2009 American Community Survey by the US Census Bureau, the National Cancer Institute’s (NCI’s), Texas Cancer Registry and Thomson Reuters® 2010 estimates. Additionally information from the Texas Breast and Cervical Cancer Services program was used in the analysis of the breast health of Dallas County.

Key informant interviews were conducted with individuals who had a capacity to impact or support breast health in the target zip codes. There was a total of thirteen key informant interviews done, specifically with;

- Director of Community Services, Parkland Health System
- Community Services Coordinator, Parkland Health System
- Research Associate, University of North Texas Health Science Center
- Assistant Professor Department of Epidemiology School of Public Health, University of North Texas Health Science Center
- Dallas County Commissioner
- Director, Dallas County Health and Human Services

- Director of Community Relations for Univision Radio
- Director of Marketing and Grants, Los Barrios Unidos Community Clinic
- Nurse Manager of the Family Clinic, Los Barrios Unidos Community Clinic
- President and CEO of Bridge of Blessings
- Administration Manager , Asian Breast Health Outreach Program
- Clinical Research Coordinator, Methodist Hospital of Dallas
- Mobile Mammography Coordinator Breast Care Program, Southwestern Medical Center-Harold C. Simmons Comprehensive Cancer Center

There were four focus groups conducted. Two of the focus groups were hosted in the target population zip codes-one focus group had participants recruited specifically based on whether they were a breast cancer survivor and either little to no experience with Susan G. Komen for the Cure<sup>®</sup>. The second focus group contained a mix of both of survivors and non-survivors that were active in Affiliate activities. The final two focus group participants were representative of bordering zip codes. One of these focus groups was all survivors while the other contained no breast cancer survivors but had a high ethnic diversity.

Focus groups were held at various times, days and locations to support the participants' schedules. Participants were provided with Kroger gift cards after the completion of the focus group.

All specific information shared by key informant interviews and focus group participants is kept confidential; however, quotes that highlighted a specific issue are used in the findings overview.

### **Overview of Findings**

There were several recurring themes in both the key informant interviews with providers and then again with the focus group participants.

### **Key Informant Interviews**

The providers who participated in the key informant interviews expressed challenges related to three areas;

- Program/Service Funding
- Patient Follow Up /Tracking Patients
- Education Outreach

#### *Program/Service Funding*

When asked what the biggest challenge in getting women to receive their early screening mammograms, the majority of providers stated that the need for additional funding was critical.

“Sometimes we’re able to get these women to start coming in for their mammograms and then half way through the year we’re having to scramble to find them another location that may have enough funds to cover their mammogram and we lose them.”



“It would be nice to be able to say to a woman who automatically tells you I can’t take care of myself because I don’t have the money... ‘don’t worry 100% of all your breast care is covered’. That would be a blessing...”

“Telling someone they don’t have to worry about the financial stuff just helps us remove another barrier...”

#### *Patient Follow Up/Tracking Patients*

Many providers expressed a significant frustration on this particular issue. Funding was definitely considered their top concern but patient follow up and the ability to track patients was a disappointment in their efforts.

“54% of women we see who have an abnormal reading on their mammogram don’t follow up and all I can think is ‘why?’.”

“When I ask women who their doctor is, they shrug and when I keep asking they tell me they go to the health fairs for their screenings but get too busy to make an appointment...it’s almost like, like you have to do the same health fair in the same place each and every year.”

“If a patient moves or for whatever reason chooses to go to another agency and you don’t hear anything you don’t know if they’re taking care of themselves or not—we’re not sophisticated enough to talk from one agency to the next.”

#### *Education Outreach*

Providers stated the need for education outreach held a significant role in completing the continuum of care. Education helps to remove the myths and inform women about the resources available to them. Many providers felt that it is often the same myths that continue to inhibit women from getting their mammograms.

”There are still women who go by myths, ‘oh it’s going to hurt.’ There’s still a need to get the word out.”

“If I just pray about it, what I don’t know won’t hurt me, it’s going to hurt are the things that are prevalent. It transcends even education because educated people feel the same way.”

“They do not believe in early detection. They will not spend money on early detection. They’ll only see a doctor when they’re very sick, very very sick.”

#### **Focus Groups**

The four focus groups conducted had repeated themes throughout including;

- Ability to pay/afford a mammogram/treatment
- Fear of being diagnosed with breast cancer
- Lack of knowledge and the need for more awareness

### *Ability to Pay/Afford a Mammogram/Treatment*

Women most often cited the inability to pay for a mammogram or treatment as a reason for either not going for their annual mammogram or not completing their breast cancer treatment.

“After my diagnosis, I still have some fear about taking off work. I was not encouraged to take off work; I was actually discouraged. There are many people who are working and if they take off work they’re not going to get paid. They use it as sick days, vacations. We’re at risk where they can eliminate your job.”

“I had to go to the cancer center everyday and pay a co pay every time I went. If you have insurance the barrier is your co pay. If you don’t have insurance or in the 125% poverty level... there is a gap.”

“My sister’s company is being bought out and, and she got laid off, but they were rehiring. She was worried she wouldn’t be hired back if they found out about her need to take time off for chemo, so she altered her chemo to take place on her days off instead of taking sick time. She didn’t want her job to look at that negatively.”

“When I had children I would take them to the doctor, but not me because of the money.”

### *Fear of Being Diagnosed With Breast Cancer*

Women shared that most often when they hear the messages about getting screened they dismiss it because they’re afraid about the possibility of being diagnosed with breast cancer. Fear of diagnoses was a common thread shared in all four focus groups, even by breast cancer survivors who feared a return diagnoses.

“I tell people it’s hell. They’ve heard other people say that so they don’t want to go to chemo, lose their hair. That’s the women’s biggest fear, but it’s going to grow back...”

“Your breasts are a part of your sexuality in our society. They may think, ‘my husband won’t find me attractive’.”

“It’s so personal, so embarrassing...”

“I think some women don’t give self exams because they’re afraid. They don’t want to know, but I would rather know than not know and you can catch it at an early stage.”

### *Lack of Knowledge/More Awareness*

In the four focus groups women expressed an overall lack of knowledge ranging from where to get free or low cost screening mammograms to identifying resources available to them if they were diagnosed with breast cancer.

“I was unemployed also, I just recently moved to Cedar Hill. I didn’t know anyone who had it, I didn’t know about Komen or the process, the resources that were in the area. Everything I paid for myself.”

“We have a tendency to believe that whatever the doctor tells you is true, but that’s not the case. You have to do the research on your own. You say it’s a relief that I don’t have to worry about it, but that’s not true. You have to be informed and be assertive.”

“FAQ, who qualifies? How do you go about utilizing those services? Many services don’t volunteer information to get free mammograms, or help in general. Women have to muster up the courage to ask.”

Each focus group shared varying solutions for getting educating and reaching out to the target populations.

“When I went in for my mammogram it takes a while for the results and that’s the time to educate them. Sit them in a room and talk to them.”

“Put pictures of diverse people so they can see someone like them.”

“What about Facebook? My granddaughter has lazy eye and she’s in a group with that provides information for that. That’s a way to get the info out there. Even grandmothers are on Facebook. Use what young people use to get the info out there.”

“On the Race advertising we see women marching and fighting, even men on there would get more attention.”

## **Conclusions**

In summary the data shared by both providers and general community participants the threads that were similar were the need for additional funding and the increase and expansion of education outreach efforts. Providers feedback was centered on the general issues associated with breast care whereas the community participants were more focused on specific issues and efforts.

In review of the statistics and both provider interviews and community participant focus groups improvement in the educational outreach is the first initiative that needs to be improved. Breast health education is the first step toward making a significant reduction in the initial diagnosis of breast cancer of stages III and IV. The education will support removing the myths in addition to making women more informed about resources available to them for free or low cost breast health services. Secondly, if they are diagnosed the educational outreach will help them to identify their options in addition to resources available to them during treatment.

In order to reach the uninformed populations, educational outreach activities must be conducted at places where they gather. This includes churches, grocery stores, hair and nail salons and other locations where they may be gathering. Education must be

customized for these priority zip codes. The methods in which the education is distributed cannot only be done by brochures and pamphlets. The Affiliate needs to build relationships with local television, print publications and radio stations to diversify their outreach efforts.

Education needs to be centered on the continuum of care. The first message should be about early detection; the reasons for this and methods for doing so. The second part is to inform them about how to find free and/or low cost services and programs and the qualifications of these services and programs. The third piece to this would be to provide information on next steps and resources available if they are diagnosed. The third piece needs to be woven into the first message as it may be too late to get a woman to take action on a screening mammogram if she has strong fears about potentially being diagnosed.

As education is being delivered, more services need to be localized for the southern Dallas County area.

## **Conclusions: What We Learned, What We Will Do**

### **Review of the Findings**

Findings confirm five target populations identified during the demographic and breast cancer statistics research, those populations are all within the zip codes of 75210, 75215, 75216, 75232, and 75241. These five zip codes are all located in the southern Dallas County. This area has the high initial stage III and IV of diagnosis of 12.6 per 100,000 women compared to the County average of 8.7 and the area zip codes are in the top 11 of the 120 zip codes in Dallas County for mortality from breast cancer. Contributing factors are: limited knowledge of breast health and early detection methods which also attributes to the fear of screenings; access to services; lack of localized services; low average income and a high percentage of uninsured women.

Education and outreach to provide early screening mammograms remain the top priority for the Affiliate, in conjunction with tailoring customized education and increasing community outreach in the priority zip codes. The statistical data allows us to identify the priority areas. We can get a clearer picture of the obstacles women perceive as barriers for them in addressing their breast health through the focus groups. These barriers include, but are not limited to; lack of funds, time, fears and perceptions surrounding breast cancer and mammograms.

Without the education and outreach programs in place, it is very difficult to increase the number of women who will enter (and remain in) the continuum of care. The screenings will provide the earlier diagnoses of breast cancer; moreover, the education and community outreach will help dispel the myths and reduce the fears women have associated with the screening for and treatment of breast cancer.

## **Conclusions**

Until the cures are found, the long-term goal of the Affiliate is to reduce mortality from breast cancer. There are two identified priorities for reducing mortality. The first priority is to increase the early screening mammograms through the expansion of the existing outreach programs that provide breast health education. The second priority is to reduce the late stage diagnosis of breast cancer in the southern Dallas County target area.

Educational outreach programs need to be expanded to more locations where women gather in the priority Dallas County neighborhoods where the breast health message “early detection is the best protection” is either not heard or acted upon due to perceived barriers.

Breast health education needs to be increased and customized for the target populations. This will require reaching out to places where the women of these priority areas gather, collaborating with non-breast health community resource partners to distribute breast health information and information on resources available to women with financial limitations; working with community leaders, including churches to endorse breast health educational activities and providing information about where to find free and low cost services. These education components are the first step to effect changes in late stage diagnosis and mortality rates in southern Dallas County.

The target area needs more localized screening and treatment centers. Without localized services, a comprehensive program of scheduling, navigation of service providers and transportation needs to be made available.

Reducing late stage diagnosis in southern Dallas County is a more complex priority. In addition to education, screening mammography provides the best and most cost effective weapon in the fight against breast cancer. Providing access to screening mammography services for the entire community and providing financial solutions for low income, underinsured and noninsured women where they work and live will be necessary. Addressing the lack of follow up with women is another educational opportunity.

The combination of the educational outreach programs and screening mammograms will support the continuum of care by helping more women receive timely screening mammograms resulting in the reduction of late stage breast cancer diagnoses.

Screening mammograms are the largest funded initiative of the Dallas County Affiliate’s grant program and would need to be increased or alternative free and low cost providers must be identified.

Funding is a critical piece for a successful grant program. Komen Dallas County grantees generally deplete their granted funds before the grant cycle ends. The

development of additional funding is needed to make an impact in the fight against breast cancer. Most funding currently comes from the *Komen Dallas Race for the Cure*<sup>®</sup> and revenue from the *Susan G. Komen 3-Day for the Cure*<sup>®</sup>. Expansion of these events and developing alternative sources of revenue will be necessary to provide expanded services brought on by the demand of an effective educational outreach program.

## **Dallas County Affiliate Action Plan**

### **Priority One**

Increase the screening rate in Dallas County from the 2009 reported rate of 62.5 percent. (Thomson Reuters<sup>®</sup>, 2009)

#### **Objective One**

Expand the existing educational committee outreach and/or find educational outreach grantees that will participate in an additional 20 educational events per year, county wide

#### **Action Plan**

1. Work with community leaders, education committee members and current and potential grantees to identify five new locations to reach women in the identified target zip codes.
2. Work with existing grantees, providers and community leaders for sources for new grantee prospects
3. Target a minimum of fifteen educational outreach activities toward the identified priority zip codes by March 31, 2013
4. Host two trainings of education volunteers by March 31, 2013 to encourage their asking for a commitment from women who have not had a mammogram to get one

### **Priority Two**

In the defined area of southern Dallas County, reduce the combined initial stage of diagnosis of stages III and IV from the 2007 reported level of 12.6 per 100,000 women.

#### **Objective One**

Increase the number of events provided by the education committee of the Dallas County Affiliate in the southern Dallas County area by at least 15 events per year.

#### **Action Plan**

1. Participate in a minimum of fifteen educational outreach programs in southern Dallas County and seek out targeted educational outreach venues to find uninformed women by March 31, 2013
2. Provide education and train a minimum of five community leaders in the southern Dallas County area about breast health issues to help spread breast health information and breast cancer facts to priority zip codes by March 31, 2013
3. Provide training for all education volunteers through a minimum of four trainings over by March 31, 2013 to be resources for women who inquire about services available and how to access these services in southern Dallas County

**Objective Two**

Fund grants that are specific to the southern Dallas County area to provide breast health education, screening and treatment in the next two grant cycles.

**Action Plan**

1. Maintain the existing relationships with current grantees and cultivate additional providers for education, screening and treatment in southern Dallas County
2. Work with grantees to host a minimum of two breast health screening fairs in the specific target area of southern Dallas County by March 31, 2013
3. Increase revenues to fund additional services that will support the continuum of care

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