



# COMMUNITY PROFILE REPORT

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## Executive Summary



## **Disclaimer**

The information in this Community Profile Report is based on the work of the Dallas County Affiliate of Susan G. Komen for the Cure<sup>®</sup> in conjunction with key community partners. The findings of the report are based on a needs assessment public health model but are not necessarily scientific and are provided "as is" for general information only and without warranties of any kind. Susan G. Komen for the Cure<sup>®</sup> and its Affiliates do not recommend, endorse or make any warranties or representations of any kind with regard to the accuracy, completeness, timeliness, quality, efficacy or non-infringement of any of the programs, projects, materials, products or other information included or the companies or organizations referred to in the report.

## **Acknowledgements**

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### **Focus Groups**

- Antioch Fellowship Missionary Baptist Church
- Cedar Valley College
- Eastgate Missionary Baptist Church
- Urban League of Greater Dallas

While we cannot 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 there will be 8,987 new cancer cases and 3,200 cancer deaths. Of these incident cases, 1,339 are estimated 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