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COMMUNITY

PROFILE REPORT 2015



SUSAN G. KOMEN® DALLAS COUNTY EXECUTIVE SUMMARY

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Dallas County was founded in 1992 to serve the breast health needs of Dallas County residents. The Affiliate's vision is for every person in Dallas County to have access to breast health education and breast cancer screening, treatment, and support. Dallas is the birthplace of the Susan G. Komen® organization and the original Susan G. Komen Race for the Cure® was held in Dallas in 1983 with 800 participants. Komen Dallas County is honored to continue this legacy that began more than 30 years ago and the Komen Dallas Race for the Cure® continues to this day as the Affiliate's largest annual fundraiser.

As of 2015, the Affiliate has invested more than \$23.5 million into 223 local community grants since its founding. These grants have provided breast cancer screenings and treatment for Dallas County residents in addition to funding financial and patient support programs. Between 2010 and 2015 Komen Dallas County funded 26,530 screening mammograms and 4,130 diagnostic tests. These services aided in the detection of 353 breast cancers in women who otherwise may not have had access to this medical care. In addition to funding local community grants, Komen Dallas County also contributes to the Susan G. Komen research program. Since its founding, the Affiliate has provided nearly \$8 million for national research.

Susan G. Komen Dallas County is the local source for funding breast cancer education, screening and treatment in Dallas County, serving thousands of women each year. Komen Dallas County strives to be seen as the local authority on breast health resources and information. The Affiliate works toward this goal by participating in year-round community outreach at health fairs and speaking engagements. In fiscal year 2015, Komen Dallas County participated in 56 breast health education outreach events. The Komen Dallas Race for the Cure attracts more than 16,000 participants each year and is the area's largest breast health awareness event.

To ensure it is serving the breast health needs of Dallas County, the Affiliate conducts a needs assessment every four years that results in the Community Profile. An effective Community Profile enables Komen Dallas County to align its community outreach, grantmaking, and public policy activities toward the same mission goal.

The Community Profile will allow Komen Dallas County to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse
- Fund programs and build awareness in the areas of greatest need
- Make data-driven decisions about how to use its resources to make the greatest impact
- Strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community
- Provide information to public policymakers to support their advocacy for breast health issues
- Focus marketing and outreach programs toward areas of greatest need
- Create synergy between mission-related strategic plans and operational activities

The Affiliate will use the Community Profile and the Mission Action Plan to guide its grantmaking and outreach strategies. Based on the findings of the Community Profile, the Affiliate will develop a request for applications for its community grants program that is responsive to the community's breast health needs. The Affiliate will seek out new potential partners and grantees to fill the gaps in care and support identified through the Community Profile process. The Affiliate will prioritize outreach efforts to reach individuals living in the Affiliate Target Areas.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The first step of the Community Profile process included an in-depth review of the available quantitative data related to breast health and demographics. The information presented in the Quantitative Data Report shows a disparity in late-stage diagnoses and death rates being experienced by Black/African-American women living in Dallas County. The *National Cancer Institute (NCI)* defines "cancer health disparities" as adverse differences in cancer incidence (new cases), cancer prevalence (all existing cases), cancer mortality (death), cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups in the United States (2008). The breast cancer death rate experienced by Black/African-American women is 1.4 times higher than the combined rate for all women living in Dallas County. Black/African-American women in Dallas County have higher death rates per 100,000 women than any other population group.

Not only are Black/African-American women facing a higher death burden than other population groups in Dallas County, they are also more likely to receive a late-stage breast cancer diagnosis. Similar to the disparity in death rates, Black/African-American women experience a greater burden of late-stage diagnoses than any other population group in the county. The late-stage diagnosis rate of Black/African-American women in Dallas County is 1.2 times higher than the rate experienced collectively by all women in the county.

To consider this information and deliberate over the selection of target communities, the Affiliate convened a panel of local community health professionals. During this meeting the group considered the breast cancer data, information presented from a literature review, and had a discussion about the challenges experienced by the different communities within the county. Based on the breast cancer late-stage diagnosis and death data, it was determined that the target population would be Black/African-American women. From there, the group worked to come to a consensus on which geographic communities within the service area the Affiliate should focus on during qualitative data collection.

Demographic data played a key role in the next phase of the target community selection. The Black/African-American population of each geographic area was analyzed in order to find the communities with the largest percentage of Black/African-American residents. The communities with the largest Black/African-American population base include: Cedar Hill, DeSoto Lancaster, and South Dallas. With the exception of one zip code (75226) in South Dallas, the remaining 13 zip codes that comprise these communities have substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole.

The group continued its analysis of the county by considering breast cancer death rates broken down into 13 geographic communities provided by Parkland Health & Hospital System. Reviewing the six years of available data, Cedar Hill, DeSoto Lancaster, and South Dallas were consistently among the communities experiencing the highest breast cancer death rates.

Cedar Hill

Three zip codes make up the community of Cedar Hill: 75104, 75137, and 75249. Cedar Hill has a total population of 77,607, 3.3 percent of the county's population. The majority racial group of Cedar Hill is Black/African-American, comprising 47.7 percent of the community's population with 37,029 residents, according to the 2010 US Census.

Despite having one of the lowest 2010 per capita incomes at \$14,200, only six percent of residents were unemployed and only 4.2 percent were living in poverty. Nearly 90 percent of the residents of Cedar Hill have graduated from high school (Edwards et al., 2012).

Similar to DeSoto Lancaster, Cedar Hill has positive health indicators in that none of the residents are considered to live in medically underserved areas, and overall women aged 40-64 are more likely to have health insurance than the average Dallas County female in their age group. Notwithstanding these positive demographic trends related to health status, Cedar Hill is still experiencing disparities related to breast cancer death. The breast cancer death rate in Cedar Hill is higher than the breast cancer death rate for Dallas County in every year that data is available. From 2008 to 2010, 156 women living in Cedar Hill received a breast cancer diagnosis, 50 (32.1 percent) of these women received a late-stage diagnosis.

DeSoto Lancaster

The community of DeSoto Lancaster comprises three zip codes: 75115, 75134, and 75146. DeSoto Lancaster represents 3.7 percent of the population of Dallas County, with 87,146 residents (US Census, 2010). In the 2010 US Census, the majority of residents in DeSoto Lancaster identified themselves as Black/African-American, comprising 68 percent of the total population of the community, with 59,276 residents.

The economic and health indicators of DeSoto Lancaster are more favorable than those found in South Dallas. Nearly 85 percent of adults living within DeSoto Lancaster have graduated high school. Per capita income in 2010 was \$23,000 with low unemployment and only eight percent of residents living below the Federal Poverty Limit (Edwards et al., 2012). None of the residents of this community are considered to be living in a medically underserved area. Additionally, the percentage of female residents aged 40-64 in this community without health insurance is lower than the county average of 29.1 percent.

Even with these more favorable health indicators, DeSoto Lancaster is still experiencing disparities related to breast cancer. Women in this community experience higher death rates as compared to the rest of the women living in Dallas County. Of the 187 breast cancer diagnoses in DeSoto Lancaster between 2008 and 2010, 82 were found at the distant or regional (late) stage. The county average for late-stage diagnosis of breast cancer during this time was 35.5 percent compared to the DeSoto Lancaster rate of 43.85 percent.

South Dallas

The community of South Dallas consists of eight zip codes 75203, 75210, 75215, 75216, 75226, 75232, 75237, and 75241. In 2010, the total population for this area was 163,622, 6.9 percent of Dallas County's population. The majority of residents in South Dallas are Black/African-American according to the 2010 US Census, comprising 69.1 percent of the area's population, a total of 113,064 people.

South Dallas has the lowest economic indicators of all Dallas County communities with a per capita income of \$13,400, an unemployment rate of 13.1 percent, and 25 percent of residents living below the Federal Poverty Limit (Edwards et al., 2012). Nearly 36 percent of South Dallas adults have not graduated from high school. Six of the eight South Dallas zip codes consist of a large percentage of residents considered to be medically underserved. This is compounded by the fact that more than 30 percent of female residents aged 40-64 do not have health insurance.

Every year, from 2007-2012, the female breast cancer death rate was higher in South Dallas than for the county as a whole. Between 2008 and 2010, 341 females were diagnosed with breast cancer from this community. Of those diagnoses, 135 women received a late-stage diagnosis, meaning 39.59 percent of all diagnoses in South Dallas during this time were late-stage.

Komen Dallas County has a history of seeking to serve the residents of South Dallas through its community grants and outreach initiatives. In the last Affiliate Community Profile published in 2011, zip codes 75210, 75215, 75216, 75232, and 75241 were identified target areas for the Affiliate's mission-based efforts. The most recent data available indicates that these five zip codes, in addition to the remaining areas in the community of South Dallas, continue to experience disparities related to breast cancer diagnosis and death.

Health Systems and Public Policy Analysis

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. The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care (Figure 1). A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

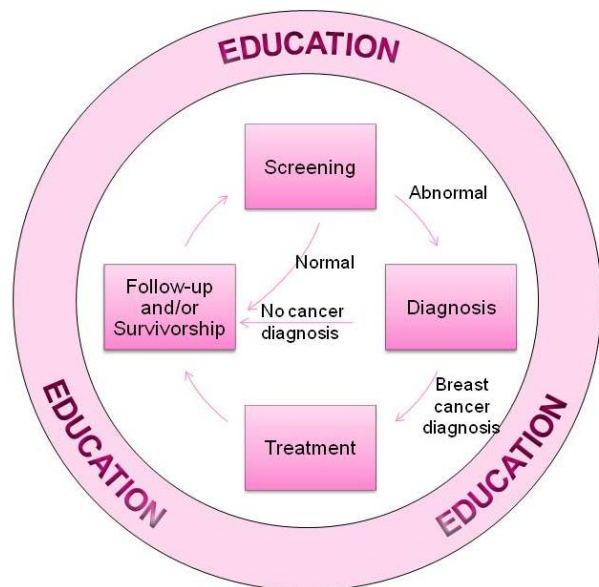


Figure 1. Breast Cancer Continuum of Care

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. 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 from 27 entities offering breast cancer treatment options and 43 organizations offering some form of survivorship support.

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. Only 11 organizations that offer breast health resources are found in the Affiliate Target Areas: eight in South Dallas, two in Cedar Hill, and one in DeSoto Lancaster.

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 and women living in DeSoto Lancaster have access to one bus route. Public transportation is more abundant in South Dallas, however ready access varies from one resident to the next depending on the location of their home.

A strength of the health system in Dallas County is the presence of four mobile mammography units. During the 2013 fiscal year grant cycle, the Affiliate funded 43 mobile mammography events throughout the Target Areas: four in Cedar Hill, five in DeSoto Lancaster, and 34 in South Dallas. More frequent mobile mammography visits to South Dallas with Affiliate funding can be attributed to the Affiliate's focus on funding projects in South Dallas and are a testament to the power the Affiliate's funding mechanisms have to make a difference in the availability of care in the Target Areas. Another strength is the presence of a robust mass transit program in the Dallas area, while there is not an extensive public transportation network in the Affiliate Target Areas – the infrastructure for a mass transit system exists, the community must work to extend it into the southern stretches of the county.

Recognizing the role that public policy plays in the health of the community, Komen also examined how the Affordable Care Act (ACA) and government-funded programs were likely to impact access to breast health services in Dallas County. Prior to the ACA's insurance mandate, more than 6.2 million people were uninsured in Texas, comprising about 24 percent of the total population - the highest rate of uninsured people in the nation. The ACA insurance mandate for individuals went into effect January 2014; its impact on the current uninsured rate in Texas is still being determined.

Texas elected not to take part in the ACA's provision for the expansion of Medicaid coverage for those with incomes up to 133 percent of the Federal Poverty Level. This expansion would have increased access to breast health and breast cancer care for approximately 900,000 Texas women. Texas also forfeited its option to run a state insurance exchange. As a result, consumers in the state select coverage using the federally-facilitated marketplace.

The state offers two safety-net programs to assist eligible, low-income, uninsured women in need of breast cancer screening, diagnostic testing, and treatment. The Texas Department of State Health Services (DSHS) Breast and Cervical Cancer Services (BCCS) program funds clinic sites across the state to provide quality, low-cost, accessible breast and cervical cancers screening and diagnostic services. These services help women receive routine screenings, which is the best method to detect breast and cervical cancers in their earliest stages increasing a woman's chance of survival. While this program is vital, it alone cannot meet the need as the program currently serves only six percent of eligible women.

Low-income, uninsured women diagnosed with breast or cervical cancer in need of treatment may qualify for medical assistance through the state funded Medicaid for Breast and Cervical Cancer (MBCC) program. Women accepted into the program gain full Medicaid coverage beginning on the day after the date of diagnosis and eligibility continues as long as the Medicaid treatment provider certifies that a woman requires active treatment for breast or cervical cancer.

The implementation of the ACA has had minimal impact on the BCCS program as most BCCS clients do not qualify for marketplace subsidies because their incomes are too low. With Texas electing not to expand Medicaid coverage, the Affiliate's grantees have not conveyed any changes to their current outreach strategies or patient demographics. The prevalence of access to care issues indicate that Komen Dallas County will continue to serve high volumes of uninsured and underinsured constituents through community-based grants.

The Health Systems and Public Policy Analysis revealed a scarcity of breast health and transportation services available in the Affiliate Target Areas accompanied with a state screening program that is overextended and cannot meet the needs of eligible women. Through qualitative data collection, Komen Dallas County sought to understand how the shortage of local providers combined with other challenges experienced by women in these communities resulted in late-stage breast cancer diagnosis and death disparities.

Qualitative Data: Ensuring Community Input

The Affiliate focused its qualitative data collection on the following key variables: barriers and access to care, availability of existing breast health programs, and identifying community strengths and assets. The Affiliate sought to learn from women and breast cancer survivors living in Cedar Hill, DeSoto Lancaster, and South Dallas and also from community leaders and health care providers serving these areas. Komen Dallas County ultimately sought the answers to these questions:

- What factors are contributing to breast cancer disparities in the Affiliate Target Areas?
- What factors are contributing to breast cancer survivorship in the Affiliate Target Areas?
- What assets already exist in the Affiliate Target Areas that can be built upon to eliminate these disparities?

To gather feedback from local breast cancer survivors, community members, and breast health providers, the team conducted 37 key informant interviews, five focus groups with a total of 43 participants, and a modified Appreciative Inquiry session with 10 local breast health providers.

Barriers to screening, diagnosis, and treatment included lack of knowledge, fear and denial, complexity of the health care system, and financial, cultural, and practical issues. Among the most commonly cited barriers to screening and diagnosis by interview and focus group respondents were knowledge barriers, with the knowledge of service availability and resources as the most frequently mentioned. Many women are not aware of the existence of low-cost or no-cost breast health services and how to access these programs. A lack of general breast health knowledge can result in a delayed diagnosis as women do not follow up when they are notified of abnormal screening results because they either do not realize the need to, or lack the knowledge necessary to navigate the health care system. This limited knowledge of breast health in general can also lead to delays in treatment as women do not realize the need to act promptly when they are diagnosed.

Fear was the next most frequently given reason women do not get mammograms or do not follow up with diagnostic testing following abnormal screens. Some women have a fatalistic viewpoint and feel that if they have cancer, there is little chance they will survive, so they would rather not know. Others fear treatment and its side effects. Fatalistic attitudes about cancer lead many women to think there is no point to going through treatment. Some women deny the significance of the diagnosis and fail to act. Some women are afraid of the impact a cancer diagnosis may have on their families.

Lack of social support was another barrier to screening, diagnosis, and treatment. Family and friends are often relied upon for transportation and assistance with daily chores and meals. Survivors considered emotional support and religious beliefs as necessary for overcoming barriers to treatment. Churches, survivor support groups, family, friends, co-workers, and one-on-one interactions with other survivors were all important for coping during treatment. Some women stated a wish to avoid risking an abnormal screen and diagnosis because there would be nobody to support them as they navigate treatment. Women who do not have this support network may not be able to comply with treatment, especially if they do not have their own transportation and live in an area where there is limited or no public transportation. Financial barriers were also frequently acknowledged. Many women are low income, have no health insurance, or lack the money for diagnostic testing and treatment if their mammograms indicate they are necessary. Some women with health insurance are unable to meet the deductibles and co-pays associated with additional testing and treatment. For this group of women, free screenings are not an incentive because they perceive little or no options available if there is a cancer diagnosis.

The paucity of screening and diagnostic centers in the Affiliate Target Areas is especially problematic for women with no means of transportation. Some areas of southern Dallas County have no public transportation available, including the cities of Cedar Hill and DeSoto. These two factors combine to limit women's access to screening and diagnostic follow-up.

Another theme that arose was practical considerations. Many women are juggling work and family responsibilities and do not prioritize their own health. Some women have difficulties

finding time to schedule a mammogram, while others are strongly discouraged from taking time off work for medical appointments at the risk of losing wages for doing so.

Consistent with the viewpoint that knowledge deficits and difficulties navigating the health care system are barriers to screening, diagnosis, and treatment, more patient navigation was the most frequently cited improvement that could be made to the current health care system to ensure a more seamless continuum of care for women who are diagnosed with breast cancer. Beyond funding for more services, educational outreach was identified as the most pressing need. Suggested education included community workshops and events about the availability of health care resources and increasing educational materials available throughout the community. Increasing partnerships with community gatekeepers and community leaders would also contribute to sustainable change in the lives of individuals in regards to breast health, with the goal of longer, higher quality lives. Assistance with transportation was also recommended, as well as increasing the number of mobile units in the target communities, with more marketing promoting their availability and predictable schedules, which could increase the number of women screened.

Knowledge barriers were similar across communities. Women in all three communities want more information about screening, diagnostic, and treatment opportunities that are available and accessible. They also need additional educational opportunities related to breast health and the benefits of screening and early detection. Such knowledge may be helpful to reduce fear and denial, two psychological factors that were named in focus groups and can create barriers that contribute to delayed screening and diagnosis. Women who care for the needs of their families over their own needs will be more likely to adhere to regular screening if they have a better understanding about how doing so is relevant to caring for their families. There is also a need for increased social and practical support for women who are diagnosed with breast cancer and undergoing treatment in the Affiliate Target Areas.

Mission Action Plan

Komen Dallas County developed a Mission Action Plan to address the needs identified through the Community Profile process. This plan is the culmination of more than one year's effort by the Affiliate and aims to be reflective of the needs voiced by community residents and providers. This plan was presented to the following outside stakeholders for their feedback: the Dallas Cancer Disparities Community Research Coalition, Parkland Health & Hospital's Coming Together for the Cures Committee, and the Program Directors Leaders Circle group at the Center for Nonprofit Management. Affiliate staff also provided input into the capacity of the organization to achieve the stated objectives within the designated timeline. The final plan incorporating the feedback from community stakeholders and staff was presented to the Affiliate Board of Directors for formal approval.

Problem: According to the Health Systems Analysis data gathered, African American women living in Cedar Hill, DeSoto Lancaster, and South Dallas have limited access to breast health services.

Priority 1: Improve access to and timely utilization of breast health services through the Continuum of Care for African American women living in Cedar Hill, DeSoto Lancaster, and South Dallas.

Objective 1: Beginning in FY16, emphasize funding programs through the Affiliate community grants program that provide medical care and support services to eliminate barriers to care for residents of Cedar Hill, DeSoto, Lancaster, and South Dallas, with an emphasis on funding mobile mammography and patient navigator programs.

Objective 2: In FY16, identify and promote the Komen Dallas County community grants program to at least three organizations that provide programs offering financial assistance, support groups, childcare assistance, or transportation assistance to serve the women of Cedar Hill, DeSoto Lancaster, and South Dallas.

Problem: Based on information learned from focus groups and key informant interviews, African American women living in Cedar Hill, Desoto Lancaster, and South Dallas and health care providers identify low levels of breast health knowledge and low awareness of available resources as a contributing factor to late stage diagnosis and breast cancer mortality rates.

Priority 1: Increase breast health outreach to African American women living in Cedar Hill, DeSoto Lancaster, and South Dallas.

Priority 2: Increase the visibility of breast health resources available to African American women residing in Cedar Hill, DeSoto Lancaster, and South Dallas.

Priority 3: Include members of the community in the Affiliate's efforts to eliminate breast health disparities in Cedar Hill, DeSoto Lancaster, and South Dallas.

Objective 1: Beginning in FY16, through the Affiliate community grants program support funding breast health educational outreach programs incorporating the use of community health workers to reach the women residing in Cedar Hill, DeSoto Lancaster, and South Dallas.

Objective 2: By the end of FY 18, identify 1-3 groups of influence in the target areas of Cedar Hill, DeSoto, Lancaster and South Dallas to present the 2015 Community Profile findings to.

Objective 3: In FY16 develop new, collaborative relationships and meet annually with at least three community-based organizations that serve the women of Cedar Hill, DeSoto Lancaster, or South Dallas.

Objective 4: By the end of FY18, partner with at least one community-based organization and a health care institution to provide a culturally appropriate breast health event where women aged 40 and up can sign up to receive a mammogram in either Cedar Hill, DeSoto, Lancaster, or South Dallas.

Objective 1: By the end of FY16, create an online mammography calendar detailing all Affiliate funded screening events which will be posted on the Affiliate website.

Objective 2: Beginning in FY16, proactively distribute resource listings to at least 30 locations (local businesses, community based organizations, churches, clinics, etc.,) in Cedar Hill, DeSoto Lancaster, and South Dallas each fiscal year in order to increase the visibility of available breast health resources in the Target Areas.

Objective 1: By the end of FY18, the Komen Dallas County Board of Directors will include at least one member who resides in either Cedar Hill, DeSoto Lancaster, or South Dallas.

Objective 2: By the end of FY18, identify and train at least six volunteers residing in Cedar Hill, DeSoto Lancaster, or South Dallas to support the Affiliate's breast health outreach efforts.

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