COMMUNITY PROFILE SNAPSHOT

Houston Affiliate of
Susan G. Komen for the Cure®

Susan G. Komen for the Cure. HOUSTON

2011

Introduction

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982 that promise became Susan G. Komen for the Cure®, launching the global breast cancer movement to save lives, empower people, ensure quality of care for all and energize science to find the cure.

The Houston Affiliate of Susan G. Komen for the Cure® was established in 1990 to provide innovative breast cancer education, screening and treatment projects for the medically under-served and uninsured in Southeast Texas. In the Affiliate's 21 year history, it has granted a sum of $8 million for research nationally and over $25 million for community grants in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery counties (referred to as the seven county service area or service area). The Affiliate's granting process ensures the impartial allocation of funds to qualified 501c3 organizations helping many breast cancer patients, survivors and their families to get the treatment and support they need.

Purpose of the Community Profile Snapshot

The Community Profile Snapshot provides a brief overview of the community needs assessment, specifically evaluating breast health and breast cancer in the seven county service area. The Profile includes demographics, breast health statistics, an assessment of breast health services and a survey of the community's perceptions regarding breast health and access to care.

The Community Profile:

- Helps establish priorities that guide grant distribution
- Improves the educational programs of the Affiliate
- Determines public policy goals
- Serves to facilitate a better understanding of breast health services for the seven county service area by identifying and prioritizing the areas of most need.

In this year's profile, Montgomery County was selected for additional data gathering activities to better understand the breast health needs of its population.

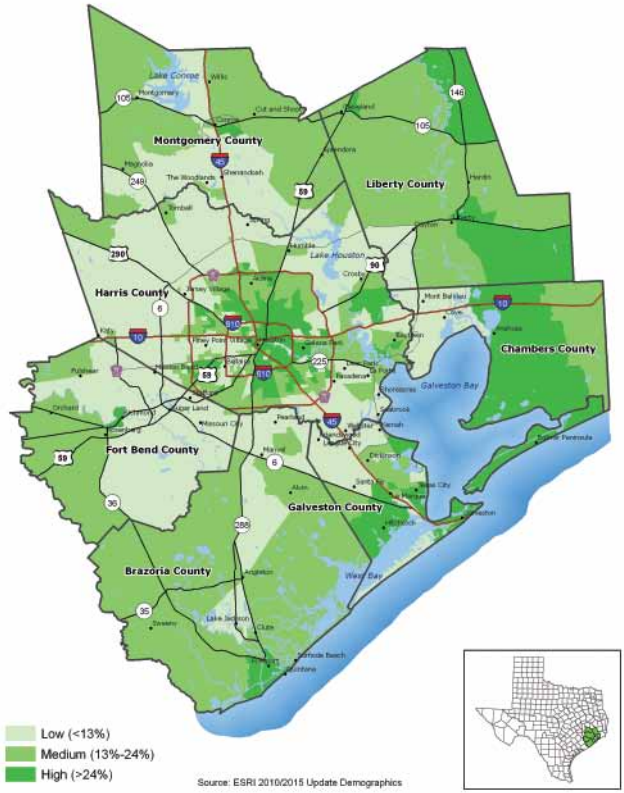
Demographic and Statistical Overview

The Komen Houston Affiliate service area encompasses almost 8,000 square miles and overlaps with the Houston-Sugarland-Baytown metropolitan statistical area, which is the sixth largest metropolitan area in the United States, with a 2010 popu-

lation of 5,946,800 people (U.S. Census Bureau). It is also one of the fastest growing urban areas in the nation with an estimated 25% increase in population between 1990 and 2007. The city of Houston is the fourth largest city in the nation with an estimated population of approximately 2.1 million people (2010 U.S. Census).

Map 1

Percent of Households with Income Less than $20,000 by Census Tract, 2010



Map 1 illustrates the distribution of households with income less than $20,000 per year by census tract according to the 2010 census statistics. The levels of poverty in the seven-county service area in the map help guide the Affiliate in determining areas of greater need.

Table 1 illustrates the diverse race and ethnic distribution of Texas as a whole and of the individual counties that comprise the seven county service area. Overall, Whites constitute the majority of the population across all the counties, followed closely by Hispanics and African Americans. The largest percentage of Asian (14%) and African American (20%) populations reside in Fort Bend County. Harris County has the largest percentage of Hispanic population (38%) in the service area while Montgomery County has the largest percentage of White population (75%).

Table 1

Race and Ethnicity by County

County	2009 Total Population	White %	African American %	Hispanic %	Asian %	Other %
Texas	24,782,302	47%	12%	37%	4%	1%
Total Komen Houston Affiliate Service Area	5,778,809	50%	11%	19%	4%	1%
Harris	4,070,989	37%	18%	38%	5%	1%
Fort Bend	556,870	40%	20%	24%	14%	2%
Montgomery	447,718	75%	5%	18%	2%	2%
Brazoria	309,208	58%	10%	26%	4%	2%
Galveston	286,814	60%	14%	21%	3%	2%
Liberty	75,779	71%	12%	15%	1%	1%
Chambers	31,431	71%	11%	16%	1%	1%

Sources: U.S. Census Bureau (Population Estimates; American Community Survey 2006-2008)

Table 2

Table 2 shows the percentage of persons 18 years of age and older by county reported to be without health insurance according the U.S. Census Bureau, American Community Survey 2009. In the U.S., 17% of the adult population reported not having health insurance; in Texas the rate of uninsured adults was 27%. The percentage of uninsured adults in the Houston Affiliate service area ranges from 20% in Fort Bend County to 30% in Harris County residents. According to the U.S. Census Bureau, Texas has the highest rate of uninsured residents in the nation.

Percentage of Persons 18 Years of Age and Older Without Insurance by County, 2009

Area	Percent
Harris	30%
Liberty	29%
Texas	27%
Brazoria	23%
Galveston	22%
Montgomery	22%
Fort Bend	20%
U.S.	17 %
Chambers	n/a

Source: U.S. Census Bureau, American Community Survey 2009

Table 3 classifies the 2009 adult population of Texas without insurance by gender, race/ethnicity, education, and total household income per year. The groups more affected by the lack of health insurance are adult males, Hispanics and other minority groups, those who have less than a high school degree and those who earn less than $ 25,000 per year.

Table 3

Percentage of Persons Without Insurance for Texas by Gender, Race/Ethnicity, Education, and Household Income, 2009

Texas	
Gender (Persons 18 Years of Age and Older)	
Male	29%
Female	25%
Race/Ethnicity (Persons 18 Years of Age and Older)	
White	15%
African American	27%
Hispanic	46%
Other	40%
Education (Persons 25 Years of Age and Older)	
Less than High School	47%
High School Graduate	29%
Some College	20%
College Graduate	8%
Income (All persons)	
Below $25,000	36%
$25,000- $49,000	32%
$50,000- $74,000	23%
$75,000- $99,000	15%
$100,000 and Above	8%

Sources: U.S. Census Bureau, American Community Survey 2009

Breast Health Screening Practices

Susan G. Komen for the Cure® recommends that you:

1. Know your risk

- Talk to your family to learn about your family health history
- Talk to your provider about your personal risk of breast cancer

2. Get screened

- Ask your doctor which screening tests are right for you if you are at a higher risk
- Have a mammogram every year starting at age 40 if you are at average risk
- Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40

3. Know what is normal for you

See your health care provider if you notice any of these breast changes:

- Lump, hard knot or thickening inside the breast
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

4. Make healthy lifestyle choices

- Maintain a healthy weight
- Add exercise into your routine
- Limit alcohol intake
- Limit postmenopausal hormone use
- Breastfeed, if you can

A mammogram is an x-ray of the breast. It is considered the best screening tool available to detect breast cancer early.

Table 4 categorizes by race and education the mammography utilization of females aged 40 years and older in the Houston Affiliate service area and Texas between the years 2002 and 2008 combined.

Table 4

Mammogram Utilization by Race and Education in Females Ages 40 Years and Over, 2002-2008 Combined

	Percent (Greater Houston Area) %	Percent (Texas) %
Race/Ethnicity		
White	66	67
African American	58	60
Hispanic	43	49
Other	55	52
Education		
Less than High School	49	55
High School Graduate	56	60
Some College	61	60
College Graduate	63	64

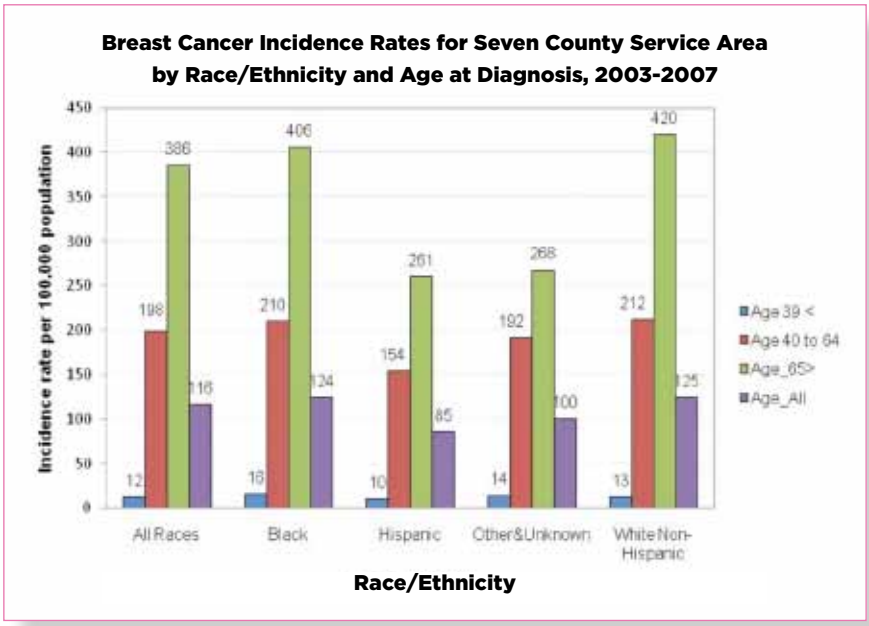
Source: Texas Behavioral Risk Factor Surveillance System, 2002-2008 combined.
All reported rates are weighted for Texas demographics and the probability of selection

The Texas Cancer Registry estimates that over 3,000 residents of the Komen Houston service area will be diagnosed with breast cancer in 2011. At the same time, over 600 residents are expected to die as a result of breast cancer. The overall estimate is based on expected number of cases for Brazoria, Fort Bend, Galveston, Harris and Montgomery counties. Expected number of cases for Liberty and Chambers counties was not included as they were too small to be statistically stable. Moreover, as of 2008, the number of persons living with breast cancer (diagnosed in the last 10 years) in Texas is projected to be 96,052 according to the Texas Cancer Registry.

Figure 1 illustrates the female breast cancer age-adjusted incidence rates between 2003-2007 among residents of the Houston Affiliate seven-county service area by race/ethnicity and age at diagnosis. Among all race/ethnic groups, cancer incidence rates were higher among women age 65 years and older and lower among women 39 years or younger.

Incidence is a way to quantify the number of new cases of an event or disease that develop in a population of individuals at risk during a specified time period. A cancer incidence rate is the number of new cases of a specific type of cancer occurring in a specified population during a year, usually expressed as the number of cases per 100,000 of population at risk.

Figure 1



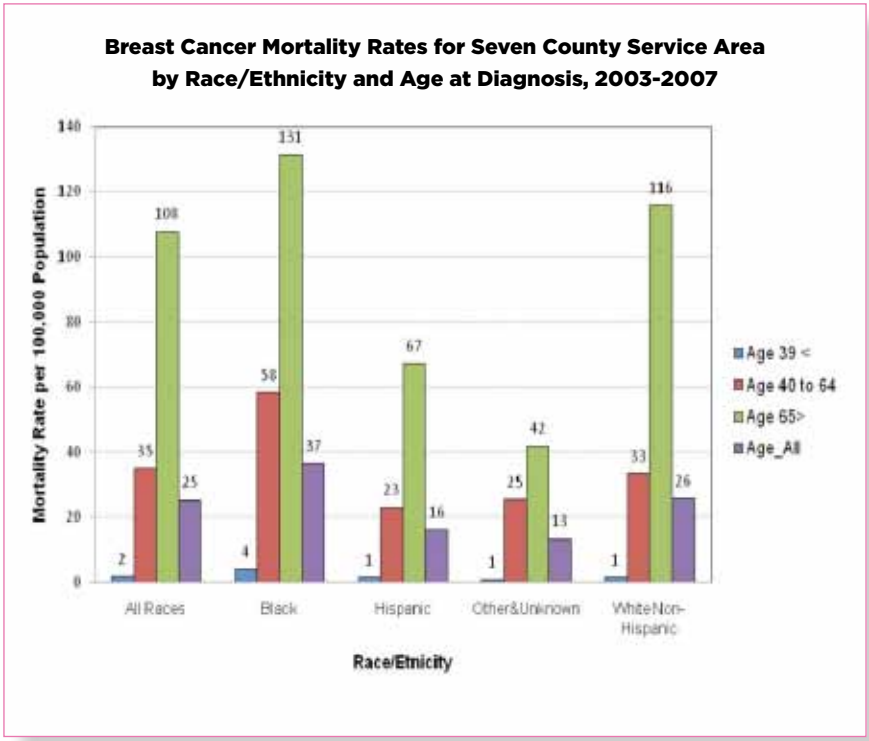
Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry

Figure 2 illustrates the age-adjusted female breast cancer mortality rates from 2003 to 2007 among residents of the Houston affiliate service area by race/ethnicity and age at death. Breast cancer mortality rates were higher among women age 65 years and older in all race/ethnic groups, and lower among women aged 39 years or younger. A cancer mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specific population during a year. Cancer mortality rate is usually expressed as the number of deaths due to cancer per 100,000 of the population at risk.

In the Houston affiliate service area for the time period 2003 to 2007, African American women exhibited the highest breast cancer mortality rate in all age groups.

According to the American Cancer Society, among all racial or ethnic groups, white non-Hispanic women exhibit the highest incidence rate of breast cancer but, among women under the age 40 years, both white non-Hispanic and African

Figure 2



Source: Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry

American women have similar incidence rates. However, African American women are more likely to be diagnosed with larger tumors and late stage breast cancer than White non-Hispanic women. Hispanic women have a lower incidence of breast cancer than White women. In general breast cancer incidence rates among Asian women are low. Nevertheless, when Asian women migrate to the U.S., their risk of developing breast cancer increases up to six-fold. Asian immigrant women living in the U.S. for as little as a decade had an 80% higher risk of breast cancer than new immigrants.

Community Assets Overview

The Affiliate assessed multiple resources to better understand the community assets for breast health services in the community. Twenty-two agencies and programs received grants from the Komen Houston Affiliate for the 2011-2012 year. All funded programs will serve low income women from different race/ethnic backgrounds in communities that make up part of the Houston Affiliate seven county service area. For the first time in 2011, the Houston Affiliate has at least one funded program in each of the seven counties it serves. The Affiliate grant program has grown dramatically during the last year; as a result it was able to award funds to six grantees that were not funded during the previous grant year. Additionally, for the first time Komen Houston Affiliate has a grantee located in Montgomery County. In 2009, the Montgomery County Advisory Council was created to lead the breast cancer movement in Montgomery County by advancing the mission of the Komen Houston Affiliate to meet the local needs of the community.

To help with the transportation challenges in our region, the service area has five mobile mammography units located at UTMB at Galveston, Harris County Hospital District, The Rose (two units) and MD Anderson Cancer Center.

Map 2 shows the location of facilities offering breast health services in the Affiliate service area, encompassing Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty and Montgomery counties, according to the Breast Health Portal. The flags represent the location of the: Federally Qualified Health Centers (FQHC's), hospital district facilities, city clinics, county clinics, and non-profit organizations currently active in the Affiliate service area. The Breast Health Portal is a joint effort between St. Luke's Episcopal Health Charities and the Breast Health Collaborative of Texas.

Map 2

Breast Health Service Providers for Service Area, 2010

Breast and Cervical Cancer Services

The Texas Department of State Health Services' Breast and Cervical Cancer Services program (BCCS) offers clinical breast examinations, mammograms, pelvic examinations and Pap tests at over 200 sites throughout Texas at no or low-cost to eligible women. BCCS is partly funded by the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Current Komen Houston Affiliate grantees and subcontractors who are also BCCS providers include:

- Galveston County Health District
- Harris County Hospital District
- Health Center of Southeast Texas
- Lone Star Community Health Center
- The Rose
- The University of Texas Medical Branch at Galveston

Low-income women who have been diagnosed with breast or cervical cancer that qualify are enrolled in Medicaid for Breast and Cervical Cancer (MBCC) -- not solely coverage of services related to breast and cervical cancer. Their MBCC eligibility continues for the period of time that the woman is considered to be in active treatment for breast cancer.

The program has had great success in the number of women who were treated under MBCC. According the Texas Department of State Health Services, 1,730 applications were processed for MBCC from July 2009 to June 2010. If MBCC were not available, many of these women would have had more delays in treatment, received fragmented cancer care or received no cancer care at all.

Qualitative Data Overview

In order to acquire firsthand information of the breast cancer experience among the target communities, qualitative data was obtained through Participatory Action Research (PAR). Essentially PAR is a social science investigative process that strives to "learn by doing".

Additionally a self-administered, anonymous, "key informant survey" was designed and applied among breast health providers and patient navigators.

Fifty (50) key informants participated in five (5) data gathering activities that were conducted in Harris County at The Rose and United Way of Greater Houston and in Montgomery County at Lone Star Family Health Center and Interfaith Community Health Clinic. They included twenty six (26) breast health care providers from agencies targeting breast health care services to low income populations and twenty four (24) breast health care navigators from the seven county service area.

In **Figure 3**, breast health navigators and providers identified factors that in their view affect whether women will seek and receive appropriate breast health care. In addition, they also proposed actions to address the identified factors.

Figure 3

Factors Affecting Whether a Woman Seeks and Receives Appropriate Breast Health Care and Proposed Actions

Among White Women

Lack of Insurance

Affordable health care
Universal health care coverage

Fear

Better understanding of breast health
Increased confidence in the health care provider/system
explanation of procedures
Increase family support

Inability to take time away from work

The work place providing a half a day for health care purposes
Flexible work schedule
Flexible hours at the screening facility

Lack of finances/Income

Seek donations and grants from agencies

Lack of transportation

Provide mobile units
Provide gas cards/bus passes/ taxi vouchers and parking passes for different medical centers

Unknown Process

Health fairs can explain where to go for affordable breast health
One-on-one assistance completing eligibility information

Among Hispanic Women

Unknown Process

Health fairs can explain where to go for affordable breast health
One-on-one assistance completing eligibility information

Lack of finances/Income

Run ads on TV and radio in Spanish for the process of how to obtain the "Gold card"
Distribute information of existing low cost breast health providers
Seek donations and grants from agencies

Language Barriers

Improve translation services & bi-lingual staff
Print materials and forms in Spanish
Re-train employees to be language friendly
Conduct community outreach in Spanish

Lack of transportation

Provide mobile units
Provide gas cards/bus passes/ taxi vouchers and parking passes for different medical centers
Partner with churches and other community organizations to provide affordable transportation
Organize community support
Increase Medicaid supplement for transportation

Among African American Women

Lack of Insurance/Underinsured

Affordable health care
Universal health care coverage
Check for low cost services in the area of residence

Fear

Better understanding of breast health
Increased confidence in the health care provider/system
explanation of procedures
Increase family support

Literacy/education/outreach

Ask doctors lots of questions
Bring educational campaigns to public sites ex. beauty salons, social gatherings, churches

Lack of finances/Income

Seek donations and grants from agencies
Attend a charity hospital
Attend a community clinic or FQHC

Lack of transportation

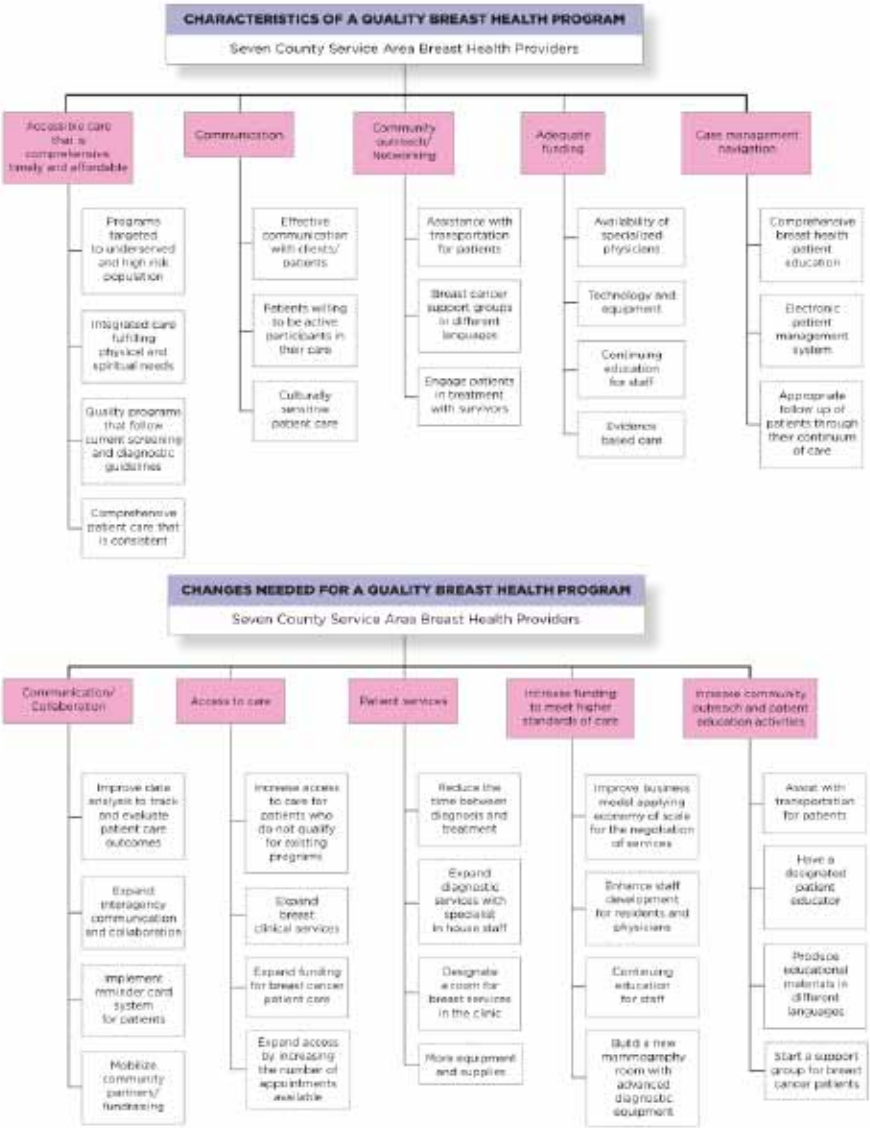
Provide mobile units
Provide gas cards/bus passes/ taxi vouchers and parking passes for different medical centers
Apply for transportation grants

Experience of family death from breast cancer

Individual and group support

In **Figure 4**, twenty breast health providers from the seven county service area identified the characteristics and the changes needed for a quality breast health program. Below are their opinions.

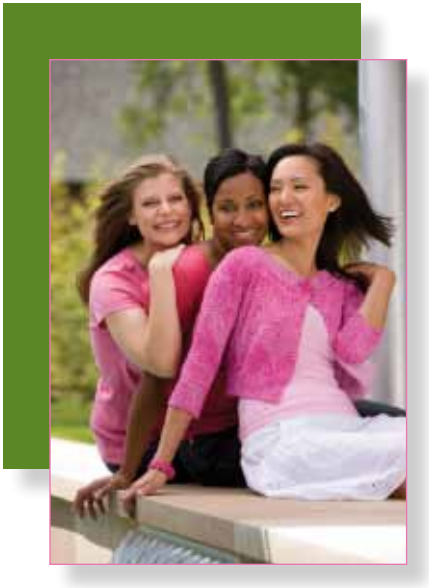
Figure 4



Among breast health providers there is consensus on the need for new partnerships and inter-agency collaborations that provide services at different stages of the continuum of care model. Additionally, all stakeholders state the need for improved communication with their patients, between agencies and providers and among suppliers and providers in order to negotiate reduced cost and increased savings. They also recognize that in order to make their breast health programs accessible, comprehensive, timely and affordable, they must expand their plans to target underserved and high risk populations, as well as improve the quality of their programs to address current screening and diagnostic guidelines and make every effort to provide consistent, comprehensive patient care.

There is need for more bilingual community outreach, assistance with transportation, engagement of survivors with patients undergoing treatment and culturally sensitive support groups in both rural and urban areas. There is also agreement on the positive results achieved from case management and patient navigation, as supported by the available scientific literature. It was reported that patient navigation increased follow up appointments and facilitates the movement of breast cancer patients through the different stages of the continuum of care model. Additionally, patient navigation also provides a suitable environment for the distribution of culturally sensitive breast health patient education materials.

In the end of life, breast cancer patients have the same needs and concerns as other patients facing the last days of a terminal illness. These would include anticipatory grief, custodial care needs, financial concerns, caregiver stress and symptom management, among many other issues and concerns. Although there aren't differences by gender, when it comes to differences in education and income, better educated patients and families have generally investigated options before hand and are more open to alternative care options. Additionally, less educated families have a hard time understanding the consequences of keeping a patient alive when the condition is not survivable.



To acquire first hand information of the breast cancer experience among the target communities, three separate Participatory Action Research (PAR) activities were conducted. Thirty one (31) breast cancer survivors gathered at the American Cancer Society Harris County facility, The Rose in Southeast Houston (Harris County) and Lone Star Family Health Center in Montgomery County.

Emotional support, nutritional counseling, patient navigation, family counseling, social work, transportation and assistance with translation were all services identified by the survivors as needed for women undergoing breast cancer treatment in the target communities.

Conclusions

Findings from the scientific literature search of peer-reviewed studies published between 2005 and 2011 on breast cancer issues among low-income women and breast cancer patients in the United States may be categorized in three groups.

- Disparities in breast cancer diagnosis and treatment
- Access to treatment and barriers to diagnosis
- Predictors of mammography compliance

Overall the themes encountered within the literature review supported the findings of the data gathering activities conducted among the breast health providers and patients. Specifically, in most scientific studies there was evidence of disparities in breast cancer diagnosis and follow up for treatment according to the race/ethnicity of the women treated. African Americans, Hispanics and other minorities generally experienced worse breast cancer outcomes than White/Anglo American women (Adams et al; Moy et al, Meissner et al, Kaplan et al, Consedine et al). However racial/ethnic disparities encountered in breast cancer diagnosis and treatment seem to diminish when equal access to health care was provided and effective communication with a health care provider was established (Kerner et al; Harris et al, Abraido-Lanza et al, Alexandraki et al). Individual counseling, personalized outreach interventions and patient navigation also improved screening rates among vulnerable populations (Rimer et al, Velanis et al, Lobb et al).

Predictors of mammography such as perceived susceptibility and perceived risk/benefit ratio also varied by country of birth, age, educational achievement, race/ethnicity and income of the women in each study. Interventions to increase mammography rates among women need to be tailored to each group according to their unique belief system (Cronan et al, Champion et al, MacAlerney et al). The influence of social networks, such as friends, family members and partners should be taken into consideration in the design of breast cancer screening interventions (Erwin et al; Tejeda et al, Erwin et al).

Overall, access to health care, low socio-economic status/low income and low educational achievement are the most important predictors associated with low rates of regular mammography screening and delayed diagnosis and treatment of breast cancer (Loerzel et al; Fair et al, Shueler et al, Meissner et al, Ogedegbe et al). However, having access to health care or health insurance was the most significant factor identified as a predictor for breast cancer screening, according to results in the National Health Interview Survey (NHIS), a randomized national study, (Meissner et al, Halpern et al, Peek et al, O'Malley et al, Alexandraki et al).

Affiliate Action Plan

Based on results from the *Community Profile,* an action plan with priorities was developed. The timeline to complete the priorities listed below is April 1, 2011 to March 31, 2013.

Priority 1 - Increase breast cancer education and reduce cultural barriers of the underserved, minority and high risk populations.

Priority 2 - Increase use of patient navigation services for underserved patients accessing breast healthy services.

Priority 3 – Increase screening, diagnostic and treatment services for the underserved populations, especially in rural areas.

Priority 4 – Increase the quality of and access to continued survivorship care to include follow-up medical care, support services, transportation services, end of life care and other services for underserved breast cancer survivors. Note: The Komen Houston Affiliate defines a breast cancer survivor as someone who has been diagnosed with breast cancer.

Priority 5 – Increase education and reduce barriers related to enrollment in breast cancer clinical trials for underserved and minority women.

Details and specific objectives for each of these priorities are discussed in detail in the action plan section at the end of the comprehensive 2011 Community Profile.

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