



COMMUNITY PROFILE REPORT

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2011

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The information in this Community Profile Report is founded on the work of the San Antonio Affiliate of Susan G. Komen for the Cure® 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 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

The San Antonio Affiliate of Susan G. Komen for the Cure would like to thank the many partners who contributed time and resources to the completion of this document, including current and past Affiliate board members and grantees, the many providers and key informants who participated in online surveys, and focus group participants. The Affiliate also would like to acknowledge the work of the Community Profile Team:

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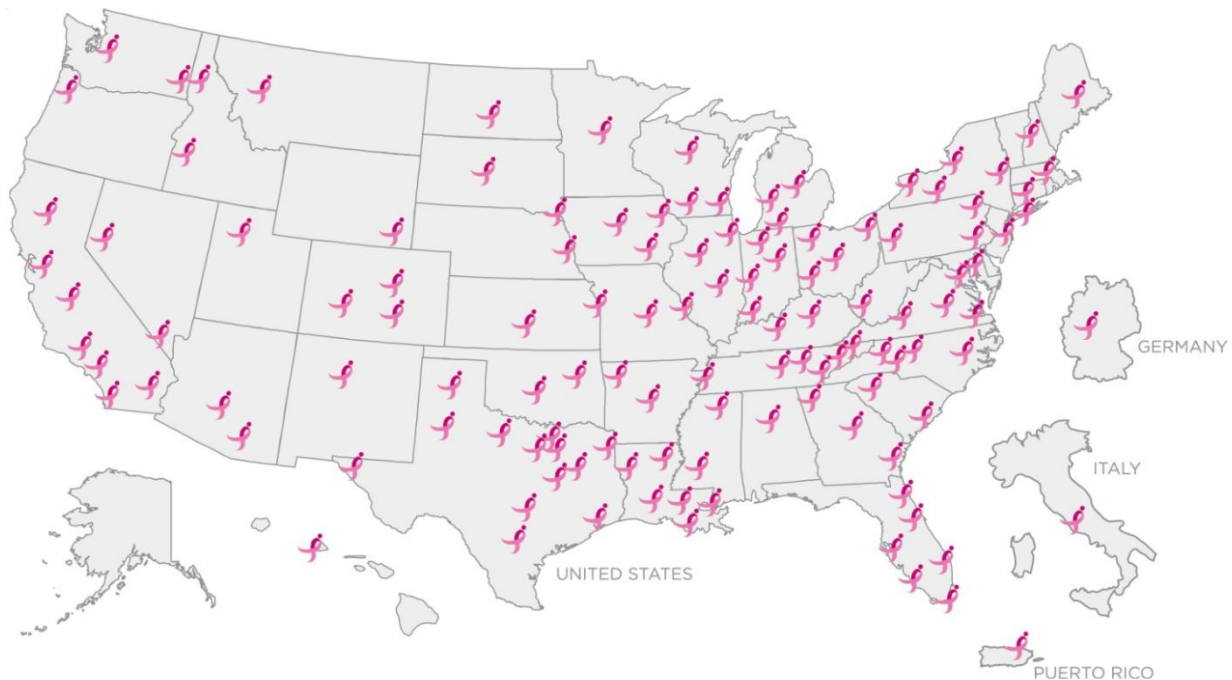
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Executive Summary

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® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Komen has more than 120 Affiliates in cities and communities around the globe and is the largest source of nonprofit funds dedicated to the fight against breast cancer with more than **\$1.9 billion** invested to date.



The San Antonio Affiliate of Susan G. Komen for the Cure® was founded in 1997 by a group of dedicated breast cancer survivors with a shared vision of helping women receive life-saving services in Bexar County. Since inception, the Affiliate has invested more than **\$12.75 million**. Seventy-five percent has funded local nonprofit programs providing vital breast cancer screening, treatment and education in the community. The remaining 25 percent goes to the Susan G. Komen for the Cure Grants Program which supports ground-breaking breast cancer research and scientific programs around the world.

The principal fundraiser for the Affiliate is the Susan G. Komen San Antonio Race for the Cure®. Race day commemorates lives lost to breast cancer, celebrates those who are surviving the battle, and honors families and friends for their support. The 13th annual Komen San Antonio Race for the Cure was held May 1, 2010, attracting 28,529

participants, including 1,500 survivors, and raised nearly **\$1.4 million** for the continued fight to end breast cancer.

In order to determine how best to be good stewards of the community's support, Affiliates conduct Community Profiles to assess the local needs and gaps in service. To meet our promise, the Komen San Antonio Affiliate relies on the Community Profile to guide our work in Bexar County. This document includes an overview of demographic and breast cancer statistics that highlight target areas, groups and issues in San Antonio and surrounding areas. The results of the 2011 Bexar County Community Profile help determine future funding priorities for identified breast health and highest need breast cancer service gaps. The Community Profile strengthens sponsorship efforts, drives public policy work and establishes directions for marketing and outreach. This document also highlights opportunities for meaningful collaborations and partnerships throughout Bexar County.

Statistics and Demographic Review



Methodology

Statistics used in the 2011 Bexar County Community Profile were obtained from a variety of sources. The U.S. Census Bureau's website assisted in obtaining statistics regarding state level populations, housing, economics and geography. The U.S. Census Bureau has been the leading source of quality data about the nation's people and economy since 1790.

The National Cancer Institute's State Cancer Profile's website was used to identify mortality and incidence rates across Texas. The NCI is the nation's principal agency for cancer research and coordinates the National Cancer Program.

Statistics related to women's preventative health, such as mammography rates, were derived from the Kaiser Family Foundation's State Health Facts website. This non-

profit, private operating foundation focuses on the major healthcare issues facing the U.S. Their data is based on an analysis of the Census Bureau's Current Population Surveys and represents two-year averages.

In addition to the online resources, data provided by Thomson Reuters, were supplied to the Affiliate with the respective information at a county level.

Key Findings

- Bexar County has approximately 832,203 women and nearly 42 percent are aged 40 and older. Therefore, roughly 350,356 women are at an increased risk of developing breast cancer and should be targeted for regular mammography screening.
- Bexar County is 58 percent Hispanic/Latina, 32 percent Caucasian, and 7 percent African American. The remaining 3 percent is comprised of minority populations totaling less than 2 percent.
- Approximately 63 percent of women in San Antonio received a mammogram in the past two years. The breast cancer incidence rate was 114 / 100,000 and the mortality rate was 21.2 / 100,000.
- As a whole, Bexar County has a family poverty rate of 13.4 percent with high concentrations among the following zip codes: 39.5 percent in 78202, 33.7 percent in 78208, and 31.8 percent in 78203. The state of Texas has a family poverty rate of 17.3 percent.
- Zip codes in Bexar County with the highest incidence rates are 78205, 78209 and 78257.
- High late stage diagnosis is most frequently seen in zip codes 78202, 78203 and 78220.
- Zip codes with the highest mortality rates are 78205, 78209 and 78220.

Health Systems Analysis

Key Findings

After reviewing available breast health services, the Affiliate determined that existing resources were present in the highest priority areas. Throughout the county, four breast health education programs were identified. These organizations provide education in the form of health fairs, *promotora* programs and speaker's bureaus. Their priority areas include the west, southwest, south, southeast and east regions of Bexar County. Eight community clinics, which also serve as screening facilities, are located in key zip codes throughout similar areas. These clinics are a resource for the low-income, uninsured and underinsured of San Antonio. In addition, it was determined that nine organizations provide treatment services in the form of after-care, biopsies, chemotherapy, exercise,

nutrition and transportation.

Several breast cancer support groups were identified throughout the Affiliate's service area. The support groups serve as a resource for the newly diagnosed and long-time survivors. They provide services which include coping mechanisms, diet and nutrition, breast prostheses, bras and wigs. They are located in the north and northwest areas of Bexar County.

Qualitative Data Overview

Methodology

The Affiliate's data collection efforts included two types of online surveys. A key informant survey was completed by 231 Affiliate stakeholders, of which 95 percent were female. Twenty-nine percent identified themselves as breast cancer survivors and almost 93 percent have insurance. A health provider survey was completed by 15 health professionals, including program managers, registered nurses and medical doctors, of which some are grantees. In addition to the surveys, four focus groups were conducted with women who were not knowledgeable about Komen and did not have a vested interest in the Affiliate. The focus groups were categorized into: African American, Caucasian, Hispanic/Latina and Survivor. Their ages ranged from early 20s to early 70s and represented a variety of key zip codes.

Key Findings

After reviewing the commonalities among focus groups, three important categories were apparent: education, screening and treatment. The participants believed the first step in early detection for breast cancer is through breast self-examination/self-awareness. The women agreed that more attention should be directed toward a healthy lifestyle, and this includes decreasing the amount of stress in each of their lives. The majority of the focus group participants believed that families in their communities are unaware of available resources for the underserved. Not only are residents lacking knowledge of resources in their communities, but also they are lacking breast health education. The women agreed that Komen can reach a greater population by providing breast self-awareness information at area pharmacies and through a mobile mammography unit which travels throughout the county. It was unanimously agreed upon that when there is reason for concern, the woman should seek a second opinion. Through discussions about clinical breast exams and mammograms, it was obvious that more distinctions should be made; the women realized they should get screened, but are not always aware of the differences between clinical exams (manual exam by healthcare professional) and mammograms (X-ray of the breast). The participants were in agreement that more support groups are needed for both survivors and co-survivors. Regarding the newly diagnosed, they agreed that most are unaware of organizations that provide bra prostheses, wigs and accessories.

There were several similarities among the key informant survey results. For example, the overwhelming majority of the respondents said how important breast self-exams are, but stated that most females do not perform them regularly. They also agreed that medical providers in their communities tend to be the most trusted resource for breast health information. Regarding the Affiliate's priorities, they believed that more focus should be placed on the underinsured, the working poor and the low-income in Bexar County.

While analyzing the health provider survey results, the Affiliate determined that the majority of providers believed obesity is a serious and growing health problem in Bexar County. The respondents agreed that the most serious issue regarding breast cancer screening is lack of insurance. In addition, they thought the distance between underserved residents and clinic locations deters priority population women from getting routine breast health services.

Conclusions - Affiliate Priorities and Action Plan

- 1) Promote breast health awareness and breast self-exams through a variety of educational outreach programs in the Affiliate service area.
 - a. Affiliate will initiate an annual breast health program, inviting community members from the top three late stage diagnosis zip codes (78220, 78202, 78203), and will focus on early detection and the importance of screenings. Communication will be targeted to community members via flyers and local organizations within those zip codes.
 - b. Because of the high incidence and mortality rates in the African American community, the Affiliate will focus additional efforts on collaborations with community organizations to educate these women about breast health in their place of worship and introduce the Affiliate to five new congregations by March 31, 2013.
 - c. Enhance pilot program for distribution of breast self-awareness shower cards to area pharmacies twice a year to promote both a healthy lifestyle and breast health awareness. These efforts will target zip codes with high late stage diagnosis (78220, 78202, 78203) and mortality (78205, 78220, 78209).
 - d. Affiliate plans to secure relationships with local district offices and partner with legislative members regarding Komen San Antonio's mission. The 2011 Community Profile and the Texas Cancer Plan will also be utilized to create the base for the Affiliate's advocacy efforts and campaigns.
- 2) Increase the number of breast cancer screenings among residents and community members in San Antonio.
 - a. Increase breast cancer screenings of low-income, uninsured residents by 10 percent through grantees with a deadline of March 31, 2013. Between April 1, 2010 and March 31, 2011, Komen San Antonio grantees screened 1,548 women and men. In the next fiscal year, funds will increase, allowing Komen to allocate additional monies toward our screening goals.
 - b. Partner with local hospitals that operate mobile mammography unit(s) and encourage attendance at the planned Affiliate health program (see 1a) to provide breast cancer screenings.
- 3) Establish relationships with area medical professors, physicians, nurses and pharmacists, who are the primary sources for breast health education in Bexar County.
 - a. By March 31, 2013, we will establish relationships with area professors to educate 50 of their future physician and nursing students on incidence rates among young women, how to perform proper clinical breast exams, and how to be more sensitive with newly diagnosed patients.

- b. Meet with the Bexar County Medical Association and Hispanic Medical Association annually to reach area physicians, nurses and pharmacists to provide them with breast self-awareness literature and tips on how to be more sensitive with newly diagnosed patients.

Introduction

Affiliate History

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, which is the world's largest breast cancer organization and the leading source of nonprofit funds dedicated to the fight against breast cancer with more than **\$1.9 billion** invested to date. Currently, Komen has more than 120 Affiliates in cities and communities around the globe.

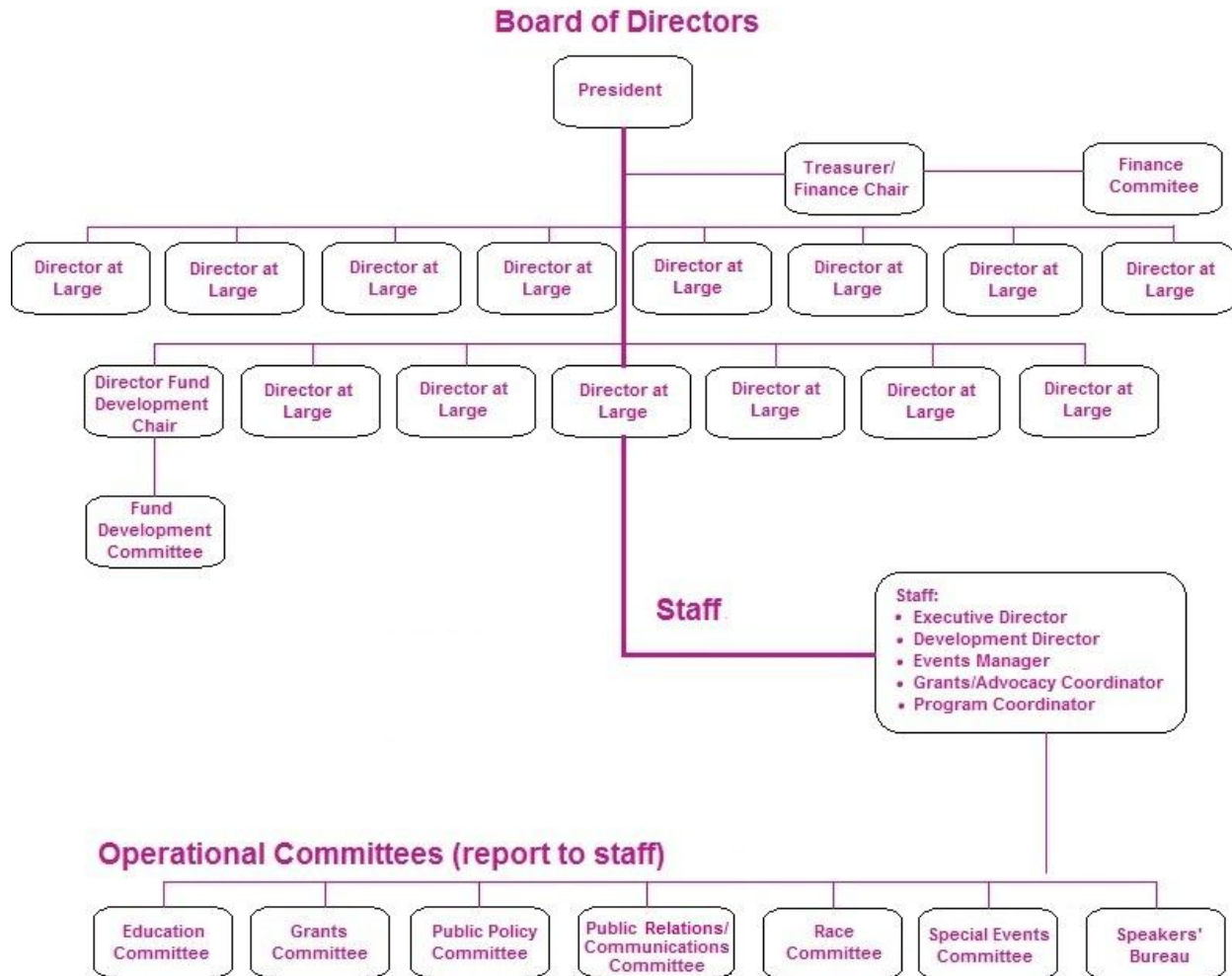
The San Antonio Affiliate of Susan G. Komen for the Cure was established in 1997 by a group of dedicated breast cancer survivors with a shared vision of helping women receive life-saving services in Bexar County. Since inception, Komen San Antonio has invested more than **\$12.75 million** in the fight to end breast cancer. Seventy-five percent of funds support local nonprofit programs providing vital breast cancer screening, treatment and education in Bexar County. The remaining 25 percent goes to the Susan G. Komen for the Cure Grants Program for ground-breaking breast cancer research and scientific programs around the world.

Organizational Structure

The San Antonio Affiliate is governed by a board of directors with up to 15 members. Board members may serve three consecutive two-year terms. Officers of the board include the president and treasurer. Board committees include Finance and Fund Development.

The Affiliate employs a full-time executive director who manages day-to-day operations and reports to the board. Additional staff that report to the executive director include a development director, events manager, grants/advocacy coordinator and program coordinator. Staff efforts are reinforced by many dedicated volunteers. Operational committees that report to staff include: Education, Grants, Public Policy, Public Relations/Communications, Race, Special Events and Speaker's Bureau.

Figure 1: Komen San Antonio Affiliate Organizational Chart



Description of Service Area

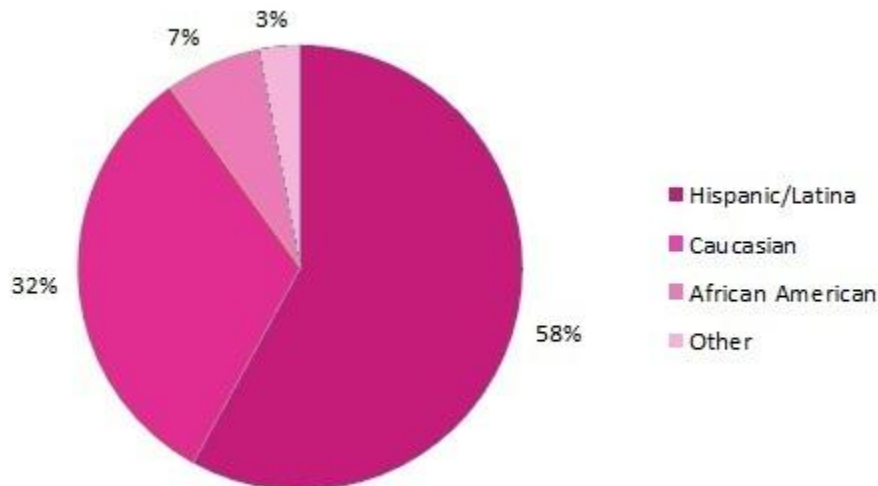
Demographics

San Antonio is the second largest city in Texas and the seventh largest city in the United States. The city's population is expected to grow to 2,172,950 within the next decade. It is home to the second largest college in the University of Texas system and has two additional public universities, four private universities, five community colleges and 28 technical schools. It also is home to the University of Texas Health Science Center at San Antonio, one of the country's leading health sciences universities which ranks in the top 3 percent of all institutions.



The Komen San Antonio Affiliate's service area is Bexar County. The 2009* total population for San Antonio was 1,626,718. A large percentage of San Antonio's population contains military personnel. The U.S. Census Bureau undertakes extensive operations to count military personnel, thus they are included in the total numbers. Of the total population, 794,489 (or 48.8 percent) were males and the remaining 832,203 (or 51.2 percent) were females. Of the 832,229 females, 58 percent were Hispanic/Latina, 32 percent were Caucasian, 7 percent were African American and 3 percent were other (Thomson Reuters ©2010). Figure 2 below shows the percentage of Bexar County residents by race and ethnicity.

Figure 2: Percentage of Bexar County Residents by Race and Ethnicity

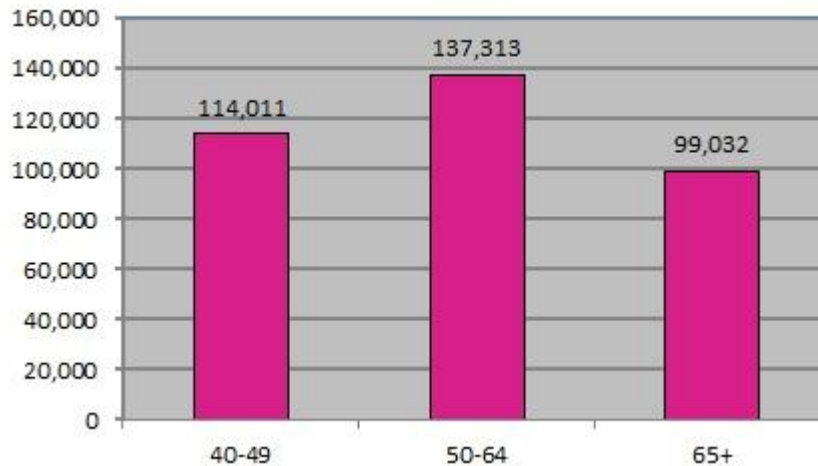


Source: Claritas, Inc. ©2009, Thomson Reuters ©2010

* Early Census data reports that the 2010 population of San Antonio is 1,714,773. Specific male and female populations are unavailable as of March 10, 2011.

Forty-two percent of Bexar County's female population is aged 40 and older. Komen recommends that women receive mammography screening for breast cancer every year starting at 40, if at average risk. Figure 3 below shows the number of women in Bexar County over 40 by age group.

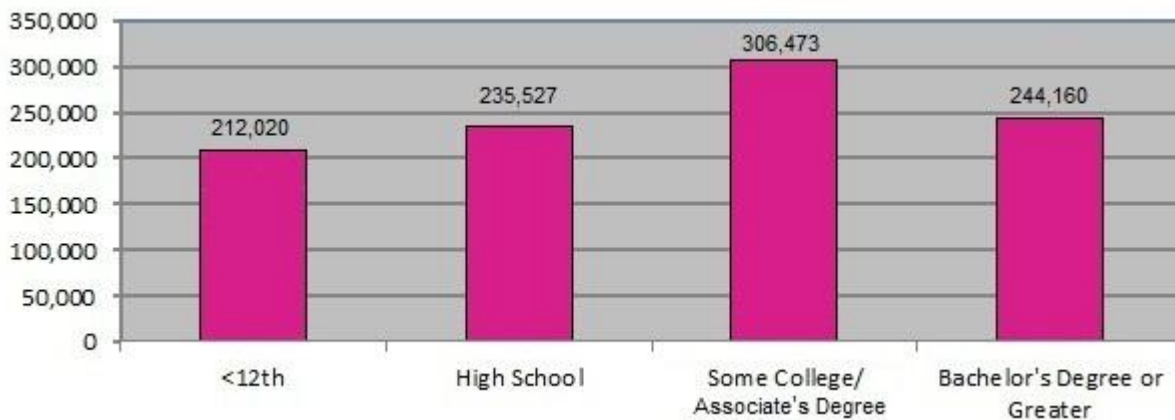
Figure 3: Bexar County Women Aged 40+



Source: Claritas, Inc. ©2009, Thomson Reuters ©2010

More than 60 percent of adults in Bexar County, aged 25 and older, chose to further their education following high school. Twenty-seven percent obtained a bachelor's degree or greater while the state average is 25.4 percent. The national average for those who completed a degree is 27.5 percent. Figure 4 below shows the number of adults by educational status in the county.

Figure 4: Education Level of Adults in Bexar County



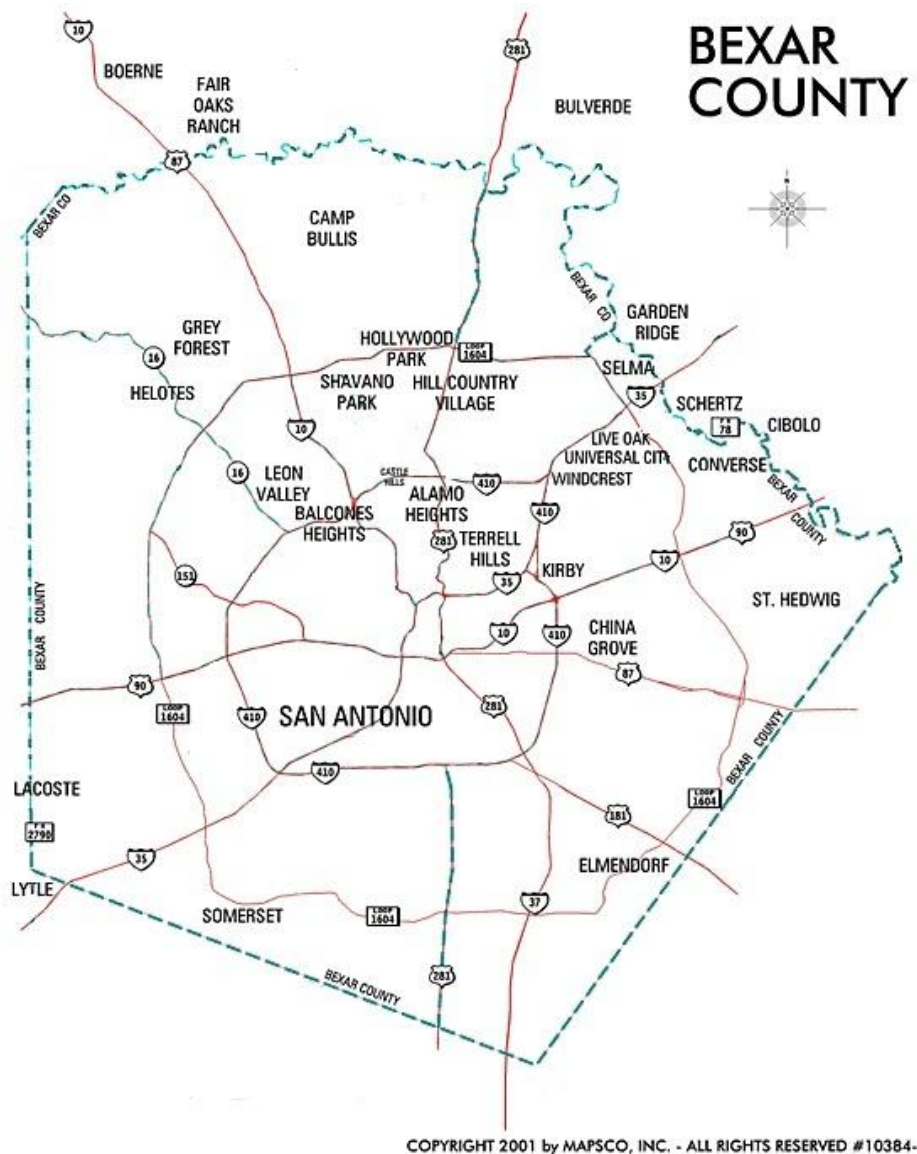
Source: Claritas, Inc. ©2009, Thomson Reuters ©2010

In 2009, 64.8 percent of Bexar County residents, aged 16 and older, were employed. Nearly 6 percent were unemployed and 30 percent were not in the labor force. In 2009, the median household income for the city of San Antonio was \$45,688, while the median household income for the state of Texas was \$48,199 (U.S. Census Bureau).

Geography

Bexar County is located in South Central Texas. It has a total area of 1,257 square miles; 1,247 square miles are land and the remaining 10 square miles are water. There are a total of 72 cities, villages and towns in the county. Figure 5 is a map of Bexar County.

Figure 5: Geographic Map of Bexar County



Purpose of the Report



The 2011 Bexar County Community Profile is a comprehensive needs assessment of the Affiliate service area. This community assessment helps the Affiliate determine future funding priorities for identified breast health and breast cancer service gaps, specific needs and areas of highest priority in Bexar County. It includes both quantitative and qualitative statistics related to breast cancer incidence, mortality, mammography screening, and perceptions about breast health and resources in the community. The Community Profile builds the foundation for the Affiliate's strategic mission and operational planning in local efforts to save lives and end breast cancer forever by empowering people and ensuring quality care for all.

Breast Cancer Impact in Affiliate Service Area

Data Sources

Quantitative data used throughout the Bexar County Community Profile was gathered from a variety of sources. Claritas, Inc. ©2009 and Thomson Reuters ©2010 provided abundant information. For example, the number of Bexar County women aged 40 and older, the percentage of Bexar County women by Race, the top 10 poverty zip codes, the percentage below federal poverty level in Bexar County, and the education level of adults in Bexar County were obtained from this source. Kaiser Family State Health Facts contributed data regarding mammography rates for women aged 40 and older in the last two years (2008). In addition, the source provided incidence (2004-2007), mortality (2004-2007), and poverty rates (2009) for African Americans, Caucasians and Hispanic/Latinas in Texas. Incidence and mortality rates for Bexar County and Texas were derived from the National Cancer Institute's State Cancer Profiles (2003-2007). And finally, the Bexar County Health Collaborative provided data regarding area mammography rates for women 40 and older in the last two years (2004-2005).

Statistics were reviewed using the most recent available data. Different sources were then compared to see how closely the statistics from each source matched. Any sources that seemed to deviate significantly were deemed unreliable and were not included in the analysis.

Overview of the Affiliate Service Area

Bexar County has approximately 832,203 women and nearly 42 percent are aged 40 and older. Roughly 260,356 women are in the key age range targeted for regular mammography screening and are at an increased risk of developing breast cancer. Table 1 displays the female population in Bexar County and the state of Texas.

Table 1: Female Population in Bexar County and Texas

	Bexar County	Texas
# of Females	832,203	10,498,910
Percent of Population	51.20%	50.40%
Hispanic / Latina	58%	31%
Caucasian	32%	58%
African American	7%	9%
Other	3%	2%

Source: Claritas, Inc. ©2009, Thomson Reuters ©2010, U.S. Census Bureau

Poverty rates in the state of Texas are higher than the national average. Thirteen percent of families in Bexar County live below the federal poverty level, compared to 10 percent in the United States (American Fact Finder). Poverty rates for ethnic minorities are greater than the rates for those of non-minority backgrounds. Table 2 below shows the poverty rate by racial and ethnic groups in Texas.

Table 2: Texas Poverty Rates by Race and Ethnicity

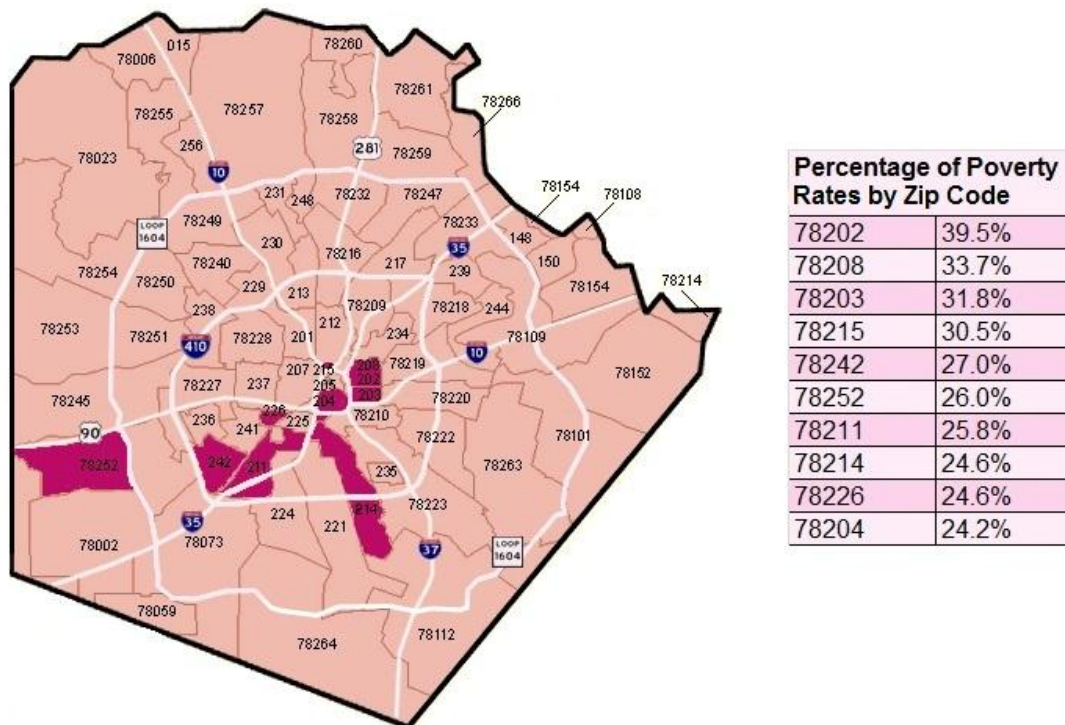
Race	Poverty Rate
African American	30%
Caucasian	11%
Hispanic / Latina	34%
Other	25%

Source: Kaiser Family State Health Facts

Bexar County has several zip codes with higher concentrations of poverty. Figure 6 and Table 3 display the top 10 zip codes by poverty concentration in Bexar County.

Figure 6: Top 10 Poverty Areas by Zip Code, Bexar County, 2010

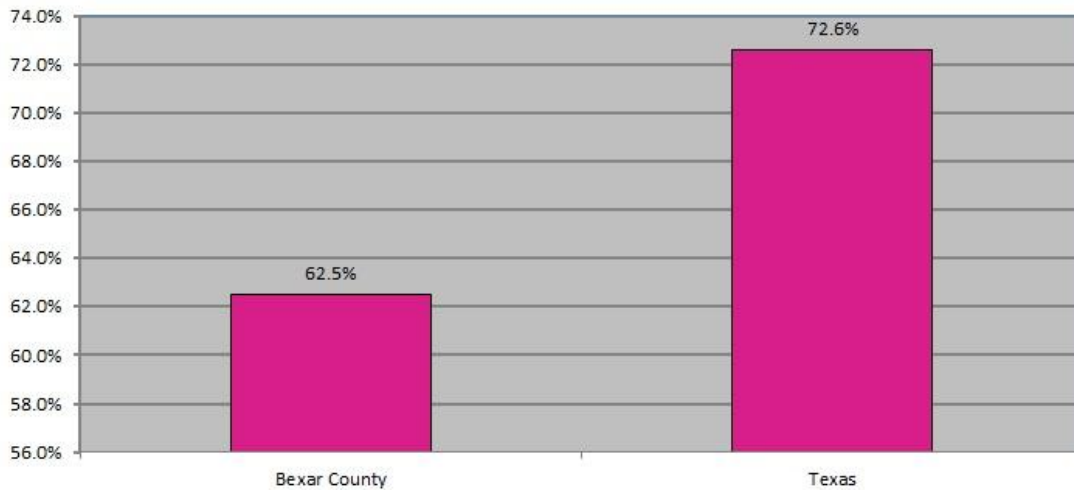
Table 3: Percentage of Poverty Rates by Zip Code



Source: Claritas, Inc. ©2009, Thomson Reuters ©2010

Overall, Bexar County has lower mammography screening rates when compared to the state of Texas. Figure 7 displays the percentage of women, of all races and ethnicities, over the age of 40, who have had a mammogram in the past two years.

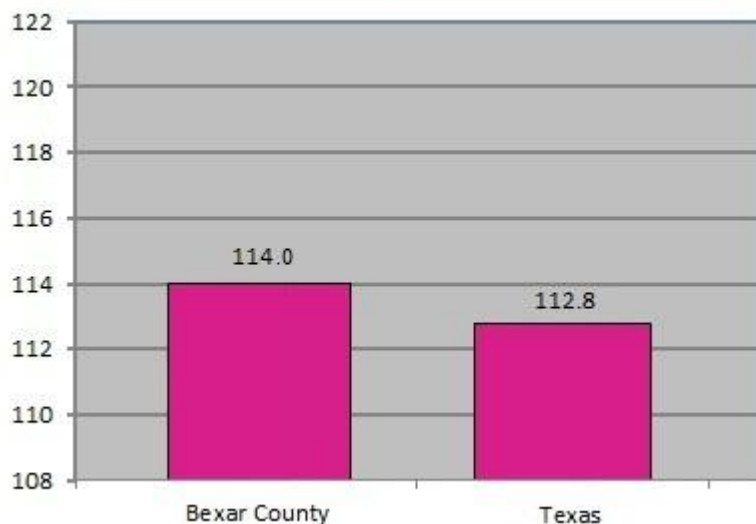
Figure 7: Women Who Had a Mammogram in the Past Two Years, All Races 40+



Source: Bexar County Health Collaborative, Kaiser Family State Health Facts

The number of women who live in Bexar County that have had a mammogram in the last 12 months is significantly lower at 37.5 percent (Claritas, Inc. ©2009, Thomson Reuters ©2010). Bexar County breast cancer incidence rates are higher than the state average. Figure 8 below shows age-adjusted breast cancer incidence rates for all races, 2004-2007.

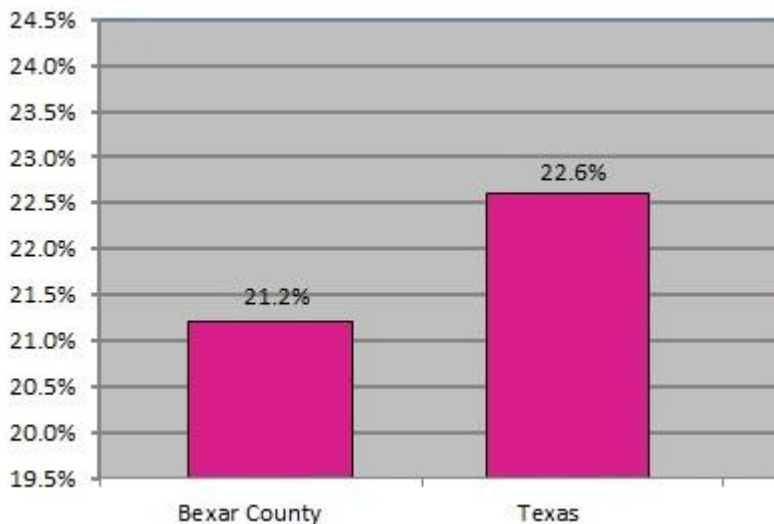
Figure 8: Breast Cancer Incidence Rates, All Races, 2004-2007



Source: National Cancer Institute's State Cancer Profiles

Bexar County's breast cancer mortality rate is lower than the state average. Figure 9 displays the age-adjusted breast cancer deaths per 100,000 for all races, 2003-2007.

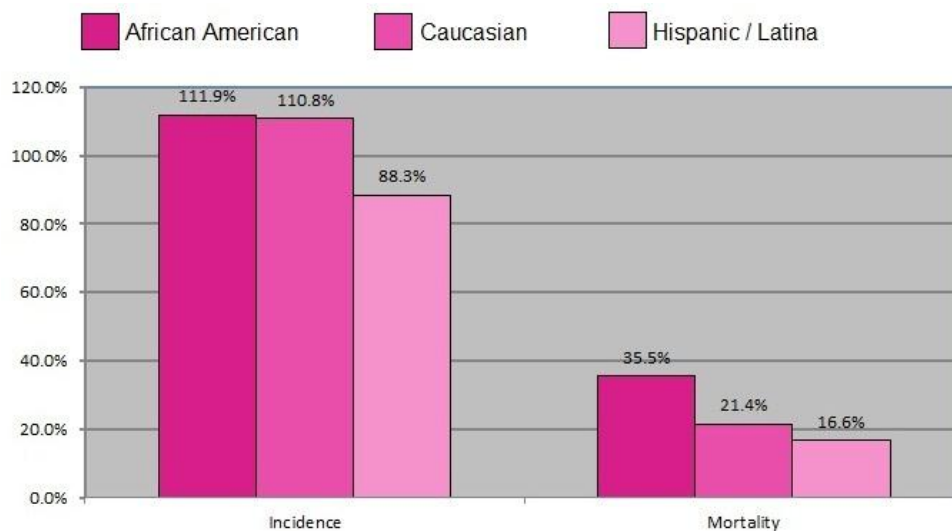
Figure 9: Breast Cancer Mortality Rates, All Races, 2003-2007



Source: National Cancer Institute's State Cancer Profiles

Nationally, African Americans are known to have a low incidence rate and a high mortality rate. This can be attributed to a lack of knowledge, financial barriers, later stage diagnosis and, as recent research is demonstrating, breast cancer with distinct and potentially more deadly features. In comparison, African Americans in the state of Texas have a high incidence rate and a low mortality rate. Figure 10 displays the state incidence and mortality rates for African Americans, Caucasians and Hispanic/Latinas, 2006-2007.

Figure 10: State Incidence and Mortality Rates by Race, 2006-2007



Source: Kaiser Family State Health Facts

Communities of Interest

While reviewing various zip codes, regions and populations in Bexar County, several communities stood out. The city as a whole was found to have relatively low mammography screening rates. When looking at areas with a high frequency of high incidence rates, late stage diagnoses and high mortality rates, several zip codes were higher than average.

Highest Incidence Rates by Zip Code

- 1) 78205
- 2) 78257
- 3) 78209

Zip code 78205 is 61 percent Hispanic/Latina, 31 percent Caucasian and five percent African American. Zip code 78257 is 70 percent Caucasian, 25 percent Hispanic/Latina and less than one percent African American. Zip code 78209 is 64 percent Caucasian, 29 percent Hispanic/Latina and four percent African American. Due to the high incidence rates in these areas, more attention should be directed towards prevention methods, such as breast self-awareness, diet and exercise and limiting alcohol consumption.

Highest Late Stage Diagnosis by Zip Code

- 1) 78220
- 2) 78202
- 3) 78203

Zip code 78220 is 46 percent African American, 42 percent Hispanic/Latina and 10 percent Caucasian. Zip code 78202 is 63 percent Hispanic/Latina, 30 percent African American and five percent Caucasian. Zip code 78203 is 71 percent Hispanic/Latina, 24 percent African American and three percent Caucasian. A late stage diagnosis can be avoided with routine breast self-exams beginning at an early age, clinical breast exams beginning at age 20 and annual mammograms that are recommended for women age 40 and older.

Highest Mortality Rates by Zip Code

- 1) 78205
- 2) 78220
- 3) 78209

The percentages of ethnicities for each zip code are stated above. Mortality rates can be decreased through proper diet and exercise, lowering stress levels and early stage diagnosis.

Conclusions

The Affiliate chose their target areas based on findings from communities of interest. The target communities for the Affiliate are zip codes 78202, 78203, 78205, 78209, 78220 and 78257. These areas were chosen because of their high incidence rates, high late stage diagnoses and high mortality rates (see Figure 11 for map).

Studies have shown that by maintaining a healthy lifestyle, continuing breast self-awareness, limiting alcohol consumption and receiving proper screenings, a person's chance of developing breast cancer decreases. However, breast cancer does not discriminate and affects one in eight women over the course of her lifetime. The outcomes can be devastating and the path to recovery can be just as life-altering. With the high costs of treatment, those diagnosed often resort to foreclosure and bankruptcy to make ends meet. Due to lack of funding and the high number of women needing assistance, government and private programs are unable to assist each person that needs help.

In addition to the extreme costs associated with the treatment of breast cancer, a newly diagnosed woman must also face the challenge of multiple-year prescriptions. They are often turned away from new insurance companies because of pre-existing conditions and with the amount of time spent receiving treatment, many patients lose their jobs. One of the most hurtful things that a breast cancer patient often goes through is the abandonment of a spouse. A woman's body is physically changed after her diagnosis and treatment, which makes it difficult for loved ones to accept.

Health Systems Analysis of Target Communities

Overview of Continuum of Care

The continuum of care is the various phases of a woman's journey from breast health to disease and return to health. There are three possible routes a woman can encounter during her continuum of care. The first involves a clinical breast exam and/or a mammography screening and follow-up. This course is one a woman would take if she is older than 20 and received a clear clinical breast exam and unremarkable sonogram or mammogram, depending on her age. Another route involves an abnormal mammogram or sonogram, with or without biopsy, which finds the lesion of interest to be benign or fibrocystic. A third possibility includes a screening mammogram followed by a diagnostic mammogram, possibly a biopsy and MRI, a breast cancer diagnosis and staging, breast cancer treatment and follow-up. These three possible trajectories encompass most aspects of breast health from screening through treatment.

When analyzing the data, special attention should be directed to various gaps, barriers and issues present for women at each phase of the continuum of care. For example, it is often challenging to convince a woman who is over the age of 40 to get a mammogram. Many times, women neglect health screenings because of costs or lack of insurance. Fear of pain is an additional factor which prevents women from having an annual mammogram. Once diagnosed with breast cancer, there is an underlying suspicion that the diagnostic tests were wrong or the fear of an unbearable treatment.

Regarding breast cancer treatment, the first concern is the cost. Some women have no insurance, while others are underinsured. The deductibles are usually high and those with insurance still cannot pay what is required. In addition to the treatment costs, side effects, especially hair loss, tend to discourage some women from getting proper care. Chemotherapy and radiation are surrounded by misinformation. Surgery may be seen as mutilating. Many women fear loss of jobs or a long period of disability. Follow-up visits are the last, but most crucial part of the continuum of care. At this point, the physician updates the woman on her status and offers advice and important information. This makes some women fearful, as they think the cancer is not completely gone or they are afraid of recurrence.

There are several gaps in Komen San Antonio's service area, such as transportation and lodging. The only two organizations in Bexar County that provide transportation for breast cancer patients to various treatment and follow-up appointments are American Cancer Society and the ThriveWell Cancer Foundation. Regarding lodging for low-income, out-of-town patients currently going through treatment in San Antonio, the American Cancer Society is the only organization that will secure a reduced rate hotel room in a clean and safe environment at no cost to the patient. There is currently no facility in our service area that provides a safe haven for those undergoing vigorous, long-term treatment. With so many breast cancer patients travelling from Laredo, Corpus Christi and the Rio Grande Valley to San Antonio for their treatment, lodging is pertinent to their recovery.

Regardless of the phase, the continuum of care has many gaps, barriers and issues for women and men in the community, and ultimately influences the statistics in target communities.

Methodology

Many sources were analyzed to provide the most current breast health resources in Bexar County. The Affiliate has longstanding relationships with area grantees, support groups and organizations, all contributing to the fight to end breast cancer. The following is a guide outlining available resources, each specializing in a specific phase of the continuum of care.

Overview of Community Assets



In addition to the Affiliate, Bexar County has a number of breast cancer resources that range from a focus on breast health education and awareness to various support groups for survivors. The following summary provides a brief description of services for current breast cancer resources in Bexar County.

There are several organizations within Komen San Antonio's service area that provide breast health information to our community. The American Cancer Society, located in the medical center, is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem, through community education and resources. The Alamo Breast Cancer Foundation, the Alamo City Cancer Council and the American Cancer Society Breast Health Committee are volunteer-based organizations that raise public awareness and educate the community about breast cancer. The Witness Project, located on the east side, is a community-focused intervention designed to deliver culturally sensitive messages from African American advocates to the African American community. YWCA's *Encoreplus* program provides referral services and education on early detection of breast and cervical cancer to medically underserved women in San Antonio and surrounding areas. Habla Con Tu Hermana and Martinez Street Women Center's *Entre Mujeres/Between Women* Project provide education, outreach and support services to underserved, low-income, minority women in the east, south and west sides of San Antonio through a peer-to-peer promotora network.

CentroMed, CommuniCare Health Centers and the University Health System are full-service family health care providers who receive Komen funds to conduct clinical breast exams, screening mammograms and diagnostic breast treatment for low-income and under- or uninsured women on San Antonio's east, south and west sides. CHRISTUS Santa Rosa Health System travels throughout Bexar County to provide mobile mammography screenings at requested locations. The University Health System has recently purchased a digital mobile mammography unit that will arrive in the fall of 2011 and will serve the same purpose.

SLEW Wellness Center, located in northeast San Antonio, provides emotional and physical support for underinsured and low-income women who are recovering from and/or undergoing breast cancer surgery, chemotherapy or radiation treatment. ThriveWell Cancer Foundation's DIVA program has multiple locations that provide complimentary treatment to breast cancer patients and survivors offering more than 50 free exercise classes and two nutritional counseling sessions per month. WINGS works with medical providers from all sides of San Antonio to offer no-cost patient navigator services and comprehensive treatment (diagnostics, treatment and reconstruction) for uninsured women diagnosed with breast cancer or recurring breast cancer who have no other options for care. The Cancer Therapy and Research Center, located in the medical center, provides various screening, diagnostic and treatment services for multiple cancers, including breast cancer.

Current Partnerships

The Affiliate is a member of the Alamo City Cancer Council, the American Cancer Society Breast Health Committee, the Breast and Cervical Cancer Services Committee and has a longstanding relationship with all current and past grantees. The Affiliate sponsors round table meetings with grantees, assisting them in making vital connections, thus improving available services.

Asset Map

With the listing of available resources in Bexar County, an asset map was created. Its purpose is to show the disparities and gaps within San Antonio, highlighting the areas of greatest need. Figure 11 on the next page shows area treatment, screening, education and accessory locations in Bexar County. It also highlights the target zip codes in our communities of interest.

Program goals include reducing breast and cervical cancer mortality rates for Texas women. Since the BCCS' start in 1991, 260,912 unduplicated women received screening for breast or cervical cancer; this figure accounts for 189,259 breast cancer screenings and 161,669 cervical cancer screenings.

In 2010, the BCCS screened 20,724 women for breast cancer and 625 were diagnosed with breast cancer. Texas has 541,602 eligible women for the BCCS program, but only 3.5 percent receive services due to funding issues. In Bexar County, from July 2009 to June 2010, 39,409 women were eligible to receive BCCS services—1,989 were screened and 29 diagnosed.

Bexar County currently has three BCCS provider organizations: CentroMed, CommuniCare and University Health System.

Texas voters created the Cancer Prevention and Research Institute of Texas (CPRIT) in 2007 which allows the state of Texas to issue \$3 billion in general obligations bonds over the period of 10 years to fund cancer research and prevention grants.

CPRIT's goal involves making Texas a world leader in cancer research and prevention through collaborations with various entities including governmental organizations, academic health institutions, universities, and public and private companies.

Since 2007, CPRIT has granted more than 230 grants in excess of \$269 million for cancer research and prevention in Texas.

The current state of the Texas budget includes a significant 2011 budget shortfall of \$15-27 billion in revenue. Because the Texas Legislature is planning on utilizing a "cuts only" budget, without new revenue or taxes, possible cuts in funding could reduce medical reimbursement rates for Medicaid providers, Medicaid and state health services by \$241 million.

Without the aid of the BCCS, adequate Medicaid and other state health services, many underserved women will delay or forego screenings, leading to later-stage cancers and increased mortality from breast cancer. CPRIT's grants, as of March 2011, are scheduled to be funded for the next fiscal year and are not in jeopardy of cuts.

The San Antonio Affiliate of Susan G. Komen for the Cure is developing a Public Policy Committee to better advocate for our target communities as legislative issues arise.

Conclusion

Health Systems Analysis encompasses the overall experience of women in our target communities regarding breast health. For example, the continuum of care includes various phases of a woman's journey from breast health to disease, and return to health. Women aged 20 - 40 should receive clinical breast exams at least every three years; while women aged 40 should receive both a clinical breast exam and a mammogram annually.

Lack of funding magnifies the gaps and barriers in our service area, such as no insurance, fear of treatment and outcome, transportation and lodging. More funding will help to cover the high prices of mammograms, treatment and travel accommodations.

Bexar County has a number of breast cancer resources that range from a focus on breast health education and awareness to various support groups for survivors. The Komen San Antonio Affiliate is actively involved with these organizations, as they provide local breast cancer screening, treatment and education services to our community.

The Texas Breast and Cervical Cancer Services Program (BCCS) offers breast and cervical cancer screening, diagnostic and patient navigation services to low-income, uninsured or underinsured women who do not qualify for Medicaid. Bexar County currently has three BCCS provider organizations: CentroMed, CommuniCare and University Health System. Without the aid of the BCCS, adequate Medicaid and other state health services, many underserved women will delay or forego screenings, leading to later-stage cancers and increased mortality from breast cancer. However, there are 541,602 eligible women for the BCCS program, but only 3.5 percent receive services due to funding issues.

Breast Cancer Perspectives in the Target Communities

Focus Groups

Methodology and Overview

The Affiliate held a focus group for women from each of its primary ethnic populations including African American, Caucasian, Hispanic/Latina and breast cancer survivors. When recruiting for non-survivor focus group participants, the Affiliate's grantees were contacted to help identify women between 30 and 65 years of age from various ethnicities and socio-economic backgrounds that were not associated with any of their breast health/cancer programs. Because our grantees provide additional health services at their locations, this recruitment method would ensure that the focus groups consisted of women from the general public with little knowledge of Komen. Each focus group was held at the local Komen office and the data was recorded by hand via two staff members.

The goal of each focus group was to determine what women in our community do and do not know about their personal breast health, their own experiences, available services and resources, and Susan G. Komen for the Cure. We used an enhanced survey, previously developed by the University of Texas Health Science Center San Antonio's Institute for Health Promotion and Research. Non-survivors were asked what comes to mind when hearing the word cancer, what steps they would take to make a family member feel more comfortable after a diagnosis, how often they take care of their own breast health needs and the differences between a breast self-exam, a clinical breast exam and a mammogram (i.e. a clinical breast exam is performed manually by a medical professional, while a mammogram is a digital X-ray of the breast). They also were asked where women in their communities go for health information, how they pay for their breast health services and what they are doing in their personal lives to protect themselves from a cancer diagnosis. The breast cancer survivors were asked what services they wished they had at the time of diagnosis, what changes they have made to stay healthy and the most important way that breast cancer affected their lives. In addition to the focus group questions, the women were asked to complete a demographic questionnaire requesting personal information.

Each focus group was facilitated by a woman with a similar ethnic background, with the exception of the survivor focus group which was facilitated by a breast cancer survivor. It consisted of 10 women with ages ranging from 29 to 67 years old. Household income levels varied between less than \$10,000 up to \$40,000. Of the 10 survivors, three were African American, two were Caucasian and five were Hispanic/Latina. When asked how they paid for their breast cancer treatment, most women reported either private insurance or Medicaid, while only one reported a non-profit grant.

The African American focus group consisted of six women with ages ranging from 40 to 53 years old. Their household income levels varied between \$20,000 and more than \$50,000. The overwhelming majority of the women were college graduates and four of the six were married.

The Caucasian focus group consisted of five women whose ages ranged from 36 to 71 years old. Their household income levels varied between \$10,000 and more than \$50,000. Four of the five women had some college, while only one woman completed her degree and three were married.

The Hispanic/Latina focus group consisted of six women whose ages ranged from 22 to 58 years old. Their household income levels varied between \$20,000 and more than \$50,000. Three women were college graduates, two completed some college and one was a high school graduate. Only two of the women were married.

Of the 17 non-survivor focus group participants, only one does not receive routine clinical breast exams. Of the 13 women aged 40 and older, only 10 receive yearly mammograms.

Key Findings

Upon reviewing the commonalities between focus groups, three important needs, related to affiliate priorities, were apparent: education, screening and treatment.

Education

- 1) The first step in breast cancer detection is through a breast self-exam/self-awareness.
- 2) More attention should be directed to healthy living and decreasing stress.
- 3) People are unaware of available resources for the underserved and their families in our community.
- 4) Komen can reach a greater population by providing breast health self-awareness information at pharmacies.
- 5) A major point vocalized in the survivor focus group was that as newly diagnosed breast cancer survivors, they were unaware of organizations that provided bra prostheses and wigs.

Screening

- 1) If there is cause for concern, a second opinion should be considered.
- 2) More distinctions should be made between clinical breast exams and mammograms.
- 3) A greater population can be reached through the use of a mobile mammography unit(s).

Key Informant Surveys

Methodology and Overview

The Affiliate created an online key informant questionnaire through Survey Monkey. This assessment was distributed to the Affiliate's constituent database, as well as the Affiliate grantees to share with patients, to determine their thoughts on breast health information and education, screening, treatment and diagnostic services. A total of 231 surveys were completed, of which 95 percent of the respondents were female and 2 percent resided in the top poverty zip codes of Bexar County. Twenty-nine percent were breast cancer survivors and 93 percent had insurance.

When asked if the respondents think breast self-exam/self-awareness is important, 83 percent said yes and 2 percent said no. When asked if they practice monthly breast self-exam/self-awareness, 48 percent said yes, while 10 percent said no.

When asked if the respondents think clinical breast exams are important, 87 percent said yes and 2 percent said no. When asked if they get their annual clinical breast exam, 85 percent said yes and 9 percent said never.

When asked if the respondents think annual mammograms for women aged 40 and older are important, 89 percent said yes and 1 percent said no. Of the females that completed the survey, 167 are over the age of 40. Only 135 of those women get yearly mammograms. When asked why the remaining women do not get a yearly mammogram, 9 percent stated they cannot afford one, 10 percent are uninsured, 7 percent believe they cannot get breast cancer because no one in their family had and 3 percent are fearful of finding something malignant.

The respondents noted that the top three ways to receive information on breast cancer are through doctors/nurses, at community health fairs and on television. They also said that schools are a great place to get the word out. When asked if they would have access to financial assistance should they be diagnosed with breast cancer, 10 percent said they would need help. They believe that people in their community are unable to complete their routine health care due to lack of insurance, fear and absence of financial resources.

The key informants ranked Bexar County's top priorities as follows:

- 1) Underinsured
- 2) Working poor
- 3) Low-income
- 4) Hispanics/Latinas
- 5) Caucasians
- 6) African Americans
- 7) Elderly

Key Findings

Key Informant Surveys

- 1) An overwhelming majority of the respondents realize how important breast self-exams are, but do not perform them regularly.
- 2) Medical providers are the most trusted resource for breast health information in Bexar County.
- 3) The Affiliate should focus on the underinsured, the working poor and the low-income.

Health Provider Surveys

Methodology and Overview

The Affiliate created an online provider questionnaire through Survey Monkey. This assessment was distributed to Affiliate grantees, area medical professionals and key program personnel. The goal of the survey was to evaluate their knowledge of breast cancer, health resources and key health disparities in Bexar County. A total of 15 surveys were completed.

Regarding general health, 40 percent of the providers felt that cancer is a serious health problem in our community. Fifty-three percent said stress is an issue and 67 percent noted obesity is an extremely severe problem.

When asked about various barriers regarding breast cancer screening, 71 percent of the providers believe being uninsured or underinsured is a major problem. In addition, fifty-seven percent of the respondents felt the majority of Bexar County residents cannot afford breast health services. According to medical providers, undocumented women are a top priority because they fear the healthcare system process. They also believe that the lack of medical providers and location of services are too far away for those residing in top priority areas.

The health providers believe there are several barriers preventing women from getting proper treatment: 64 percent feel that uninsured women delay treatment because they are fearful of being turned away, 50 percent of the health providers think recently diagnosed women cannot afford the services and 42 percent feel women who do not get treatment for breast cancer are living in poverty.

Seventy-one percent of the respondents think a lack of preventative behavior is a serious factor that Bexar County faces. Fifty-seven percent believe women in our community are not aware of available services. In addition to themselves, 80 percent of the medical providers noted that non-profits are a credible source for providing health information.

The health providers ranked Bexar County's top priorities as follows:

- 1) Hispanics/Latinas
- 2) Women aged 40-49
- 3) Uninsured/Underinsured
- 4) Low-literacy
- 5) Low-income

Key Findings

Health Provider Surveys

- 1) The majority of providers believe obesity is a serious and growing health problem.
- 2) The most serious issue regarding breast cancer screening is lack of insurance.
- 3) The distance between their place of residence and clinic locations is a deterrent for the general population to receive routine breast health services.

Conclusions

Review of the Findings

Demographics and Statistics

Data related to the target areas of Bexar County show that the region is primarily Hispanic/Latina and Caucasian, with a small percentage of African Americans. San Antonio is comprised of 832,203 females, while 42 percent of those women are over the age of 40. More than 60 percent of the working population (aged 25 and over) have attended college and/or received a degree. Poverty is concentrated among the Hispanic/Latina and African American populations and zip codes 78202, 78208, 78203, 78215 and 78242, which are located in the central and southwest sides of San Antonio. Both key informants and health care providers believe that income levels are directly connected to screening rates; the lower the income, the less likely to be screened. When asked about recent mammography screenings, only 62 percent of Bexar County women have received a mammogram in the last two years, compared to Texas' mammography rate of 72 percent. Data also indicated that breast cancer incidence rates in Bexar County are higher than those of Texas. Conversely, mortality rates in Bexar County are lower than Texas.

Programs and Services

Bexar County has a number of active programs, ranging from education to screening and treatment to support groups, all focused on breast health. However, there are a few gaps in San Antonio with programs and services. African Americans have the highest

incidence and mortality rates in the county, but the Witness Project is the only program that targets the African American community. Also, the breast cancer support groups in the city are for women of all ages. According to the Young Survival Coalition, young women with breast cancer struggles with many issues either not present or much less severe in the lives of older women, including the possibility of early menopause, effects on fertility, questions about pregnancy after diagnosis, concerns about body image and challenges to financial stability.

The Affiliate has a strong partnership with its grantees and currently, they fulfill the top priority of reaching the underserved in our community. The Affiliate also attends state and national Komen Lobby Days and has begun forming relationships with local and state policymakers.

Exploratory Data

The exploratory data reflected the need for accurate and consistent breast health messaging regarding breast self-exams, clinical breast exams and mammograms. It also revealed the need for greater exposure of our current grantees that provide vital support services in Bexar County. In addition, the data showed that the medical community needs to be aware of community breast cancer information and resources.

Affiliate Priorities and Action Plan

- 1) Promote breast health awareness and breast self-exams through a variety of educational outreach programs in the Affiliate service area.
 - a. Affiliate will initiate an annual breast health program, inviting community members from the top three late stage diagnosis zip codes (78220, 78202, 78203), and will focus on early detection and the importance of screenings. Communication will be targeted to community members via flyers and local organizations within those zip codes.
 - b. Because of the high incidence and mortality rates in the African American community, the Affiliate will focus additional efforts on collaborations with community organizations to educate these women about breast health in their place of worship and introduce the Affiliate to five new congregations by March 31, 2013.
 - c. Enhance pilot program for distribution of breast self-awareness shower cards to area pharmacies twice a year to promote both a healthy lifestyle and breast health awareness. These efforts will target zip codes with high late stage diagnosis (78220, 78202, 78203) and mortality (78205, 78220, 78209).
 - d. Affiliate plans to secure relationships with local district offices and partner with legislative members regarding Komen San Antonio's mission. The 2011 Community Profile and the Texas Cancer Plan will also be utilized to create the base for the Affiliate's advocacy efforts and campaigns.
- 2) Increase the number of breast cancer screenings among residents and community members in San Antonio.
 - a. Increase breast cancer screenings of low-income, uninsured residents by 10 percent through grantees with a deadline of March 31, 2013. Between April 1, 2010 and March 31, 2011, Komen San Antonio grantees screened 1,548 women and men. In the next fiscal year, funds will increase, allowing Komen to allocate additional monies toward our screening goals.
 - b. Partner with local hospitals that operate mobile mammography unit(s) and encourage attendance at the planned Affiliate health program (see 1a) to provide breast cancer screenings.
- 3) Establish relationships with area medical professors, physicians, nurses and pharmacists, who are the primary sources for breast health education in Bexar County.
 - a. By March 31, 2013, we will establish relationships with area professors to educate 50 of their future physician and nursing students on incidence rates among young women, how to perform proper clinical breast exams, and how to be more sensitive with newly diagnosed patients.

- b. Meet with the Bexar County Medical Association and Hispanic Medical Association annually to reach area physicians, nurses and pharmacists to provide them with breast self-awareness literature and tips on how to be more sensitive with newly diagnosed patients.

Susan G. Komen for the Cure®

Breast Cancer Statistics

- Breast cancer is the most frequently diagnosed cancer and is the leading cause of death among women worldwide.
- 1 in 8 women in the U.S. will be diagnosed with breast cancer in her lifetime.
- The most significant risk factors are being female and getting older.
- In the U.S., nearly 200,000 women and men will be diagnosed with breast cancer and more than 40,000 will die this year.
- A woman dies from breast cancer every 68 seconds somewhere in the world.
- There are more than 2.5 million breast cancer survivors alive in the U.S. today – the largest group of all cancer survivors.

Breast Self-Awareness

1. Know your risk

- Talk to your family to learn about your family health history
- Talk to your doctor 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 three years starting at 20, and every year starting at 40

3. Know what is normal for you

- See your health care provider right away if you notice any of these breast changes:
 - Lump, hard knot or thickening
 - Swelling, warmth, redness or darkening
 - 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 does not go away

4. Make healthy lifestyle choices

- Maintain a healthy weight
- Add exercise into your routine
- Limit alcohol intake

References

Bexar County Health Collaborative: Cancer Health

<http://www.healthcollaborative.net/assessment06/cancer-health/cancer3.php>

(Accessed February 9, 2011)

Claritas, Inc. ©2009 (Data Packs)

Kaiser Family State Health Facts

<http://www.statehealthfacts.org/profileglance.jsp?rgn=45>

(Accessed February 9, 2011)

Mapsco, Inc. ©2001

National Cancer Institute, State Cancer Profiles, 2003-2007

<http://statecancerprofiles.cancer.gov/cgibin/quickprofiles/profile.pl?48&055#morEAPC>

(Accessed February 9, 2011)

Thomson Reuters ©2010 (Data Packs)

U.S. Census Bureau, American Fact Finder Fact Sheet, 2005-2009

http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=&geo_id=05000US48029&_geoContext=01000US%7C04000US48%7C05000US48029&_street=&_county=bexar&_cityTown=bexar&_state=04000US48&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&_submenuId=factsheet_1&ds_name=DEC_2000_SAFF&_ci_nbr=null&qr_name=null®=null%3Anull&_keyword=&_industry=

(Accessed February 9, 2011)

Young Survival Coalition

<http://www.youngsurvival.org/breast-cancer-in-young-women/learn/statistics-and-disparities/>

(Accessed February 24, 2011)

hope self
profile eight
men treatment
sisters fight
female
warrior prevention dream
tumor sisterhood doctor texas
pink mortality education
health therapies exam nancy
impact survivorship normal
foundation mammogram funds
lifetime organization national rally
fundraise healthy global two
exercise detection nutrition
outreach incidence awareness
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chemo
clinical
young
survival community in aggressive brinker
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