



COMMUNITY PROFILE REPORT

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2011

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The information in this Community Profile Report is based on the work of the El Paso 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.

F E M A L E

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Executive Summary

Mission Statement:

The mission of Susan G. Komen for the Cure® is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.

Introduction

Susan G. Komen for the Cure® is a nonprofit organization that funds cancer research and community health programs in hopes of eliminating the burden of breast cancer world-wide. 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. Thanks to events like the Komen Race for the Cure®, Komen has invested more than \$1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world.

Now in its nineteenth year, the El Paso Affiliate is dedicated to the Komen mission, supporting and sponsoring breast cancer education and awareness programs throughout El Paso County. The El Paso Affiliate of Susan G. Komen for the Cure was founded by Suzie Azar in 1993. Her husband, Dick Azar, helped raise the initial seed money from the Chamizal Institute Foundation. Suzie Azar, Pat Farr, Polly L. McFadden and Sandi J. Smith -a passionate, dedicated group of women- founded Partners for the Cure and did more than just imagine. More than 1,300 people participated in the First Annual Komen El Paso Race for the Cure, and more than \$70,000 was raised. Of the funds raised, 75 percent helped Texas Tech University Breast Care Center purchase the first mobile mammography van in El Paso and 25 percent went to Komen National Research. Since its inception, the El Paso Affiliate has awarded grants totaling three million dollars to local organizations that have made valuable contributions in breast cancer screening, education and treatment in El Paso County.

The El Paso Affiliate of Susan G. Komen for the Cure is responsible, as are all other Affiliates nationwide, in developing a Community Profile that addresses barriers in education, screening, and treatment regarding breast cancer in the Affiliate's service area. The profile process includes a comprehensive community needs assessment, which guides the inclusion efforts of Affiliates and community collaborations, establishes education needs and local granting priorities, as well as develops a grant review process that is consistent with the standards and mission of Komen. A Community Profile Team was formed and consisted of volunteer professionals, interns with public health backgrounds, and Affiliate staff.

The specific objectives of the El Paso Affiliate Community Profile consisted of the following:

1. To obtain data from local tumor registries and the Texas Tumor registry online data tool.
2. To analyze data regarding breast cancer incidence, mortality, and demographic

information for El Paso County.

3. To obtain local service provider information and develop an asset map of El Paso County illustrating existing breast cancer related services.
4. To analyze services provided in El Paso County through key informant interviews in selected target communities.
5. To conduct a needs assessment through focus groups on breast cancer survivors' perception of El Paso area breast cancer services and barriers. Additional focus groups would explore the perception of women between the ages of 18 and 64 as they seek and receive breast health information and screening services.

Statistics and Demographic Review

Demographic data and breast cancer statistics were obtained from U.S. Census Bureau, Texas Cancer Information, El Paso Tumor Registries, and the Texas Behavioral Risk Factor Surveillance System. Tables and graphs depict El Paso County's economic and demographic characteristics, incidence and mortality rates, diagnosis frequency and health care coverage. Data on breast cancer incidence and mortality rates was obtained from Texas Cancer Information from 2007, which is the most current data available. Both incidence and mortality rates have been provided to Texas Cancer Information from the Texas Cancer Registry. The Community Profile Team utilized data provided by Thomson Reuters © 2010 in order to identify high-risk zip codes within El Paso County.

Female breast cancer statistical findings in El Paso County indicate that female breast cancer incidence (89.5) is lower than the State of Texas female breast cancer incidence rates (112.4) (Texas Cancer Information, 2009). According to Texas Cancer Information, non-Hispanic Caucasian women have the highest incidence rates of any ethnicity in both El Paso County (110.2) and the State of Texas (121.1). Even with the highest incidence rate, non-Hispanic Caucasian women have the lowest mortality rate in El Paso County (13.4). Hispanic women in El Paso County have the highest mortality rate (21.0), surpassing the State mortality rate (17.0). Black women have the next highest mortality rate in El Paso County (19.5). However, contrary to analysis in previous years, the mortality rate among all races is lower in El Paso County (19.3) than in the State of Texas (22.6).

Data obtained from the local hospital tumor registries found that the frequency of breast cancer diagnosis in El Paso County has gradually decreased from 2002 to 2007 (Texas Cancer Information, 2009). The majority of breast cancers in El Paso County are diagnosed at Stage I, and early detection is the key to increasing the chances of surviving cancer. However, several zip codes within El Paso County experienced higher percentages of Stage II diagnoses as compared to the El Paso average. Late stage diagnosis of breast cancer greatly decreases the chance of successful treatment and survival (Texas Medical Association, 2003).

According to the Centers for Disease Control and Prevention (CDC), 29 percent of 40 year-old women and older did not have a mammogram in the previous two years in 2008 (CDC, 2008). After controlling for not statistically significant differences by age, education, language spoken, and ethnic background, the main determinant of not having a mammogram was the lack of insurance: the odds of not ever having had a mammogram were three-fold increased among those

who did not have any health insurance plan (Center for Disease Control and Prevention, 2008).

Due to the geographic proximity to Mexico, it is estimated that 26.6 percent of El Paso County residents are foreign-born individuals (U.S. Census Bureau, 2009); over three-quarters of the County's residents state that English is not the primary language spoken at home. 81.3 percent of El Paso County residents identify themselves as Hispanic/Latino. The median family income for a household of four is \$31,051, and 23 percent of families are considered to live below the poverty level. Furthermore, over 40 percent of El Paso residents do not have health care coverage (CDC, 2010). In specific zip codes, up to seventy-five percent of females between 18 and 64 do not have health insurance coverage, which is a barrier to receiving preventative breast cancer screening, as well as diagnostic and treatment services (Thomson Reuters © 2010).

Based on breast cancer data and demographic analysis, the following zip codes were selected as target zip codes for the qualitative data collection process: 79901, 79902, 79903, 79905, 79915, 79925, 79930, and 79968. These target zip codes reflect the Lower Valley and outlying communities within El Paso County, and residents experience high rates of breast cancer mortality as compared to additional zip codes in El Paso, as well as the state and national rates. In addition, they are more likely to be uninsured, receive a later stage breast cancer diagnosis, and live in poverty due to low-income and educational attainment.

Health System Analysis

Data was collected on the preventative care, treatment and education that women receive through interviews of key informants. Providers and Promotoras (community health educators) specializing in breast cancer treatment or education for the target communities were contacted, and interviews were scheduled. A total of ten interviews were conducted at each key informant's place of work. The ten key informant interviews included Promotoras, bilingual health educators, infusion nurses, an oncology social worker, and an oncologist.

An asset map was developed through online research and review of a local Cancer Resource Directory created in partnership with the Rio Grande Cancer Foundation. Through the creation of the asset map, the Community Profile Team determined that El Paso County is home to numerous health care facilities including eight major hospitals, nine indigent care clinics, 11 sliding scale pay clinics, and 17 breast cancer screening facilities. The majority of these are centrally located within the 79901 and 79902 zip codes of the County. Few health care facilities are available south of I-10 for residents located closest to the Texas-Mexico border.

The El Paso Affiliate recently attended the Texas Komen Advocacy Day and met with several state legislators to discuss the Affiliate's local impact and general breast health information. Over the next couple of years, the El Paso Affiliate will continue to foster its relationship with all local, state and federal officials by continuing to invite them to the Annual Race, offer to serve as a resource on issues pertaining to breast health and breast cancer in El Paso County, as well as continue to raise awareness of all breast health issues impacting their constituents. The Affiliate has recruited a Public Policy Chair to help organize and spearhead local advocacy efforts.

Due to the location of the various health care facilities, women in the outlying communities

encounter numerous issues while seeking health care including transportation, available clinics, and access to educational materials and information. With a lack of nearby facilities, women are not receiving early screening and follow-up treatment if needed; low screening rates and a delay in follow-up help explain the high mortality rates of Hispanic women. There is an opportunity to create partnerships and policies to be created in order to make breast health care more readily available to these women. With the proper connections and funding, a mobile mammography van can visit these women once again, or clinics can be built in these communities. As budgets continue to decrease, fewer organizations have the ability to travel to and serve the outlying communities.

Qualitative Data Overview

Committee members attempted to host six bilingual focus groups this year—two focus groups for breast cancer survivors and four focus groups for women between the ages of 18 and 64. Ten survivors attended the two survivor focus groups, yet only three people attended the additional four focus groups designed for the general population. All focus groups were conducted in Spanish, and focus group attendees were offered a free meal, small gift, and \$25 gift card for participation.

Women in the survivor focus groups discussed their experiences throughout the continuum of care from education and screening to follow-up care post-treatment. The El Paso Affiliate concluded that the following issues impact the ability of breast cancer patients and survivors to remain within the patient continuum of care:

- Lack of knowledge of basic breast health and screening recommendations
- Lack of health insurance or funds to pay for screening and treatment
- Lack of information on breast cancer support resources readily available in El Paso during treatment

The women highlighted the need for more breast health education programs in outlying areas, increased financial assistance with screening and treatment, and discussed unique cultural fears for residents. The focus group participants also expressed a desire for more information related to basic breast health and screening recommendations. A significant number of the women in the survivor focus groups admitted to seeking affordable breast cancer screening across the border. With additional reduced-cost or free mammograms and increased education on current programs available, focus group participants felt that fewer women would go to Juarez for care.

The non-survivor focus groups consisted of an extremely small population, so the Affiliate cannot generalize for the target communities based on the opinions of three women. However, the participants echoed findings from previous research and key informants that the communities most in need of breast health education and services are those with low resources, high poverty, and lack nearby health care facilities.

According to key informants and focus group participants, a fear of breast cancer diagnosis, cultural beliefs, transportation, and inability to pay for services create barriers for women in the Lower Valley and outlying areas. The El Paso Affiliate must continue to increase educational

efforts to the outlying and underserved areas of El Paso County. In addition, the Affiliate should build partnerships with organizations to increase outreach and promote available free and reduced cost programs.

Conclusions

As evidenced by quantitative and qualitative data analysis, there remains a need to further inform and educate breast services providers, and the population at large, about how Komen works to address breast cancer concerns on the local level. Perception among respondents in our focus groups and interviews indicate a general lack of understanding about how Komen supports providers and breast cancer services in our area through funding and education.

The Community Profile Team also found the following recurring themes among the women in the interviews:

1. There is a need to inform women about available post treatment follow-up care.
2. Many women in our service area need low-cost or no cost mammography.
3. Language and transportation barriers still exist in our most affected communities.
4. Lack of insurance and financial resources is a significant barrier.

Affiliate Action Plan

Priority 1: Implement strategies to educate and inform key breast cancer service providers about the Affiliate mission, purpose and funding activities.

Objective 1: Make on-site visits with ten key service providers to bolster our position as a key partner in the fight against breast cancer by May 2012.

Objective 2: Disseminate provider-centric materials that educate partners on our purpose and mission in FY 2012.

Objective 3: Partner with key breast cancer service providers to provide four educational/outreach classes on breast self-awareness in FY 2012.

Priority 2: Implement grassroots strategies for educating the general population about the Affiliate mission and purpose.

Objective 1: Participate in six large community presentations outside of the medical community (i.e., local churches, educational institutions, community gatherings, etc) by August 2012.

Objective 2: Partner with five local media outlets used by our target audience to secure slots on local health-related radio show, as well as run educational PSAs throughout FY2012.

Priority 3: Increase awareness and funding to community-based breast cancer treatment and support service organizations that offer follow-up care and post-treatment support services to survivors.

Objective 1: Institute a funding guideline that requires organizations to demonstrate how follow-up care and support will be implemented for the FY13 and FY14 Funding Cycles.
Objective 2: Partner with local breast cancer treatment and support service organizations to host a survivor-focused event aimed at educating survivors, current breast cancer patients, and their families on available support services and resources in Fall 2011.
Objective 3: By December 2011, hold one grant writing workshop within the target communities aimed at breast cancer treatment and support service organizations.

Priority 4: Fund community-based outreach/health organizations that promote awareness on breast health education and emphasize efforts to breakdown language and transportation barriers for underserved populations

Objective 1: Institute a funding guideline that requires organizations to provide Spanish language health interpreters for non-English speakers for the FY13 and FY14 Funding Cycles.
Objective 2: Assist organizations that do not have this capability to build capacity in this area by implementing partnerships with organizations by December 2011.
Objective 3: Increase funding to organizations that can provide transportation to women seeking breast care services in geo-targeted zip codes as described in this profile for the FY13 and FY14 Funding Cycles.
Objective 4: Forge partnerships with local transportation providers and discuss small grant opportunities for providers that can lend support and assistance in transporting potential patients in the outlying/targeted zip codes by August 2012.

Priority 5: Support organizations that provide low cost, or no cost, mammography services to underserved populations.

Objective 1: Increase funding to non-profit organizations and health care providers that can offer low-cost, or no cost, mammography and other breast cancer services to underserved populations for the FY13 and FY14 Funding Cycles.

To accomplish these objectives, the Affiliate will update its grant process and requirements for the FY13 and FY14 Funding Cycles. The Affiliate will host a minimum of one grant writing workshop in target communities to provide information on funding opportunities and updated requirements. The Request for Application (RFA) will be updated to emphasize the need for translation services, as well as follow-up care and support services for survivors post-treatment. While reviewing each proposal, the blind peer grants review committee will consider how each proposal specifically addresses the gaps prioritized in this report.

Together with its grantees and new potential community partners, the Affiliate will address gaps and barriers in the breast cancer continuum of care and extend its outreach efforts throughout the community. Affiliate staff, board members, and volunteers will develop new partnerships with grassroots organizations in target communities and strengthen current relationships with breast cancer service providers in order to better educate underserved men and women of the Affiliate's mission and purpose.

Introduction

Affiliate History

Susan G. Komen for the Cure® is a nonprofit organization that funds cancer research and community health programs in hopes of eliminating the burden of breast cancer world-wide. 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. Thanks to events like the Komen Race for the Cure®, Komen has invested more than \$1.9 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world.

The El Paso Affiliate of Susan G. Komen for the Cure is one of more than 120 Affiliates in cities and communities across the globe. Through its Affiliates, Komen addresses the unmet breast health needs in local communities in order to close the gaps in health care. The El Paso Affiliate began with the Susan G. Komen for the Cure El Paso Race for the Cure® in 1993. By 1999, the El Paso Affiliate became incorporated. Since the inaugural Race for the Cure held at Loretto Academy, the El Paso community has supported and embraced six new venues over the years. The Komen El Paso Race for the Cure continues to succeed with over 12,000 participants and \$515,000 raised at the 18th Annual Komen El Paso Race for the Cure in February 2010. This event has become an integral part of the El Paso community in the fight against breast cancer. Over the years, the El Paso Race welcomes returning participants from as far as Southern New Mexico, Las Cruces, Ciudad Juarez and military members stationed at Ft. Bliss, TX. Since its inception, the El Paso Affiliate has contributed over \$3 million dollars to El Paso County for the provision of breast cancer education, screening and treatment resources for underserved men and women in the community.

Up to 75 percent of the net income from the Komen El Paso Race for the Cure and other fundraising activities remains in the El Paso community to fund breast cancer education, screening, and treatment programs for underserved men and women. The El Paso Affiliate sends a minimum of 25 percent of the net income to support the Susan G. Komen for the Cure's National Award and Research Grant Program.

The Affiliate granted \$390,000 in 2010-2011 to local non-profits and educational institutions throughout El Paso County. Below is a summary of patient services provided by the 2010-2011 El Paso Affiliate Grantees from April 2010 – March 2011:

- Case Management & risk assessment – 115
- Outreach – 1220 individuals
- Patients diagnosed – 19
- Support Services - 89
- Treatment – 41
- Body Image Accessories – 307
- Follow-up care – 14
- Patient Transportation – 651 trips
- Screenings – 193
- Surgeries - 45

Organizational Structure

The El Paso Affiliate is a nonprofit organization and operates under a Board of Directors, staff, and a network of community survivors and volunteers. The Board of Directors guides and directs the affairs of the Affiliate. Board members are solely responsible for addressing the following functions: developing policy, strategic planning, financial oversight, board governance, legal issues, and stewardship. There are currently thirteen board members serving two-year terms renewable for two terms with a potential of six years of service. The board terms are April 1-March 31.

The El Paso Affiliate has three paid staff—an Executive Director, Event Manager, and Affiliate Coordinator. The Executive Director oversees all aspects of the El Paso Affiliate, including the Race for the Cure, development, public relations, education, grants, and management of the local office. The Event Manager is responsible for the administrative and logistical details of Affiliate events for fundraising, cultivation, education and mission programming, including Race for the Cure®. The Affiliate Coordinator coordinates all administrative functions of the organization and oversees daily office activities.

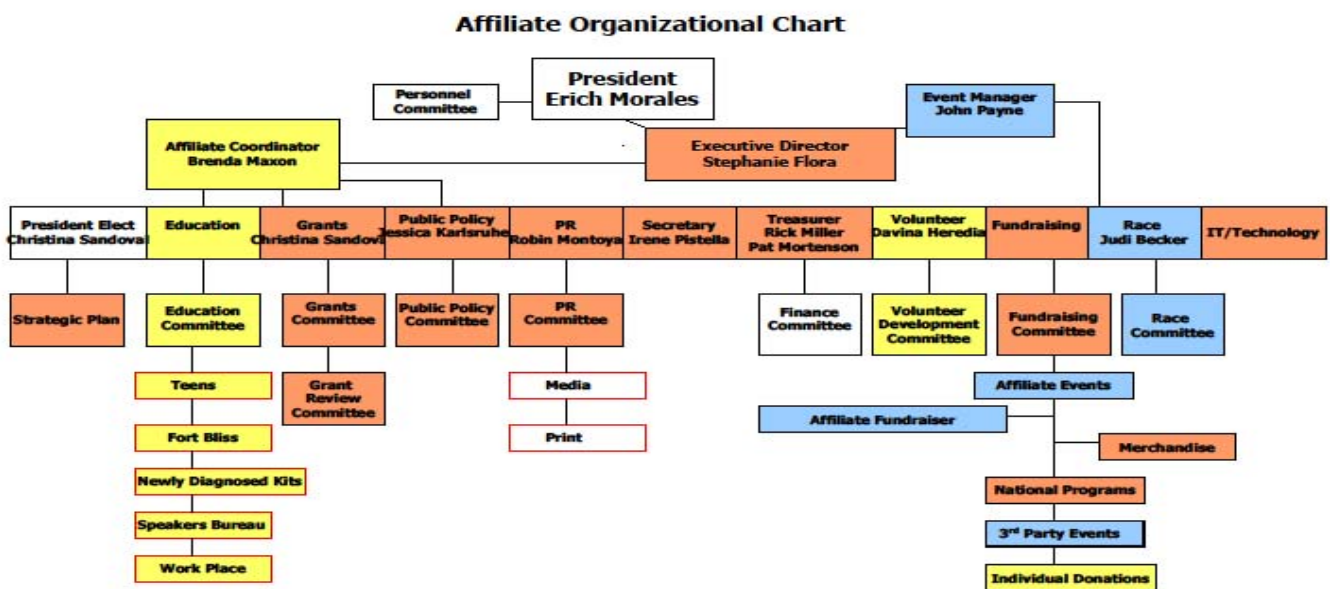


Figure 1. El Paso Affiliate organizational structure.

Description of Service Area

The El Paso Affiliate’s service area consists of El Paso County, which is a border community located in far west Texas. El Paso borders Ciudad Juarez, Chihuahua Mexico, which has an estimated population of 1.5 million (Chamberlain, L., 2007). The city of El Paso, Texas is the fifth largest city in Texas, and Juarez is the fifth largest city in Mexico. The Affiliate service area consists of people mostly of Hispanic origin and Mexican descent. It is comprised of the city of

El Paso, the city of Horizon, the city of Socorro, and the towns of Anthony, Clint, and Fabens, and the village of Vinton. Ft. Bliss Army Base is also located in El Paso County. There is a projected 300 percent increase in the Ft. Bliss population by 2012, which will have an economical and demographic impact in El Paso County (Pittard, D.J.H, 2011). A \$4.1 billion expansion program will bring an additional 30,000 soldiers and their families to Ft. Bliss by 2012 (Miles, D., 2008). El Paso County also borders New Mexico, which includes the cities of Sunland Park and Las Cruces. The city of Las Cruces is the second largest city in New Mexico.

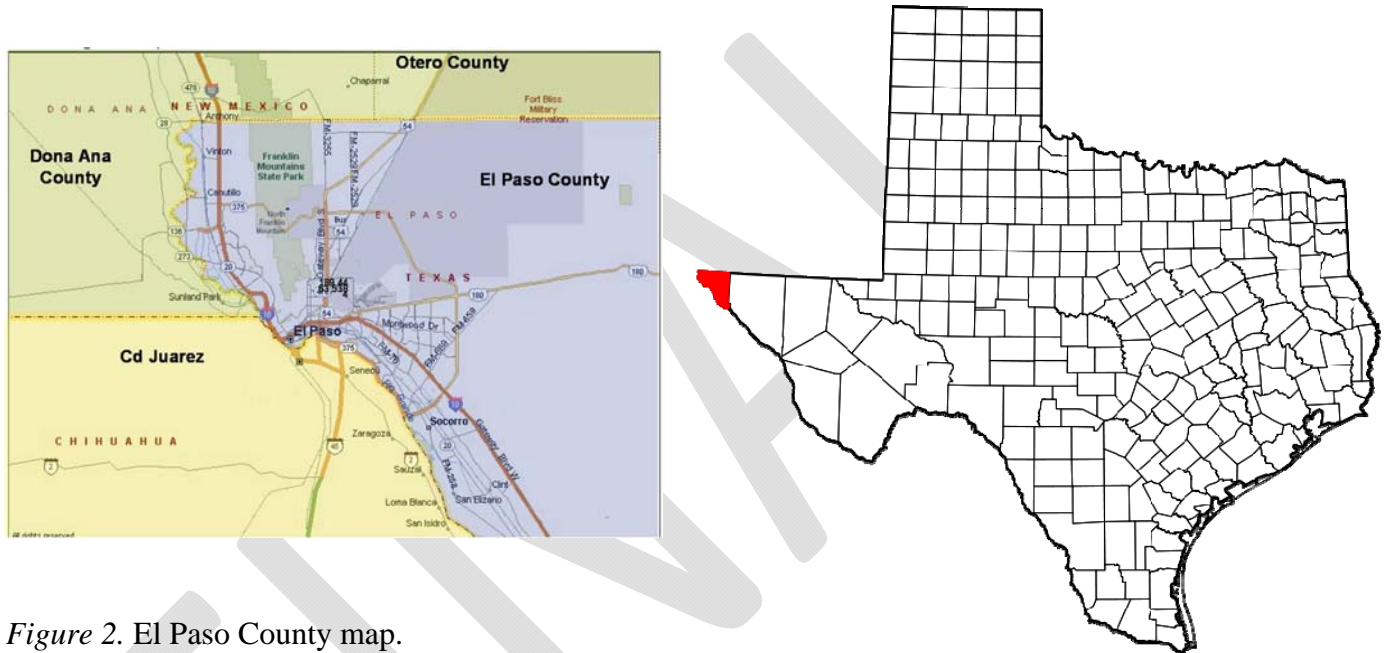


Figure 2. El Paso County map.
Wikipedia, 2010

According to the United States Census Bureau, the 2010 population estimate for El Paso County was 800,647 (U.S. Census Bureau, 2010). In El Paso County, Hispanic/Latinos represent 81.3 percent of the El Paso County population; non-Hispanic Whites represent 13.9 percent, and only 2.5 percent of El Paso County population identifies themselves as African-American. (U.S. Census Bureau, 2009).

Demographic Characteristics				
	2000 Census	%	2010 Census Projected	% Projected
Total Population	679,622		800,647	
Total Male Population	327,771	48.2	385,912	48.2
Total Female Population	351,851	51.8	414,735	51.8

Table 1. Demographics of El Paso County.
U.S Census Bureau, 2010

Purpose of the Report

Susan G. Komen for the Cure Affiliates conduct Community Profile reports on their individual Affiliate's service area every two years. The Affiliate gathers information and assigns priorities in order to better understand the state of breast cancer in the service area. A Community Profile Team collects statistics about breast cancer and breast cancer screening, researches community needs and assets, and hears from women in the community about their breast health needs. The information is used to identify the needs and gaps in target communities. Using the data collected, the Affiliate will evaluate their mission, goals, and current programs while identifying new opportunities and potential collaborations to address unmet community needs.

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Breast Cancer Impact in Affiliate Service Area

Methodology

Data was obtained from US Census Bureau, Texas Cancer Information, the Texas Tumor Registry, and the Texas Behavioral Risk Factor Surveillance System. Tables and graphs were created to depict El Paso County's economic and demographic characteristics, incidence and mortality rates, diagnosis frequency and health care coverage. Data on breast cancer incidence and mortality rates was obtained from Texas Cancer Information from 2007, which is the most current data available. Both incidence and mortality rates have been provided to Texas Cancer Information from the Texas Cancer Registry. The Texas Cancer Information website provides statistical information on cancer rates in the State of Texas, as well as Texas counties and regions.

The Community Profile Team also analyzed breast cancer and demographic data provided by Thomson Reuters © 2010 in order to identify high-risk zip codes within El Paso County. The team was unable to gather data at the zip code level through the Tumor Registries and other local resources. Thomson Reuters calculates breast cancer estimates using National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) data. By applying actual population rates to populations with similar demographics, estimates were calculated at the county and zip code levels to fill in gaps in existing breast cancer data sources. However, readers must be cautious when interpreting these estimates.

Overview of Affiliate Service Area

The El Paso Affiliate Community Profile Team analyzed the latest demographic and breast cancer data in order to identify and target a high risk population. Breast cancer data for El Paso County was reviewed and compared to data from the state of Texas and the United States. In order to accurately address gaps within the community, the team examined selected breast cancer and demographic variables by zip code.

Incidence and Mortality

Incidence and mortality rates are expressed per 100,000 people and are age-adjusted to the 2000 US Standard Population with 95 percent confidence intervals. Age-adjusted rates take into account populations with age differences and remove the effect of these differences for comparison. Incidence is the number of newly diagnosed cases per 100,000 people. Mortality rate is the rate of deaths per 100,000 people in a population.

Data indicated in this report include comparisons between Texas incidence/mortality rates and El Paso County incidence/mortality rates across racial/ethnic groups, as well as El Paso County incidence/mortality rates by zip code.

2007 Texas Incidence Rates (Age-Adjusted Rates per 100,000)				2007 El Paso County Incidence (Age-Adjusted Rates per 100,000)		
Race/Ethnicity	Males	Females	Total	Males	Females	Total
Hispanic	1.9 Lower CI: 1.3 Upper CI: 2.6	87.3 Lower CI: 83.8 Upper CI: 90.8	46.7 Lower CI: 44.9 Upper CI: 48.7	3.2 Lower CI: 1.1 Upper CI: 6.8	84.6 Lower CI: 74.1 Upper CI: 96.1	49.6 Lower CI: 43.5 Upper CI: 56.2
Non-Hispanic Whites	1.8 Lower CI: 1.5 Upper CI: 2.2	121.1 Lower CI: 118.6 Upper CI: 123.8	65.1 Lower CI: 63.7 Upper CI: 66.5	0 Lower CI: 0.0 Upper CI: 7.1	110.2 Lower CI: 86.6 Upper CI: 139.0	56.6 Lower CI: 44.6 Upper CI: 71.2
Black	1.7 Lower CI: 0.9 Upper CI: 2.9	116.2 Lower CI: 110.2 Upper CI: 122.4	66.5 Lower CI: 63.0 Upper CI: 70.1	0.0 Lower CI: 0.0 Upper CI: 39.5	73.8 Lower CI: 29.1 Upper CI: 150.5	35.3 Lower CI: 13.8 Upper CI: 72.7
Other	0.25 Lower CI: 0.05 Upper CI: 3.8	54.8 Lower CI: 43.2 Upper CI: 68.9	28.7 Lower CI: 22.7 Upper CI: 36.2	0.0 Lower CI: 0.0 Upper CI: 114.9	30.9 Lower CI: 3.7 Upper CI: 108.5	20.1 Lower CI: 2.4 Upper CI: 64.1
All Races	1.9 Lower CI: 1.6 Upper CI: 2.2	112.4 Lower CI: 110.4 Upper CI: 114.3	60.8 Lower CI: 59.7 Upper CI: 61.8	2.2 Lower CI: 0.8 Upper CI: 4.7	89.5 Lower CI: 80.0 Upper CI: 99.8	50.7 Lower CI: 45.4 Upper CI: 56.5

Table 2. Texas and El Paso breast cancer incidence rates- 2007.
Texas Cancer Information, 2009

According to Texas Cancer Information, Non-Hispanic White females in Texas and El Paso have the highest incidence rates at 121.1 and 110.2 respectively. Black females ranked second in Texas, whereas Hispanic females held that distinction in El Paso. Overall, breast cancer incidence is lower among females in El Paso than in state of Texas while breast cancer incidence among men in El Paso is slightly higher than the state rate (Texas Cancer Information, 2009).

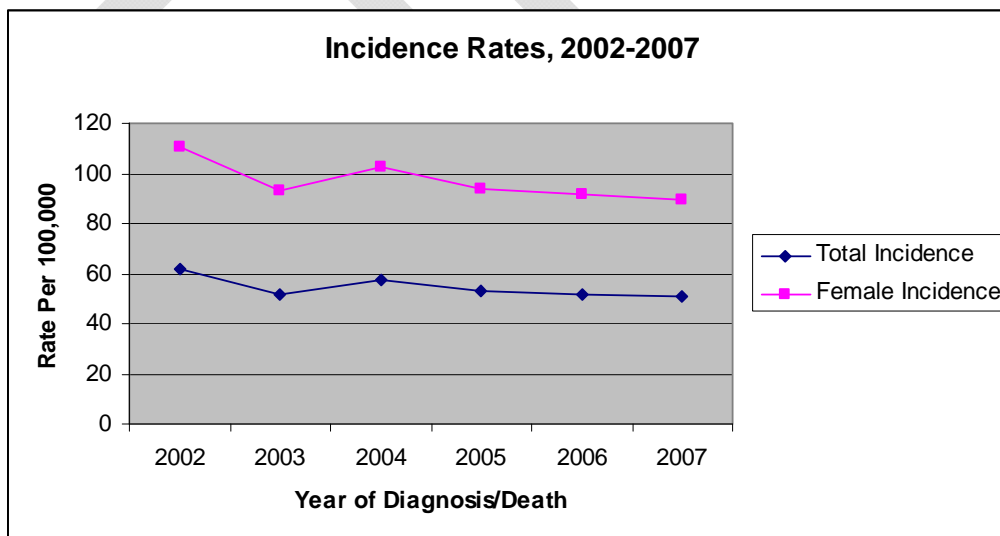


Figure 3. Breast Cancer incidence rates in El Paso County, 2002-2007.
Texas Cancer Information, 2009

The breast cancer incidence rate among women in El Paso County consistently remains within

the range of 90-100 women per 100,000 since a past spike in 2002 to 110.3 women per 100,000. Similarly the total incidence rate for men and women combined has experienced a decrease since 2002. Breast cancer incidence in El Paso County continues to decline each year.

Race/ Ethnicity	2007 Texas Mortality (Age-Adjusted Rates per 100,000)			2007 El Paso County Mortality (Age-Adjusted Rates per 100,000)		
	Males	Females	Total	Males	Females	Total
Hispanic	0.0 Lower CI: 0.0 Upper CI: 0.4	17.0 Lower CI: 15.5 Upper CI: 18.7	9.2 Lower CI: 8.4 Upper CI: 10.2	0.0 Lower CI: 0.0 Upper CI: 2.8	21.0 Lower CI: 15.9 Upper CI: 27.2	12.2 Lower CI: 9.2 Upper CI: 15.9
Non-Hispanic Whites	0.3 Lower CI: 0.2 Upper CI: 0.5	22.3 Lower CI: 21.3 Upper CI: 23.5	12.4 Lower CI: 11.9 Upper CI: 13.1	0.0 Lower CI: 0.0 Upper CI: 9.9	13.4 Lower CI: 6.6 Upper CI: 27.9	6.8 Lower CI: 3.4 Upper CI: 13.8
Black	0.7 Lower CI: 0.2 Upper CI: 1.8	35.3 Lower CI: 32.0 Upper CI: 38.8	20.5 Lower CI: 18.6 Upper CI: 22.6	0.0 Lower CI: 0.0 Upper CI: 100.4	19.5 Lower CI: 2.4 Upper CI: 80.9	9.5 Lower CI: 1.2 Upper CI: 46.2
Other	0.0 Lower CI: 0.0 Upper CI: 7.4	7.3 Lower CI: 3.9 Upper CI: 14.7	4.0 Lower CI: 2.1 Upper CI: 8.2	0.0 Lower CI: 0.0 Upper CI: 256.5	0.0 Lower CI: 0.0 Upper CI: 127.1	0.0 Lower CI: 0.0 Upper CI: 80.0
All Races	0.3 Lower CI: 0.2 Upper CI: 0.4	22.6 Lower CI: 21.8 Upper CI: 23.5	12.6 Lower CI: 12.1 Upper CI: 13.1	0.0 Lower CI: 0.0 Upper CI: 1.8	19.3 Lower CI: 15.0 Upper CI: 24.4	10.9 Lower CI: 8.5 Upper CI: 13.8

Table 3. Texas and El Paso County breast cancer mortality rates 2007. Texas Cancer Information, 2009

Compared to state mortality rates by race/ethnicity, only Hispanic females in El Paso experience a higher breast cancer mortality rate. In comparison to 2004, El Paso's mortality rates decreased for each ethnicity/race except Hispanic females. The statewide mortality rates did not decrease in a similar manner to El Paso.

ZIP Code	ZIP City	County	State	2009 Female Population	Mortality Per 100K Pop Rate
79968	El Paso	El Paso	TX	288	58.32
79903	El Paso	El Paso	TX	10,248	30.72
79902	El Paso	El Paso	TX	11,357	29.40
79925	El Paso	El Paso	TX	20,658	29.21
79922	El Paso	El Paso	TX	4,617	27.88
79930	El Paso	El Paso	TX	14,716	27.40
79905	El Paso	El Paso	TX	14,211	27.26
79901	El Paso	El Paso	TX	6,901	26.18
79915	El Paso	El Paso	TX	22,051	24.93
79912	El Paso	El Paso	TX	38,711	24.05

Table 4. Breast Cancer mortality rates in El Paso County by zip code- 2009. Thomson Reuters © 2010

To further examine disparities between communities within El Paso, the Community Profile Team examined mortality rates at the zip code level. As depicted in Table 4, several communities experience a mortality rate significantly greater than the County rate of 19.3 per 100,000. Within 79968, the mortality rate seems strikingly high, but the rate is unstable due to the small female population located within this zip code. The similarities among the zip codes with higher mortality rates contributed to the selection of a target community in following section.

Screening

According to the Centers for Disease Control and Prevention (CDC), 29 percent of 40 year-old women and older did not have a mammogram in the previous two years in 2008 (CDC, 2008). After controlling for not statistically significant differences by age, education, language spoken, and ethnic background, the main determinant of not having a mammogram was the lack of insurance: the odds of not ever having had a mammogram were three-fold increased among those who did not have any health insurance plan (CDC, 2008). Lack of insurance coverage and the inability to pay for breast cancer screening is a barrier to women in El Paso County receiving recommended screening services.

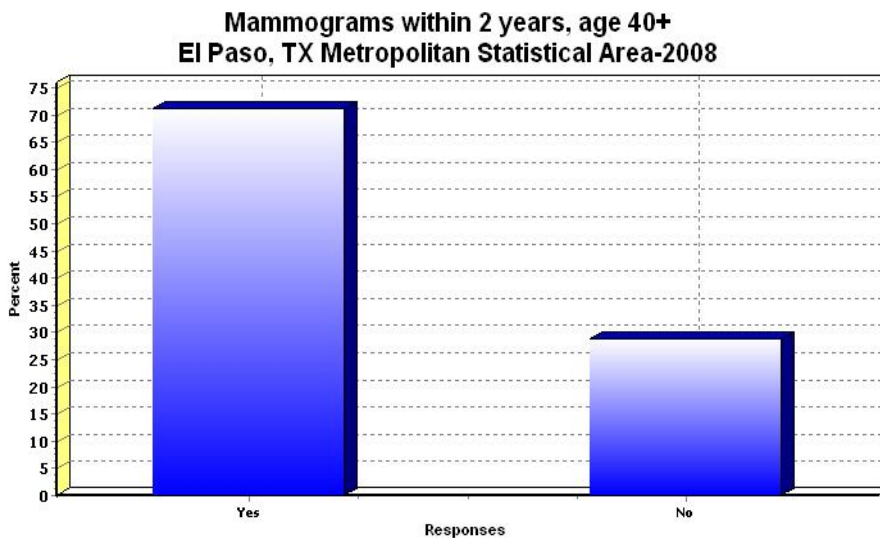


Figure 4. Mammograms within last two years for women 40+ in El Paso County. CDC, 2008.

Late Stage Diagnosis

The stage of breast cancer diagnosis measures the disease progression and details the degree to which the cancer has advanced. Breast cancer is staged I-IV, and the staging information is available through tumor registries for some communities. We were unable to obtain tumor registry data regarding the stage of breast cancer diagnosis for El Paso County. However, we analyzed data available through Thomson Reuters © 2010, which is based on population estimates and adapted to zip codes in El Paso County.

ZIP Code	ZIP City	County	State	2009 Female Per 100K Pop Rate	Stage I %	Stage II %	Stage III %	Stage IV %
79918	El Paso	El Paso	TX	33.65	53.1%	39.3%	4.0%	3.6%
79906	El Paso	El Paso	TX	32.56	56.2%	35.1%	4.2%	4.5%
79908	El Paso	El Paso	TX	46.70	55.9%	33.9%	4.7%	5.6%
79934	El Paso	El Paso	TX	67.47	61.6%	30.3%	3.6%	4.4%
79938	El Paso	El Paso	TX	59.26	62.9%	29.6%	3.4%	4.1%
79928	El Paso	El Paso	TX	62.60	63.1%	29.5%	3.3%	4.1%
79936	El Paso	El Paso	TX	70.13	63.1%	29.4%	3.4%	4.2%
79849	San Elizario	El Paso	TX	67.24	63.5%	29.2%	3.3%	4.0%
79927	El Paso	El Paso	TX	74.81	64.1%	28.5%	3.3%	4.1%
79835	Canutillo	El Paso	TX	77.65	64.2%	28.4%	3.3%	4.1%
79836	Clint	El Paso	TX	72.47	64.1%	28.4%	3.3%	4.1%
79821	Anthony	El Paso	TX	78.61	64.2%	28.3%	3.3%	4.2%

Table 5. Stage of breast cancer diagnosis in El Paso County by zip code- 2009.
Thomson Reuters © 2010

According to Table 5, the majority of breast cancers in El Paso County are diagnosed at Stage I, and early detection is the key to increasing the chances of surviving cancer. Stage I breast cancer is contained to the breast, which increases the five-year survival rate to 98 percent. However, several zip codes analyzed experience higher percentages of Stage II diagnosis. Late stage diagnosis of breast cancer greatly decreases the chance of successful treatment and survival. As the cancer moves into the later stages, the tumor will begin to extend to any nearby organs, lymph nodes and tissue. If left untreated, or still undiscovered, the cancer can metastasize and spread throughout the body to distant organs and lymph nodes (Texas Medical Association, 2003).

Communities of Interest

Following quantitative data collection, the Community Profile Team selected target communities that experience discrepancies in breast cancer mortality rates, stage of diagnosis, and demographic variables, such as poverty rate and insurance coverage as compared to both the state and county. Target communities will be studied further through a health systems analysis and qualitative data collection.

Target Communities

The El Paso Affiliate service area includes one county; therefore, in order to select target communities, data analysis occurred on the zip code level. The figure below shows the zip code distribution throughout El Paso County and serves as a reference for data interpretation.

High school graduate	100,967	24.0	American Indian & Alaska Native	0.8	0.6	0.8
Some college, no degree	87,362	20.8	Asian	1.0	1.1	4.4
Associates degree	26,105	6.2	Native Hawaiian & Other Pacific Islander	0.1	0.1	0.1
Bachelor's degree	52,440	12.5	Ethnicity			
Graduate or professional degree	26,623	6.3	Hispanic/Latino (any race)	78.2	81.3	15.1
% High school graduate or higher	69.8					
% Bachelor's degree or higher	18.8					

Table 6. Education and Race/Ethnicity distribution in El Paso County. U.S. Census Bureau, 2009

Table 6 shows distributions of education levels for population 25 years and over. It also offers a breakdown of the race and ethnicity distribution within the populations in the service area. As only 69.8 percent of residents with a high school degree, El Paso is far behind the United States average of 85.3 percent high school graduates (U.S. Census Bureau, 2009). El Paso also lags in the percent of residents with a Bachelor's degree or higher (18.8 percent in El Paso vs. 27.9 percent in the U.S.). In addition, as the number of Hispanics in El Paso continues to rise, the Affiliate will need to continue to adapt its outreach efforts to the changing demographics.

Population Distribution					Household Income Distribution				
Age Group	Total Number Households 2000	% 2000	% 2009	2009 USA % Total	Household Income	Total Number Households 2000	% 2000	% 2009	2007 USA % Total
0-17	216,515	31.8	30.3	24.5	Total Households	210,034		234,366	
18-24	72,947	10.7	10.8	9.8	< \$10,000	29,027	13.8	12.3	7.6
25-34	98,208	14.5	13.3	13.3	\$10,000-\$14,999	19,103	9.1	8.8	5.8
35-54	177,666	26.1	24.1	28.4	\$15,000-\$24,999	36,785	17.5	15.2	11.1
					\$25,000-\$34,999	31,427	15.0	13.4	11.0
55-64	48,213	7.1	10.3	11.3	\$35,000-\$49,999	34,596	16.5	15.3	14.6
					\$50,000-\$74,999	32,140	15.3	15.9	18.8
65+	66,073	9.7	11.1	12.9	\$75,000-\$99,999	13,634	6.5	8.7	12.1
					\$100,000-\$149,999	8,638	4.1	6.9	11.4
					\$150,000-	2,051	1.0	1.9	3.9

					\$199,999				
					\$200,000	2,606	1.2	1.6	3.7
					Median household income	\$31,051	X	\$35,249	\$51,425
					Families below poverty level	34,264	20.5	23.3	9.9

Table 7. Population and Household Distribution in El Paso County, 2000, 2009.
U.S. Census Bureau, 2010

Twenty-three percent of El Paso families are considered to live below the poverty level, which is defined as having a yearly income of \$22,350 for a family of four (U.S. Census Bureau, 2009). In comparison, the national poverty level is estimated to be 9.9 percent, yet Texas has the nation's sixth-highest poverty rate (17.3 percent) as compared to other states (U.S. Census Bureau, 2010). Table 7 depicts El Paso's population and household income for 2000 and 2009. In 2009, the number of households in El Paso with income in the two lower income brackets nearly doubled in comparison to the U.S. whereas; in the \$50,000 and greater income brackets, the U.S. total steadily increases as the El Paso income steeply declines. In addition, the median household income in El Paso is \$20,000 less than the U.S. median household income, which is a 40 percent difference.

ZIP Code	ZIP City	State	2009 Families	Income Below Poverty Level		Median Household Income
				Families	%	
79901	El Paso	TX	2,725	1,632	59.9%	\$11,154
79849	San Elizario	TX	3,145	1,304	41.5%	\$24,113
79905	El Paso	TX	6,507	2,385	36.7%	\$19,501
79836	Clint	TX	4,155	1,408	33.9%	\$24,787
79968	El Paso	TX	39	13	33.3%	\$13,438
79835	Canutillo	TX	2,571	782	30.4%	\$27,226
79927	El Paso	TX	8,769	2,550	29.1%	\$29,436
79915	El Paso	TX	10,527	2,849	27.1%	\$26,596
79902	El Paso	TX	5,031	1,353	26.9%	\$25,208
79907	El Paso	TX	14,130	3,775	26.7%	\$30,175
79928	El Paso	TX	8,131	2,173	26.7%	\$33,413
79904	El Paso	TX	8,264	2,202	26.6%	\$30,220
79930	El Paso	TX	6,933	1,783	25.7%	\$27,143
79821	Anthony	TX	1,258	306	24.3%	\$28,250
79903	El Paso	TX	4,709	1,059	22.5%	\$26,779

Table 8. Poverty and income distribution in El Paso by zip code, 2009.
Thomson Reuters © 2010

According to Table 8, families within specific zip codes in El Paso survive on 50 percent of the

poverty rate. In addition, six zip codes (79901, 79849, 79905, 79836, 79968, 79902) live below 50 percent of the national median household income. These communities experience extreme poverty and a lack of access to basic amenities, information, and resources.

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based health survey that includes information on health risk behaviors, clinical preventive practices, and health care access. It is a yearly telephone survey that is conducted by state health departments with the assistance of the Center for Disease Control and Prevention. The following graph (Figure 5) was obtained from the BRFSS website and shows the percent of adults ages 18-64 that have health care coverage in El Paso, Texas.

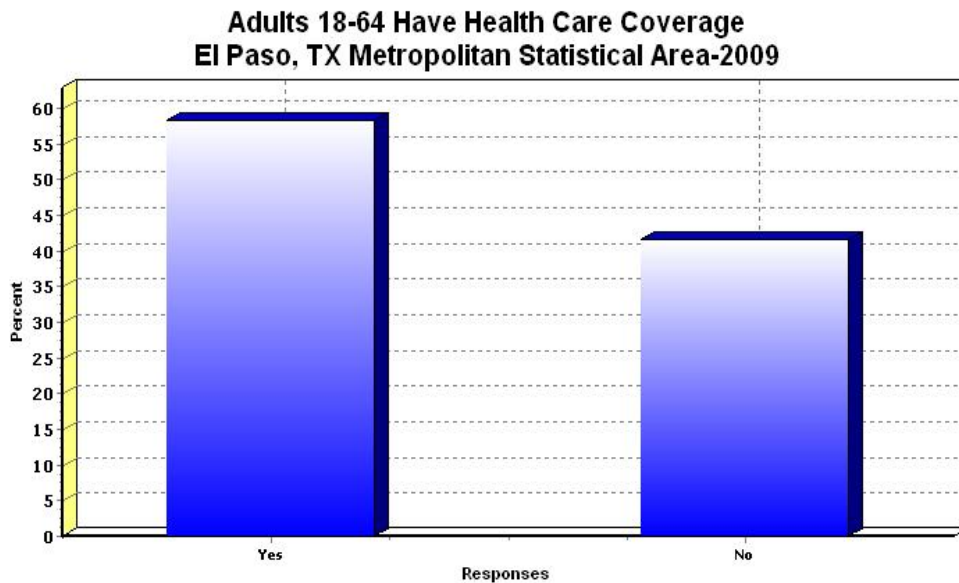


Figure 6. Health Care coverage in El Paso 2009. CDC, 2009.

Greater than forty percent of El Paso residents do not have health care coverage. The lack of health insurance is a significant barrier to receiving services, especially preventative screenings for breast cancer. According to the National Cancer Institute, people without health insurance suffer disproportionately from cancer and its associated effects, including premature death (NCI, 2008).

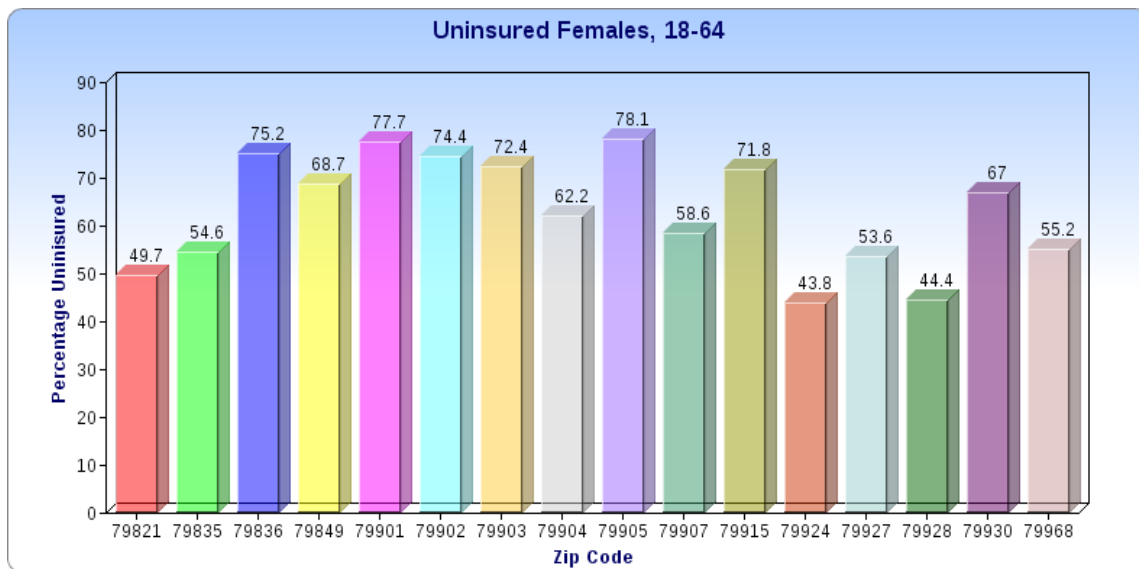


Figure 7. Uninsured Females, 18-64, by zip code.
Thomson Reuters © 2010

As evident in Figure 7, the percentage of uninsured females between the ages of 18-64 in sixteen El Paso zip codes exceeds the average of uninsured females in El Paso County. In specific zip codes, up to seventy five percent of females between 18 and 64 do not have health insurance coverage, which again is a barrier to receiving preventative breast cancer screening and diagnostic and treatment services.

Conclusions

Based on breast cancer data and demographic analysis, the following zip codes were selected as target zip codes for the qualitative data collection process: 79901, 79902, 79903, 79905, 79915, 79925, 79930, and 79968. These target zip codes reflect the Lower Valley and outlying areas of the El Paso Service Area. In addition, these communities experience high rates of breast cancer mortality as compared to additional zip codes in El Paso, as well as the state and national rates. They are more likely to be uninsured, receive a later stage breast cancer diagnosis, and live in poverty due to low-income and educational attainment.

Approximately forty percent of residents in El Paso County ages 18 years and older do not have health insurance, twenty-four percent have a high school education and over twenty-three percent of residents live below the poverty level. While the frequency of diagnosis has decreased from 2002-2007, the need to increase access to screening for women among the uninsured in El Paso County continues. Although the need for increased education and services exists for all women in El Paso, the Affiliate decided to focus on specific zip codes with predominantly underserved men and women.

Underserved individuals will challenge the entire health care community within the Affiliate service area. The demand for educational, ethnic and racially appropriate outreach and health care services is likely to rise for the predominantly Spanish speaking indigent population in the outlying areas.

Health Systems Analysis of Target Communities



Overview of Continuum of Care

Beginning with an initial screening, men and women move along the breast cancer continuum of care and need extensive information, quality care, and support for themselves and their family. As the El Paso Affiliate attempts to understand and serve the needs of breast cancer patients and survivors, we must review the gaps, barriers, and issues present at each stage of the continuum. Through analysis of the continuum of care, the Affiliate will identify the available services for breast cancer patients and survivors, identify gaps in services, promote existing resources, and support the development of new services to close the gaps.

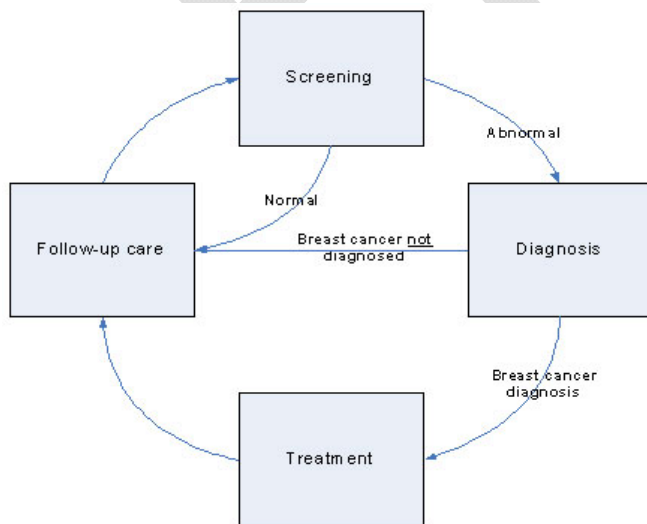


Figure 8. Continuum of care for breast cancer patients.

Methodology

The El Paso Affiliate created an asset map through Google maps. The map illustrates the location of screening centers, health care facilities, and hospitals throughout El Paso. Each site is plotted with a red dot. In the future, the Affiliate would like to invest time and effort into creating a more detailed map to further identify gaps in available health care resources.

Data was collected on the state of breast cancer screening, treatment and education that women receive in El Paso County through interviews of key informants. Providers and Promotoras (community health educators), specializing in breast cancer treatment or education for the target communities, were contacted, and interviews were scheduled. A total of ten interviews were conducted by interns over the phone or at the key informant's place of work. A Komen grantee helped the Affiliate identify Promotoras throughout the target communities. The key informants selected are representative of several large nonprofits and health care facilities, including Texas Oncology, Cancer and Chronic Disease Consortium, and Project Vida.

Questions were asked on breast health education, screening and diagnostic services, treatment, financial support and partnerships. Sample interview questions include:

- What are the biggest barriers that prevent women from seeking or obtaining breast health services in your community?
- What support services does your organization offer to clients during their treatment?
- What is the impact of women receiving screening and treatment in Juarez on your organization?
- What breast cancer coalitions do you or your organization belong to in your community?

Overall, the key informant interviews provided information on the numerous barriers experienced by men and women in El Paso as they seek breast health care and education. The Affiliate successfully identified interviewees with direct contact with the target populations rather than program administrators or higher level facility staff. However, the Affiliate would have preferred a larger number of Key Informant Interviews from additional nonprofits and health care facilities in order to develop a more comprehensive view of issues affecting the continuum of care.

Overview of Community Assets

A majority of the physicians/medical clinics, mammography services, and hospitals in El Paso County reside within El Paso city boundaries. This finding was assessed through the creation of an asset map and reiterated by the 10 key informant interviews. The asset map illustrates the barriers that are present in several regions within the county and outside of the county where residents have little or no services in close proximity. This holds true to services offered by educational and non-profit organizations, which also play a key role in the life of breast cancer patients and their families during and after treatment.

El Paso County is home to various health care facilities including eight major hospitals, nine indigent care clinics, 11 sliding scale pay clinics, and 17 breast cancer screening facilities. The majority of these are centrally located within the 79901 and 79902 zip codes of the county. The more remote areas within the Lower Valley and outlying Colonias (suburbs), such as Sparks and Montana Vista, lack the provision of breast cancer education, screening, treatment, post treatment, support services and transportation. In particular, this refers to zip codes 79907 and 79915 in the Lower Valley, 79927 and 79938 in Sparks and Montana Vista, respectively. Of the clinics offering indigent care programs, one is located in Sparks (79938), one in Socorro (79927), and one in the Lower Valley (79907). Most sliding scale pay clinics are more centrally located. One is located in the far east side of town in San Elizario (79849) and another in Canutillo (79835), a far northeast sector of our county.

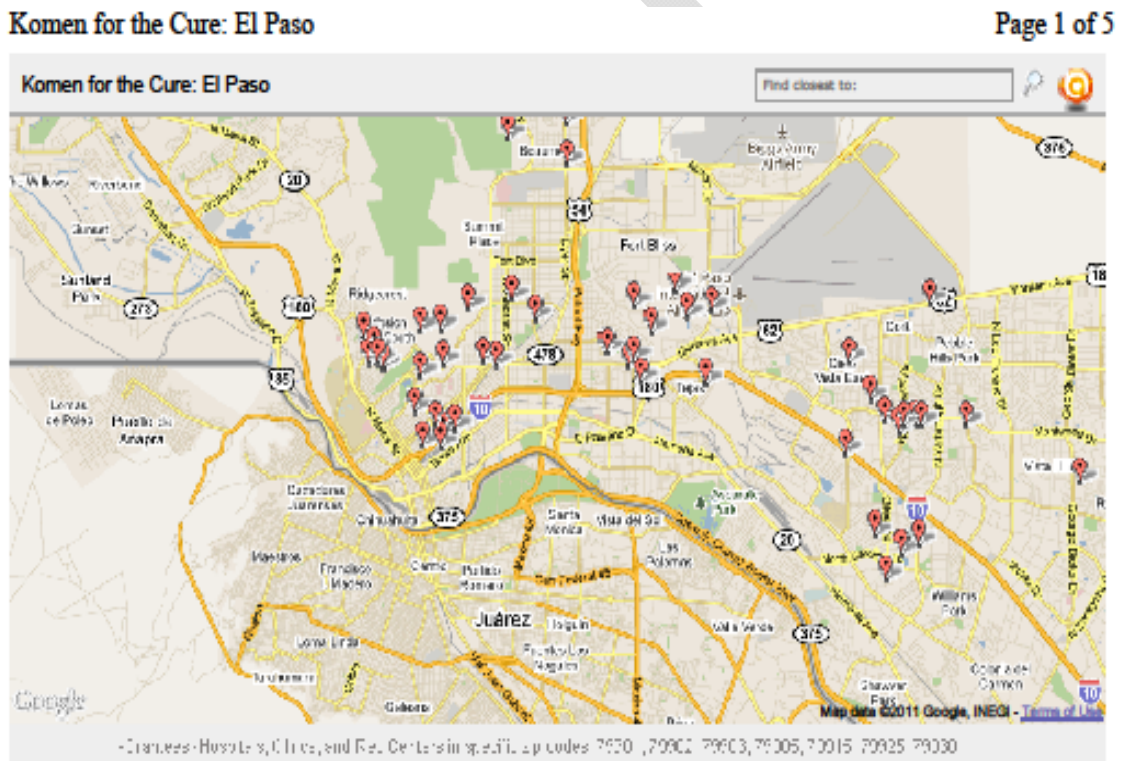


Figure 9. Map of clinics, hospitals, and screening centers in El Paso. Google Maps, 2011

As evident in Figure 9, a majority of clinics, hospitals, and screening centers are centrally located with few health care facilities available south of I-10 for residents located closest to the Mexican border. The outlying communities encounter numerous issues while seeking health care including transportation, available clinics, and access to educational materials and information.

Access to Outlying Communities

The city of Socorro (79927) does not have any medical hospitals or mammography services. Socorro does, however, have one non-profit organization that provides women’s workshops. For residents of Socorro, the nearest hospital is approximately 10.5 miles away. Similarly, the city

of Horizon had one non-profit organization that provided screening mammograms, magnification views, ultrasounds and diagnostic mammograms for the underserved women in that community, but it closed in July 2010 due to a lack of funding. The nearest hospital for Horizon residents is approximately 12 miles to the west. The village of Vinton only has one medical clinic that also performs mammograms, and the nearest hospital is approximately 18 miles away.

Two mobile mammography vans in El Paso historically provided screening mammograms to women in the community who otherwise did not have access to a mammogram or due to cultural, economic or educational reasons, have limited access to screening facilities. One such van was funded by Komen El Paso starting in 1993 and was operated by Texas Tech University Breast Care Center (nonprofit). However, due to lack of funding and the need for extensive renovations to update the mammography technology, the Texas Tech van was retired in 2010. Texas Tech is in early discussions to purchase a new van, but a new van will require significant fundraising. Due to the lack of nearby health care facilities and numerous transportation barriers, El Paso's outlying communities struggle to receive much-needed mammography services without the mobile mammography van. El Paso's only remaining mobile mammography van is owned and operated by Desert Imaging (for profit).

Education and Outreach

Currently, there are various breast cancer programs throughout El Paso County addressing the need for increased breast health education, some of which are funded by the El Paso Affiliate of Susan G. Komen for the Cure. One such non-profit program called Consejeras for Cancer Prevention and Resource Management is offered by Cancer and Chronic Disease Consortium (CCDC). Under this program, Promotoras/community education workers provide community outreach and education throughout the county. The Promotoras offer presentations at schools, community centers, churches, senior centers, and health fairs. These presentations include information on breast cancer risk factors, diagnosis, and treatment options. CCDC also has case managers that perform needs assessments and identify resources available for their clients. The key to the success of this program is CCDC's collaboration between community members of the large rural areas overwhelmed by problems with access to health care services.

Several of the target community zip codes (79907, 79915 and 79927) are located in a region of El Paso called the Lower Valley. The Lower Valley is the oldest region of El Paso, and a large number of residents experience poverty in this community immediately along the border (James Hernández, F., 2006). A nonprofit community health center, Centro San Vicente, recently initiated a pilot Well Women's Program designed to educate low-income, uninsured women through breast health programs and provides free mammograms to the participants. Their target population is women in and around the 79915 zip code located in the Lower Valley.

The Colonias of El Paso are makeshift settlements along the outskirts of the city, and residents often lack running water, have inadequate infrastructure and housing, and experience high poverty rates. Familias Triunfadoras is a nonprofit organization staffed by women and based in the Colonias of El Paso. As a 2010-2011 Komen grantee, this organization was awarded funds to increase breast cancer education through outreach and programs to the underserved, as well as free mammograms to women in the Colonias.

Screening and Treatment

The El Paso Baptist Clinic is a unique clinic with three modestly salaried staff members to maintain patient paperwork and follow up, but is entirely staffed every Saturday by a large network of local volunteer physicians, physician assistants, nurse practitioners and pharmacy students. As an Affiliate grantee, the clinic provides clinical breast exams (CBE), breast health education, mammograms, sonograms and biopsies free of charge to the uninsured. Everyone who visits the clinic is treated regardless of their ability to pay.

In addition to the previously mentioned Consejeras for Cancer Prevention and Resource Management Program, CCDC meets the screening needs for the underserved men and women in El Paso through the BCCP Program. CCDC supports the breast cancer screening of women 40 and above, as well as provides diagnostics, surgery and treatment to women who do not qualify for State or Federal assistance. Also a partner with Komen, the Texas Tech University Breast Care Center (UBCC) houses the only program in El Paso County that addresses the total breast care needs of the medically indigent. Komen funding provides oncology services, support services and primary surgery for these women. UBCC diagnoses and treats over one-third of all new breast cancer patients in El Paso (E. Saltzstein, personal communication, 2010).

Support Services

Several organizations in El Paso County offer body image programs for individuals undergoing cancer treatment. The American Cancer Society (ACS) offers patients a free program called Look Good, Feel Better (LGFB). LGFB offers self-improvement, appearance, and quality of life tips for women and men undergoing cancer treatment by teaching beauty techniques to help patients cope with the appearance related consequences of cancer treatment and restore their appearance and self-confidence through active learning in group, one-on-one, or self help situations (M. Silva, personal communication, 2010).

Another similar non-profit program available through the Greenhouse/Rio Grande Cancer Foundation is the Four Seasons Beauty Program. To address body changes commonly experienced during cancer treatment, the Four Seasons Beauty Program offers assistance to women by offering educational programs on dealing with skin, hair and nail changes, as well as free wigs, wig care accessories, hats and scarves (I. Mora, personal communication, 2010). Additionally, Your Image Boutique (for profit) offers a variety of products and services for post-mastectomy women such as breast prosthesis, bras, swimwear, post mastectomy camisoles and wigs. However, the high cost of the post-treatment products creates an obstacle for many of the women in need of the items.

Transportation

In regards transportation barriers, LULAC Project Amistad is a Komen-funded program that transports low-income breast cancer patients in need of transportation to cancer treatments and follow up appointments. LULAC transports over 70,000 riders annually who are Medicaid eligible, and the majority (30%) of which reside in the Lower Valley to end of the county border

(outlying areas). LULAC also distributes educational materials and promotes the Annual Komen El Paso Race for the Cure to its riders.

ACS's Road to Recovery program provides transportation for cancer patients to cancer treatment appointments. This service is primarily for cancer patients who have no means of transportation or are unable to drive themselves. Patients must be able to ambulate independently. However, service is dependent on the availability of drivers in the patient's area. ACS also has a limited number of cab vouchers available to cancer patients living in and receiving treatment in El Paso County. Vouchers are for travel directly to and from chemotherapy or radiation appointments only

Medicaid offers a statewide phone system, which provides medical transportation by van for Medicaid recipients only to medical appointments. Patients must call two working days in advance of need for service, and transportation is subject to program approval. In spite of the numerous transportation programs, there is still a shortage of transportation options for men and women in need of breast care services. With the lack of health care facilities and public transportation in outlying areas, transportation barriers will continue to exist for the underserved populations in these communities.

Breast and Cervical Cancer Program

The El Paso Affiliate has a very close working relationship with the BCCP Regional Director, Ms. Pat Morales. Ms. Morales is also the Co-Executive Director of the Cancer and Chronic Disease Consortium, an El Paso Affiliate grantee. CCDC is the second largest Center for Disease Control (CDC)-Texas Department of Health Services BCCP screening provider in Texas. (P. Morales, personal communication, 2010)

According to the Texas Department of State Health Services (TX DSHS) website, the Breast and Cervical Cancer Services program (BCCS) offers clinical breast examinations, mammograms, pelvic examinations, and Pap tests throughout Texas at no or low-cost to eligible women (TX DSHS, 2009). BCCS is partly funded by the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Congress established the National Breast and Cervical Cancer Early Detection Program in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 ([Public Law 101-354](#)).

The Breast and Cervical Cancer Program (BCCP) of Region 10 covers El Paso County and five southern counties that include Hudspeth, Culberson, Jeff Davis, Presidio, and Brewster. Medicaid for Breast and Cervical Cancer covers eligible uninsured, low-income women with qualifying breast or cervical cancer. Since 1991, more than 220,000 women in Texas have received early cancer detection services with over 3,240 breast cancers and 8,300 cervical cancers and precancerous lesions diagnosed with BCCP funds (TX DSHS, 2009).

By working closely with CCDC, the El Paso Affiliate will continue to refer women who meet eligibility guidelines to the BCCP. Grant funding permitting, the Affiliate will continue to fund CCDC grants for breast cancer screening of women 40 and above, as well as funds for

diagnostics, surgery and treatment to women who do not qualify for State or Federal assistance. Together with CCDC, the Affiliate will also collaborate on efforts to identify and/or establish breast cancer education, screening and treatment resources across the border in Ciudad Juarez for Mexican nationals living in El Paso who do not qualify for any federal or state assistance.

Statistics since:	June 1, 1991	Last 12 months*
Women Served	223,573	29,231
Breast Screenings	255,414	14,093
Breast Cancers	3,243	547
Cervical Screenings	214,230	18,774
Precancerous Conditions	8,121	1,086
Invasive Cervical Cancer	288	64

Table 9. Breast and Cervical Cancer statistics for Texas. TX DSHS, 2009

Table 9 illustrates the number of women served and screened through the BCCS Program for the state of Texas. Unfortunately due to upgrades in the BCCP database, CCDC is unable to provide detailed demographic data for the local women served, breast screenings, and breast cancers. However, according to CCDC, they have screened over 3,239 women through NBCCEDP funding between 1995 and 2010. Of these women, 2,599 women were over 50 years old (P. Morales, personal communication, 2010). In fifteen years of providing the BCCS Program, CCDC reports that 1,483 women have experienced an abnormal mammogram, and 116 women were diagnosed with in-situ or invasive breast cancer. Through the BCCS Program, CCDC is a critical partner in the El Paso community to serve men and women who may not receive screening and treatment services elsewhere.

Legislative Issues in Target Communities

The El Paso Affiliate supports Komen Advocacy Alliance’s public policy efforts at all levels. This past February, ten of thirteen Komen Texas Affiliates attended the Annual Komen Advocacy Day in Austin, Texas. As a member of Komen’s Texas Collaborative, the El Paso Affiliate advocated for funding of the Cancer Prevention and Research Institute of Texas (CPRIT) and support for level funding for the Breast and Cervical Cancer Screening Program.

While in Austin, meetings were held with a majority of the El Paso Representatives to establish new relationships and reignite the war on breast cancer. The Affiliate received very positive feedback from Representative Naomi Gonzalez, whose mother is a breast cancer survivor and active in Race for the Cure. In addition, the Affiliate met with Representative Joe Pickett’s Legislative Director, who appreciated the updated information on the programs and impact of Komen locally. Senator Jose Rodriguez is a strong supporter as well and will support funding. Representative Dee Margo requested a follow up visit from the Affiliate to discuss issues relating to breast cancer.

Over the next couple of years, the El Paso Affiliate will continue to foster its relationship with all local, state and federal officials by continuing to invite them to the Annual Race, offer to serve as a resource on issues pertaining to breast health and breast cancer in El Paso County and continue to raise their awareness of all issues impacting their constituents. The Affiliate has recruited a Public Policy Chair to help organize and spearhead local advocacy efforts. The Public Policy Chair will develop a public policy strategy for the Affiliate and build relationships with local partners in the Affiliate's advocacy efforts. Specifically, two partner organizations, Centro San Vicente and Texas Tech University, plan to submit proposals for CPRIT funding, which will increase breast health education and breast cancer research efforts in El Paso. The Affiliate will continue to support these efforts and advocate for the continuation of CPRIT funding on a statewide level.

Key Informant Findings

Through each key informant interview, the key informants repeatedly stated that due to the lack of knowledge and the fear of diagnosis with breast cancer, many women are not seeking breast health services. The interviews also revealed that low income and a lack of health care coverage play a large role in women accessing services along the entire continuum of care; women are not aware of the financial assistance or free programs that are available to them. Many women will travel to Juarez, Mexico for cheaper screening, but are at times misdiagnosed, which affects the long term prognosis of the patients. Increased efforts to educate target communities on resources and programs available to them for breast cancer information, screening, and treatment are needed.

If a woman is insured, she can receive a breast cancer screening through a private clinic and pay a deductible. If the screening produces abnormal results, further diagnostic tests and/or treatment are also covered by insurance. Often times, the medically indigent earn too much to qualify for Medicaid but too little to purchase either health insurance or health care. If a woman is uninsured, she will need to qualify through the BCCP Program for a free mammogram or identify a local nonprofit program to cover the costs of the screening. Otherwise, the woman will need to self-pay. If the patient is undocumented, the El Paso Affiliate directs these women toward two facilities-- Instituto Regional de Tratamiento Del Cáncer, which by referral from CCDC offers patients treatment on a sliding scale in Ciudad Juarez and Aprocancer, which provides free chemotherapy for indigent Juarez residents suffering from cancer and incapable of paying for treatment.

According to the key informants, a major barrier to women for receiving screening and treatment is transportation. Many families do not have the resources to travel to and from doctor's appointments in the middle of the day. There is a definite need for El Paso to make available more free transportation to patients receiving screening and treatment for cancer. There is also a demand for an increased number of medical interpreters since a high percentage of people who prefer and/or only speak Spanish. Currently patients who do not speak English rely on family members to translate information shared by the doctor or nurse if they do not speak Spanish.

Conclusions

Following selection of target communities, the Community Profile Team examined the available breast cancer programs and resources for residents in these communities. In addition, the team identified key informants within the targeted zip codes and interviewed them to explore common barriers and gaps in the continuum of care for the residents in these zip codes. The key informant interviews revealed that there is a need for more accessible services for women in the more remote areas of the Lower Valley and outlying Colonias (79907, 79915 and 79927). It was also reported that women need financial assistance for breast health services, clinics in closer vicinities, and free or discounted transportation to and from their appointments.

A common issue mentioned was the language barriers. Living along the border of Juarez, many residents of El Paso learned Spanish as the first language. Often, the older generations only speak Spanish and utilize younger family members to translate conversations with their doctors. In El Paso County, it is necessary to have Spanish interpreters available to providers and health educators.

According to the community asset review, there are resources available to women in the Affiliate's target zip codes for both financial assistance and transportation. If a woman is uninsured, she can qualify through the BCCP Program for a free mammogram or she can identify a local nonprofit program to cover the costs of the screening. If transportation is needed, LULAC Project Amistad is a Komen-funded program that transports low-income breast cancer patients to cancer treatments and follow up appointments. Many women are unaware of the numerous resources available to them; it is important to educate them on these services as well as how to access them.

Breast Cancer Perspectives in the Target Communities



Methodology

In order to collect data on preventative care, treatment and education that women receive in El Paso County, two focus groups were conducted with survivors and four separate focus groups for non-survivors. The staff of CCDC helped recruit current breast cancer patients and survivors for the survivor focus groups. The target audience for the non-survivor focus groups was women ages 18 and older, Hispanic, and of low income. Flyers were printed and posted at clinics and recreation centers in the target communities in order to recruit women to attend. Incentives were also offered to encourage high attendance including a \$25.00 gift card to the mall, dinner and refreshments for all participants.

The focus groups targeting breast cancer survivors were quite successful, with 10 women attending the two groups held at the Rio Grande Cancer Foundation. The dominant language at these focus groups was Spanish, making it necessary for there to be a facilitator fluent in Spanish. The women understood that their participation was voluntary, and all comments were confidential; they were also aware that the focus group would be recorded. The Co-Executive Director of a grantee facilitated the focus group, while an intern took notes and translated the discussion into English. The focus groups lasted approximately two hours.

The non-survivor focus groups were not nearly as successful. Even with the incentives, women were not motivated to attend. It is difficult to encourage women to take time out of their day to discuss an issue that was not affecting them personally. The first non-survivor focus group was hosted at Centro San Vicente and was to be conducted in English. However, no one arrived. One woman was recruited from the waiting room to share her opinions on an individual basis. Unfortunately the woman only spoke Spanish, making it difficult to translate her opinions since the facilitator was not fluent in Spanish. In order to meet the needs of the target population, the

team translated the focus group materials into Spanish for the second non-survivor focus group. Again, despite working with Centro San Vicente community health educators and publicizing the group throughout the community, only two women attended. The third and fourth non-survivor focus groups were promoted through Texas Tech UBCC and held at the Texas Tech University School of Medicine. After 20 minutes of waiting, it was determined that once again no one would be attending.

The data collected from the focus groups was analyzed through the focus group transcripts (in English and Spanish). The Community Profile team coded the transcripts of the focus groups for any recurring themes. Through the transcript, the team was able to identify issues women experienced when accessing care and treatment, as well as the needs of the community for more breast health education.

Review of Qualitative Findings

Women in the survivor focus groups discussed their experiences throughout the continuum of care from education and screening to follow-up care post-treatment. They identified gaps and barriers through each phase of the continuum, which the Community Profile Team compared against the demographic and breast cancer statistical analysis.

The El Paso Affiliate concluded that the following issues impact the ability of breast cancer patients and survivors to remain within the patient continuum of care:

- Lack of knowledge of basic breast health and screening recommendations
- Lack of health insurance or funds to pay for screening and treatment
- Lack of information on breast cancer support resources readily available in El Paso during treatment

Due to factors including a shortage of health care facilities with educational programs in outlying areas, low insurance rates, decreased preventative care among target community residents, and unique cultural fears, the focus group participants expressed a dire lack of knowledge related to basic breast health and screening recommendations. They did not know where to find this information, and once they discovered an issue (about half of participants found their own lumps), they were frightened to go to the doctor.

Participants shared the following commonly held views among older Hispanic women:

- The woman's priority is taking care of her family first, so her own health concerns are a lesser priority.
- Women fear a breast cancer diagnosis, and until they feel something wrong in their bodies, they will not receive screening.
- Women are not supposed to allow a man other than their husband see them naked (for a Clinical Breast Exam), and therefore, will not visit medical professionals for recommended screenings

Women also described how they were not educated about different breast cancer programs and

resources available to them. The women recommended that a directory of programs, and contact information be made available to all women and their families at the time of diagnosis. Several women were frustrated that even though they shared the same doctor, they received different information on resources available during treatment, including support groups, counseling, and reduced cost screenings. Once a diagnosis of breast cancer was rendered, the breast cancer patients wanted to receive information on support services including support groups, discounted wigs/prosthesis programs, lymphedema services, transportation, and homecare services, yet shared that they never received the information they desired. They did not know who to ask, and their doctors and nurses did not provide this information.

A significant number of the women in the survivor focus groups admitted to seeking affordable breast cancer screening across the border. With additional reduced cost or free mammograms and increased education on current programs available, the focus group participants thought that fewer women would go to Juarez for care. Focus group participants echoed concerns of language barriers and family member translation shared by key informants. Many of the women utilized their young children to translate information from the doctor, which often lead to misinformation or children translating terms and information that they do not understand themselves.

As a city along the Mexican border, El Paso's population includes some women who are diagnosed with breast cancer that are either non-U.S. citizens, undocumented immigrants, or in the process of acquiring their residency. As a result of their immigration/residency status, these women are not Medicaid eligible and look to local non-profit organizations for treatment resources. According to the focus group, some of them qualified for the Breast and Cervical Cancer Program (BCCP), but for those who do not qualify, crossing into Mexico for treatment may not only mean that they must leave their families behind but that they may not be allowed to legally return to El Paso.

The non-survivor focus groups consisted of an extremely small population, so the Affiliate cannot generalize for the target communities based on the opinions of three women. However, the participants echoed findings from previous research and key informants that the communities most in need of breast health education and services are those with low resources, high poverty, and a lack of nearby health care facilities. Fear of breast cancer diagnosis, cultural beliefs, and the inability to pay for services created barriers for women in the Lower Valley and outlying areas. Participants also desired more information regarding breast self-awareness and screening recommendations.

Conclusions

According to the breast cancer and demographic data review and feedback from key informant interviews and focus groups, men and women in target communities are most affected by an inability to pay for screening, treatment, and follow up services. Also, they do not have insurance, which would help cover the costs. Residents in these communities are often dependent on a variety of non-profits to meet their primary and essential needs during the trajectory from diagnosis to treatment and after treatment care. However, focus group participants repeatedly shared that they never received information on discounted programs for

screening, treatment, and follow up services available to them. Participants requested increased education and outreach efforts to promote discounted programs and additional funding to create discounted programs.

The findings indicate that the region of El Paso County and its proximity to Mexico has issues that are unique to the El Paso Affiliate. Many people from these regions are seeking medical services in Mexico due to a lack of insurance or ability to pay. However, if patients leave the country to receive cancer treatment, they know that they will be unable to legally return to the United States because of their non-citizen status. Many of these women have children and other family members that are citizens of the United States and leaving them behind would be detrimental for the family unit. Due to these circumstances, the decision for these women to seek treatment in Ciudad Juarez weighs very heavily on the entire family. Also, as women continue to seek treatment in Juarez, the risk of misdiagnosis and threats of increasing violence affect a woman's ability to remain in the continuum of care.

In addition, all focus group participants and key informants expressed a desire for more information on Komen and the work of the Affiliate in El Paso County. Beyond Race for the Cure, participants lacked general knowledge on the mission and purpose of the Affiliate, as well as knowledge of the Komen grantees' programs. Better outreach and education is needed on the grassroots level to reach the target communities with breast health information, information about Komen, and community programs available to them.

Conclusions: What We Learned, What We Will Do

Review of Findings

The El Paso Affiliate has been largely successful in implementing fund raising efforts that assist local community-based organizations with financial support. However, as evidenced in our qualitative research process, there remains a need to further inform and educate breast services providers, and the population at large, about how Komen works to address breast cancer concerns on the local level.

Perception among respondents in our focus groups and interviews indicate a general lack of understanding about how we integrate into the provider mix and what we do to support breast cancer services in our area through funding and education.

We also found the following recurring themes among the women we spoke to in the interviews:

1. There is a need to inform women about available post treatment follow-up care.
2. Many women in our service area need low-cost or no cost mammography.
3. Language and transportation barriers still exist in our most affected communities.
4. Lack of insurance and financial resources is a significant barrier.

Conclusions

As a grant making organization, the El Paso Affiliate can make a tremendous impact in addressing the concerns outlined in the Community Profile. This can be achieved by making a concerted effort to fund partner organizations that can provide solutions to the issues addressed here and by implementing key partnerships with local resources as described in the following Action Plan.

Action Plan

Priority 1: Implement strategies to educate and inform key breast cancer service providers about the Affiliate mission, purpose and funding activities.

Objective 1: Make on-site visits with ten key service providers to bolster our position as a key partner in the fight against breast cancer by May 2012.

Objective 2: Disseminate provider-centric materials that educate partners on our purpose and mission in FY 2012.

Objective 3: Partner with key breast cancer service providers to provide four educational/outreach classes on breast self-awareness in FY 2012.

Priority 2: Implement grassroots strategies for educating the general population about the Affiliate mission and purpose.

Objective 1: Participate in six large community presentations outside of the medical

community (i.e., local churches, educational institutions, community gatherings, etc) by August 2012.

Objective 2: Partner with five local media outlets used by our target audience to secure slots on local health-related radio show, as well as run educational PSAs throughout FY 2012.

Priority 3: Increase awareness and funding to community-based breast cancer treatment and support service organizations that offer follow-up care and post-treatment support services to survivors.

Objective 1: Institute a funding guideline that requires organizations to demonstrate how follow-up care and support will be implemented for the FY13 and FY14 Funding Cycles.

Objective 2: Partner with local breast cancer treatment and support service organizations to host a survivor-focused event aimed at educating survivors, current breast cancer patients, and their families on available support services and resources in Fall 2011.

Objective 3: By December 2011, hold one grant writing workshop within the target communities aimed at breast cancer treatment and support service organizations.

Priority 4: Fund community-based outreach/health organizations that promote awareness on breast health education and emphasize efforts to breakdown language and transportation barriers for underserved populations

Objective 1: Institute a funding guideline that requires organizations to provide Spanish language health interpreters for non-English speakers for the FY13 and FY14 Funding Cycles.

Objective 2: Assist organizations that do not have this capability to build capacity in this area by implementing partnerships with organizations by December 2011.

Objective 3: Increase funding to organizations that can provide transportation to women seeking breast care services in geo-targeted zip codes as described in this profile for the FY13 and FY14 Funding Cycles.

Objective 4: Forge partnerships with local transportation providers and discuss small grant opportunities for providers that can lend support and assistance in transporting potential patients in the outlying/targeted zip codes by August 2012.

Priority 5: Support organizations that provide low cost, or no cost, mammography services to underserved populations.

Objective 1: Increase funding to non-profit organizations and health care providers that can offer low cost, or not cost, mammography and other breast cancer services to underserved populations for the FY13 and FY14 Funding Cycles.

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