SOUTH CENTRAL REGION

TABLE OF CONTENTS

TABLE OF CONTENTS 2
ABOUT SUSAN G. KOMEN® 3
COMMUNITY PROFILE INTRODUCTION 4
ANALYSIS OF THE 2015 COMMUNITY PROFILE DATA 5
- PURPOSE 5
- METHODS 5
- CHALLENGES AND LIMITATIONS 10

DISCUSSION 12
- QUANTITATIVE DATA ANALYSIS 12
- HEALTH SYSTEMS ANALYSIS 27
- QUALITATIVE DATA ANALYSIS 38

CONCLUSIONS 40
REFERENCES 45
APPENDICES 47

ABOUT SUSAN G. KOMEN®

In 1980, Nancy G. Brinker promised her dying sister, Susan, that she would do everything in her power to end breast cancer forever. In 1982, that promise became a global movement. What started with $200 and a shoebox full of potential donor names has now grown into the world's largest nonprofit source of funding for the fight against breast cancer - the Susan G. Komen® organization.

Komen funds more breast cancer research than any other nonprofit organization outside of the US government while also providing real-time help to those facing the disease. Since 1982, Komen and its local Affiliates have funded more than $920 million in research and provided more than $2 billion for breast cancer screening, education and treatment programs serving millions of people in more than 30 countries worldwide.

Our efforts have contributed to advancements in early detection and treatment that have reduced death rates from breast cancer by 37 percent (between 1990 and 2013).

COMMUNITY PROFILE INTRODUCTION

The Community Profile is a needs assessment completed by Susan G. Komen and its Affiliates to assess breast cancer burden within the US by identifying areas at highest risk of negative breast cancer outcomes. Through the Community Profile, populations most at-risk of dying from breast cancer can be identified. The Profile provides detailed information about these populations, including demographic and socioeconomic characteristics, as well as, needs and disparities that exist in availability, access and utilization of quality care. This assessment allows Komen to make data-driven decisions in the development of collaborative opportunities, grant funding priorities and implementation of evidence-based community health programs that will meet the most urgent needs and address the most common barriers to breast cancer care in order to make the biggest impact.

This report contains data for Komen's South Central Region. This region includes the states of Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

As of August 2016, there were 20 Komen Affiliates[1] located in the South Central Region: Komen Acadiana

- Komen Arkansas
- Komen Austin
- Komen Baton Rouge
- Komen Bayou Region
- Komen Central and Western Oklahoma
- Komen Dallas County
- Komen East Central Texas
- Komen El Paso
- Komen Greater Amarillo
- Komen Greater Fort Worth
- Komen Houston
- Komen Lubbock Area
- Komen New Orleans
- Komen North Louisiana
- Komen North Texas
- Komen Ozark
- Komen San Antonio
- Komen Texarkana
- Komen Tulsa

[1] While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

ANALYSIS OF THE 2015 COMMUNITY PROFILE DATA

Purpose

From 2014-2016, Komen Affiliates completed Community Profiles of their local service areas while Komen Headquarters completed State Community Profiles.

While Komen Affiliates provide services at the community level, they are also grouped into seven regions that provide an opportunity for collaboration on a multi-state level. Although local and state data are included in the Affiliate and State Community Profile Reports, regional data about breast cancer outcomes, needs and disparities were not. In addition, there was a lack of information regarding common strategies that Affiliates were implementing to address Community Profile findings.

Therefore, the Evaluation and Outcomes team at Komen Headquarters conducted an analysis of the Affiliate and State Community Profiles in order to compile data and provide a broader perspective of the results found within the Komen South Central Region. The data provided in this report are meant to aid Komen Headquarters and the Affiliates within the South Central Region in identifying issues and barriers to care that are common in the region, and enable Affiliates to work together to address common goals, when appropriate.

Methods

Komen Headquarters Evaluation and Outcomes team reviewed data from the five State and 22 Affiliate[2] Community Profile Reports from the Komen South Central Region and compiled the available data into this Komen South Central Regional Community Profile Report.

Quantitative Data

To determine which communities (e.g., counties, cities, parishes) in the South Central Region bear the greatest burden of breast cancer, data representing all communities from the State Community Profiles were compared to Healthy People 2020 breast cancer targets, the benchmark for each community. Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. HP2020 has several cancer-related objectives, including the targets used in this report: reducing the number of breast cancers that are found at a late-stage and reducing women's death rate from breast cancer.

For this report, late-stage breast cancer is defined as regional (Stage III) or distant stage (Stage IV) using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (Young et al., 2001). The breast cancer late-stage

[2] While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

diagnosis rate is calculated as the number of women with regional (Stage III) or distant (Stage IV) breast cancer at the time of diagnosis in a particular geographic area divided by the number of women living in that area. Late-stage diagnosis rates are presented in terms of 100,000 women and have been adjusted for age. Late-stage diagnosis rates are important because medical experts agree that it's best for breast cancer to be detected early. Women whose breast cancers are found at an early stage (Stage I or Stage II) usually need less aggressive treatment and do better overall than those whose cancers are found at a later stage (US Preventive Services Task Force, 2016).

The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period. The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are presented in terms of 100,000 women and have been adjusted for age.

The Evaluation and Outcomes team compiled breast cancer late-stage diagnosis and death rates and trends (changes over time) from the five State Community Profile Reports reflecting the South Central Region. Communities that are predicted not to meet both the HP2020 breast cancer late-stage diagnosis rate and death rate benchmarks are referred to as "Highest Priority" communities, since they carry the highest burden of breast cancer within the region.

The Evaluation and Outcomes team also compiled key demographic and socioeconomic characteristics from the State Community Profile Reports including race, ethnicity, age, education level, poverty, unemployment, immigration (i.e., foreign born), use of English language (e.g., linguistically isolated), medically underserved, rural areas and uninsured. These population characteristics are known to impact health outcomes and may provide information on the types of services and interventions necessary to alleviate the burden of breast cancer in these areas (Adler and Rehkopf, 2008; American Cancer Society, 2015a; American Cancer Society, 2015c; Braveman, 2010; Danforth, 2013; Lurie and Dubowitz, 2007; Robert Wood Johnson Foundation, 2008;).

The following sources were used for gathering the quantitative data:

- Death rate data: Centers for Disease Control and Prevention (CDC)- National Center for Health Statistics- Surveillance, Epidemiology and End Results (SEER)* Stat, 2006-2010
- Death trend data: National Cancer Institute (NCI) and CDC- State Cancer Profiles, 2006-2010
- Late-stage diagnosis and trends data: North American Association of Central Cancer Registries (NAACCR)-CINA Deluxe Analytic File, 2006-2010
- Race, ethnicity and age data: US Census Bureau- Population Estimates, 2011

- Education level, poverty, unemployment, immigration and use of English language data: US Census Bureau- American Community Survey, 2007-2011
- Rural population data: US Census Bureau- Census, 2010
- Medically underserved data: Health Resources and Services Administration, 2013
- Health insurance data: US Census Bureau- Small Area Health Insurance Estimates, 2011

Health System Analysis

The Evaluations and Outcomes team used a comprehensive internet search to identify and classify facilities offering breast cancer services including screening providers, diagnostic providers and treatment providers for each state. The internet search included the following sites. For additional detail regarding the internet search please see Appendix A.

- Community Health Centers: http://nachc.org/about-our-health-centers/find-a-health-center/
- Title X: http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/
- Mammography Centers: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
- Hospitals: https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3

The internet search consisted of locating the following types of facilities in each of the communities identifying as having the greatest need ("Highest Priority" communities):

- Hospitals (e.g., public or private, for-profit or non-profit)
- Community health centers that provide care regardless of an individual's ability to pay (e.g., Federally Qualified Health Centers (FQHCs) and FQHC look-alikes)
- Free and charitable clinics that utilize a volunteer staff model and restrict eligibility to individuals who are uninsured, underinsured and/or have limited to no access to primary health care
- Health departments (e.g., local county or city health department funded by a government entity)
- Title X providers that are usually family planning centers that also offer breast cancer screening services
- Facilities that provide breast cancer services, but do not fit under any of the other categories (e.g., non-medical service providers)

Facilities were classified as screening if they provided clinical breast exams, screening mammograms and/or patient navigation into screening. Classification as a

diagnostic service provider included locations that provide diagnostic mammography, ultrasound, biopsy, magnetic resonance imaging (MRI) scanning and/or patient navigation into diagnostic services. Classification as a treatment service provider included locations that provide chemotherapy, radiation therapy, surgery, reconstruction and/or patient navigation into treatment services. A facility may be classified under more than one classification depending on the breast cancer services provided.

The comprehensive internet search also included the identification of facilities that provide breast cancer services that are accredited by a national organization that monitors the facility to ensure that the quality of care being provided meets specific benchmark measures. Each national organization's website was used to identify the accredited facilities in each state. For this report, the following are the national accreditations used to measure the quality of care available:

- American College of Surgeons Commission on Cancer Certification (CoC) - https://www.facs.org/quality-programs/cancer/coc
- American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)- https://www.facs.org/quality-programs/napbc
- American College of Radiology Breast Imaging Centers of Excellence (BICOE)- http://www.acr.org/Quality-Safety/Accreditation/BICOE
- National Cancer Institute's designated Cancer Centers - http://www.cancer.gov/research/nci-role/cancer-centers

Each state Community Profile Report contained the number, type and location of facilities that provided breast cancer services along with the number of accredited facilities that were available. The Evaluations and Outcomes team extracted from the State Community Profile Reports the number, type and location of facilities that provided breast cancer services in the South Central Region's "Highest Priority" communities. In addition, the number and type of accredited facilities in each South Central Region's "Highest Priority" community were also extracted and used in this report.

The following icons are used in the health systems analysis and discussion section to represent the different types of breast cancer services available in the "Highest Priority" communities.

Screening

Diagnostic

Treatment

Qualitative Data

The Evaluations and Outcomes team analyzed qualitative data from 20 Komen Affiliates in the South Central Region, which were collected during the 2014-2015

Community Profile process. Data were gathered from health care providers, breast cancer survivors and community members who represented the target communities selected by the Affiliates. The methods used by Affiliates to collect an individual's attitude and beliefs about breast cancer care in the local community included:

- Surveys: open-ended questions to gather information in an online or paper format
- Focus groups: structured discussion used to obtain in-depth information from a group of people
- Key informant interviews: in-depth, structured discussions with people who are very familiar with the community
- Document review: review of published materials that used qualitative data collection methods

Using thematic analysis, the Evaluations and Outcomes team identified common themes from the qualitative data findings presented in the Affiliate Community Profile Reports. Themes were added, combined and revised as commonalities became more prevalent. The themes were tracked in a spreadsheet and were classified by Affiliates and community of interest. The most frequently cited themes are discussed in the qualitative data section of this report. A list of all themes and their corresponding definitions are located in Appendix B.

The following icons were used in the qualitative data analysis section to represent different data collection methods conducted by the Affiliates.

Survey

Focus Group

Key Informant Interview

Document Review

Mission Action Plan

Using the data collected during the Community Profile process, Komen Affiliates developed an action plan, referred to as the Mission Action Plan (MAP), to implement within a four-year time period to address the breast cancer needs identified for their target communities. There were 22 Affiliates[3] in Komen's South Central Region that completed a MAP. Each Affiliate's MAP consists of problem statements, priorities and objectives. The problem statements summarize the issues revealed during the Community Profile process in the communities of interest. Priorities represented the goals that the Affiliates expected to achieve within five years. Objectives are the activities that an Affiliate is going to do to reach the priorities.

[3] While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

The Evaluations and Outcomes team used descriptive analysis to identify commonalities within the problem statements, priorities and objectives in each Affiliate's Mission Action Plans. The problem statements, priorities and objectives were first classified into descriptive categories. The categories were then analyzed to identify commonalities. Commonalities identified from the South Central Region Affiliates' MAPs are presented in the conclusions section of this report.

Challenges and Limitations

The various methods used to gather data for the 2015 Community Profile process resulted in challenges that limit the generalizability of the data collected.

Recent data

At the time of quantitative data collection for the State and Affiliate Community Profile Reports, the most recent data available were used but, for breast cancer late-stage diagnosis and death rates, these data are still several years behind. For example, the breast cancer late-stage diagnosis and death rates that were available in 2013, when data were being collected, were from 2010. For the US as a whole and for most states, breast cancer late-stage diagnosis and death rates do not often change rapidly. Rates in individual communities might change more rapidly. In particular, if a cancer control program has been implemented in 2011-2013, any impact of the program on death and late-stage diagnosis rates would not be reflected in this report.

As time passes, the data in this report will become more out-of-date. However, the trend data included in the report can help estimate current values. Also, the State Cancer Profiles Web site (http://statecancerprofiles.cancer.gov/) is updated annually with the latest cancer data for states and can be a valuable source of information about the latest breast cancer rates. However, it is unlikely that the data that is presented in this report will change significantly in the five years between Community Profile updates, to result in changes to the "Highest Priority" communities.

The available breast cancer services (e.g., screening, diagnostic and treatment) and accredited facilities (e.g., CoC, BICOE, NAPBC, and NCI Cancer Centers) identified in the health system analysis section of this report were collected between September 2014 – March 2015. Therefore, local facilities that provide breast cancer services (e.g., screening, diagnostics and treatment) may have changed since March 2015 and may be either over-represented or under-represented in the community.

Data Availability

For some communities, data might not be available or might be of varying quality. Cancer surveillance programs vary from state to state in their level of funding and this can impact the quality and completeness of the data in the cancer registries and

the state programs for collecting death information. There are also differences in the legislative and administrative rules for the release of cancer statistics for studies such as community needs assessments. These factors can result in missing data for some of the data categories in this report. Communities missing both death and late-stage diagnosis rate data were excluded from HP2020 priority classification. This does not mean that the community may not have high needs; it only means that sufficient data are not available to classify the community.

There are also many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient. Good quantitative data are not available on how factors such as these vary from place to place.

Qualitative Data

Qualitative methods (e.g., surveys, focus groups, key informant interviews) that were used during the Affiliate Community Profile process gathered information regarding an individual's attitude and beliefs about breast cancer care in their local community. The qualitative data used in this report have some specific limitations that were unable to be controlled for because the methods implemented and data collected were completed by 22 different Affiliates[4]. These limitations include, but are not limited to:

- Small sample sizes limit the ability of the data to accurately represent everyone in the community
- Data collected by the Affiliates were not always from communities that were classified as "Highest Priority" in this report
- Bias of the facilitator and/or interviewer in which they give preference to their own view over others and recall information that favors their view only
- Response bias in which participants provide answers they believe the facilitator or interviewer wants to hear, even if untrue
- Poor wording of questions may have resulted in inaccurate, or unrelated responses that do not match the intent of the question
- Sampling bias in which attitudes and beliefs of those that participated in the different qualitative methods may be different than those that did not (e.g., those that participated may have less barriers than those that did not participate)

These limitations may result in the qualitative data in this report not being representative of the geographic areas that are not predicted to meet HP2020

[4] While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

targets for death and late-stage diagnosis rates, and may only represent the perspectives of those that participated in the surveys, focus groups and key informant interviews.

DISCUSSION

In order to better understand the breast cancer issues and barriers to care that are common across the Komen South Central Region and enable Affiliates within the region to work together to address common goals, Komen Headquarters Evaluation and Outcomes team compiled available quantitative, health systems and qualitative data within the South Central Region. This section details the findings of this regional analysis.

Quantitative Data Analysis

Breast cancer late-stage diagnosis and death rates and trends were analyzed across the South Central Region in order to assess the burden of breast cancer within the region. These data were then compared to Healthy People 2020 targets for breast cancer to identify the areas of greatest need within the region. Table 1 shows both late-stage diagnosis and death rates and trends for the states within Komen's South Central Region.

Table 1. Female breast cancer late-stage diagnosis and death rates and trends-Komen South Central Region

		Late-Stage Diagnosis and Trends			Death Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Late-stage Cases (Annual Average)	Age-adjusted Late-stage Diagnosis Rate /100,000	Late-stage Trend (Annual Percentage Change)	# of Deaths (Annual Average)	Age-adjusted Death Rate /100,000	Death Trend (Annual Percent Change)
US (states with available data)	145,332,861	70,218	43.7	-1.2%	40,736	22.6	-1.9%
Arkansas	1,435,070	717	44.2	-2.3%	416	23.4	-1.2%
Louisiana	2,265,429	1,151	46.8	0.4%	642	25.4	-1.4%
New Mexico	1,019,306	418	37.4	1.0%	243	20.9	-1.7%
Oklahoma	1,857,419	931	44.8	-1.6%	520	23.9	-1.3%
Texas	12,251,113	4,905	40.7	-3.2%	2,610	21.8	-1.8%

NA – data not available.
Late-stage diagnosis data are for years 2006-2010.
Death data are for years 2006-2010.
Rates are cases/deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of late-stage diagnosis rate and trend data: NAACCR – CINA Deluxe Analytic File.
Source of death rate data: CDC – NCHS mortality data in SEER*Stat.
Source of death trend data: NCI/CDC State Cancer Profiles.

Comparison to Healthy People 2020 Targets

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. HP2020 targets for breast cancer late-stage diagnosis and death rates were used as a benchmark to determine which communities (e.g., county, city, parish) in the South Central Region have the highest breast cancer needs. In 2014, the HP2020 target for late-stage diagnosis rate was 41.0 per 100,000 females and the target for breast cancer death rate was 20.6 per 100,000 females.

Breast cancer late-stage diagnosis and death rates and trends (changes over time) were used to calculate whether each community in the South Central Region would meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continue for 2011 and beyond. A negative trend means that the rates are predicted to decrease each year; while a positive trend indicates that rates are increasing each year. For breast cancer late-stage diagnosis and death rate, a negative trend is desired.

Communities are classified as follows:

- Communities that are not likely to achieve either of the HP2020 targets for late-stage diagnosis or death rates are considered to have the highest needs.
- Communities that have already achieved both targets are considered to have the lowest needs.
- Other communities are classified based on the number of years needed to achieve the two targets.

Table 2 shows how communities are assigned to priority categories. There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Table 2. Priority classification based on the projected time to achieve HP2020 breast cancer targets

		Time to Achieve Late-stage Diagnosis Reduction Target				
		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
Time to Achieve Death Rate Reduction Target	13 years or longer	Highest	High	Medium High	Medium	Highest
	7-12 yrs.	High	Medium High	Medium	Medium Low	Medium High
	0 – 6 yrs.	Medium High	Medium	Medium Low	Low	Medium Low
	Currently meets target	Medium	Medium Low	Low	Lowest	Lowest
	Unknown	Highest	Medium High	Medium Low	Lowest	Unknown

If the time to achieve the HP2020 target cannot be calculated for one of the HP2020 indicators (i.e., late-stage diagnosis rate or death rate), then the community is classified based on the other indicator. If both indicators are missing, then the community is classified as “unknown". This doesn’t mean that the community may not have high needs; it only means that sufficient data are not available to classify the community.

Table 3 represents communities in the Komen South Central Region that have been designated “Highest Priority”. Communities designated as “Highest Priority” mean that they are not likely to meet the Healthy People 2020 targets for breast cancer late-stage diagnosis or deaths. In addition, key demographic and socioeconomic characteristics have been provided in Table 3 that may assist in identifying who in these communities may be most in need of help. For this report, demographic and socioeconomic characteristic are considered an influential factor when the percentage is substantially higher than the state. Substantially higher is defined as three percentage points higher for a factor less than 10.0 percent and five percentage points higher for a factor equal to or greater than 10.0 percent. Detailed information regarding each HP2020 “Highest Priority” community’s key population characteristics can be located in Appendix C.

Demographic characteristics include populations that have been found to have less favorable breast cancer outcomes:

- Black/African-American women: Breast cancer is the most common cancer among Black/African-American women. In 2013, breast cancer deaths were 39 percent higher in Black/African-American women than in white women (Howlader et al., 2016). Although breast cancer survival in Black/African-American women has increased over time, survival rates remain lower than among white women.
- Hispanic/Latina women: Breast cancer is the leading cause of cancer death in Hispanic/Latina women (American Cancer Society, 2015b).
- Asian and Pacific Islander (API) women: Breast cancer incidence among Asian-American, Native Hawaiian and Pacific Islander women have increased since 2005 (American Cancer Society, 2016). Breast cancer is the second leading cause of cancer death in Asian-American, Native Hawaiian and Pacific Islander women (American Cancer Society, 2016).
- American Indian and Alaska Native (AIAN) women: The last two decades have seen large increases in both incidence and death rates for American Indian and Alaska Native women (American Cancer Society, 2015a). Among AIAN women, those who live in Alaska and the Southern Plains have the highest death rates and women who live in the Southwest have the lowest mortality rates (White et al., 2014).

- Older women (65 and older): The risk of breast cancer increases as an individual becomes older. Most breast cancers and breast cancer deaths occur in women aged 50 and older (American Cancer Society, 2015a)

Socioeconomic characteristics include factors that have been identified as barriers that may prevent individuals from being able to access care, afford care and/or understand the care that their doctor recommends. For example, uninsured individuals that have an annual income below 200 percent Federal Poverty Level may not have the financial resources to pay for diagnostic services if they have an abnormal mammogram. Immigrants that do not speak English fluently may experience cultural and language barriers when receiving care. Individuals that reside in rural and/or medically underserved areas may have to travel outside of their community to access care which requires transportation resources as well as longer periods of time off work.

Table 3. Healthy People 2020 "Highest Priority" communities in the Komen South Central Region

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Healthy People 2020 Target			41.0*	20.6*	
United States (states with available data)			43.7 (-1.2%)	22.6 (-1.9%)	
Arkansas	Arkansas County	Komen Arkansas	67.4 (+5.7%)	24.1 (NA)	%Black/African-American, medically underserved
Arkansas	Boone County	Komen Ozark	42.2 (+11.3%)	24.2 (-.05%)	Rural
Arkansas	Bradley County	Komen Arkansas	59.9 (+18.6%)	SN	%Black/African-American, %Hispanic/Latina, education, poverty, rural, medically underserved
Arkansas	Chicot County	Komen Arkansas	52.3 (+25.7%)	SN	%Black/African-American, older, education, poverty, rural, medically underserved
Arkansas	Cleburne County	Komen Arkansas	36.5 (+9.0%)**	23.6 (+2.0%)	Older, rural, medically underserved
Arkansas	Columbia County	Komen Arkansas	55.7 (+5.3%)	31.0 (+2.0%)	%Black/African-American, rural, medically underserved
Arkansas	Craighead County	Komen Arkansas	41.5 (+2.9%)	25.1 (+0.5%)	
Arkansas	Drew County	Komen Arkansas	32.2 (+9.1%)**	34.0 (NA)	%Black/African-American, employment, medically underserved
Arkansas	Garland County	Komen Arkansas	42.8 (+8.6%)	25.1 (-1.6%)	Older
Arkansas	Izard County	Komen Arkansas	45.1 (+22.7%)	32.7 (NA)	Older, rural, medically underserved
Arkansas	Johnson County	Komen Arkansas	35.4 (+19.9%)**	SN	%Hispanic/Latina, education, rural, medically underserved
Arkansas	Lawrence County	Komen Arkansas	47.0 (+1.9%)	35.6 (NA)	Education, rural, medically underserved
Arkansas	Marion County	Komen Arkansas	49.7 (+10.0%)	SN	Older, rural, medically underserved
Arkansas	Miller County	Komen Texarkana	32.8 (+4.5%)**	23.9 (+5.4%)	%Black/African-American, medically underserved
Arkansas	Nevada County	Komen Arkansas	55.2 (+6.9%)	SN	%Black/African-American, education, employment, rural, medically underserved
Arkansas	Polk County	Komen Arkansas	36.5 (+3.3%)**	SN	Older, rural, insurance, medically underserved
Arkansas	Randolph County	Komen Arkansas	48.7 (+6.2%)	30.3 (NA)	Rural, medically underserved
Arkansas	Sharp County	Komen Arkansas	58.8 (+22.2%)	SN	Older, poverty, rural, medically underserved
Arkansas	St. Francis County	Komen Arkansas	47.6 (+9.4%)	30.8 (-2.2%)	%Black/African-American, education, poverty, employment, rural, medically underserved
Louisiana	Allen Parish	Komen	43.3 (+2.0%)	SN	Education, rural, medically underserved

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
		Acadiana			
Louisiana	Beauregard Parish	Komen Acadiana	55.5 (+2.8%)	25.0 (NA)	Rural, medically underserved
Louisiana	Caddo Parish	Komen North Louisiana	46.5 (+4.3%)	28.0 (-1.4%)	%Black/African-American
Louisiana	Claiborne Parish	Komen North Louisiana	32.3 (+14.1%)**	SN	%Black/African-American, older, education, poverty, employment, rural, medically underserved
Louisiana	Concordia Parish	Komen Acadiana	SN	29.4 (-2.3%)	%Black/African-American, education, poverty, employment, rural, medically underserved
Louisiana	East Feliciana Parish	Komen Baton Rouge	62.5 (+18.1%)	39.1 (NA)	%Black/African-American, rural, medically underserved
Louisiana	Evangeline Parish	Komen Acadiana	45.4 (+6.9%)	23.6 (-0.2%)	Education, rural, medically underserved
Louisiana	Iberia Parish	Komen Acadiana	52.1 (+13.0%)	23.9 (-1.1%)	Education, medically underserved
Louisiana	Iberville Parish	Komen Baton Rouge	46.6 (+12.7%)	25.8 (-1.8%)	%Black/African-American, education, rural, medically underserved
Louisiana	Jefferson Parish	Komen New Orleans	44.3 (0.0%)	24.9 (-1.4%)	%Hispanic/Latina, foreign born
Louisiana	Lafayette Parish	Komen Acadiana	48.6 (+1.2%)	25.2 (-0.6%)	
Louisiana	Lafourche Parish	Komen Bayou Region	51.8 (+2.0%)	26.6 (-0.5%)	Education
Louisiana	Orleans Parish	Komen New Orleans	52.8 (+3.0%)	30.8 (-1.4%)	%Black/African-American, poverty, employment
Louisiana	Pointe Coupee Parish	Komen Baton Rouge	60.8 (+11.6%)	30.5 (-1.6%)	Rural, medically underserved
Louisiana	St. Bernard Parish	Komen New Orleans	52.9 (+16.1%)	SN	Employment
Louisiana	St. James Parish	Komen Bayou Region	59.2 (+10.9%)	SN	%Black/African-American, medically underserved
Louisiana	St. John the Baptist Parish	Komen New Orleans	58.7 (+3.0%)	33.2 (+0.8%)	%Black/African-American, medically underserved
Louisiana	St. Martin Parish	Komen Acadiana	58.9 (+3.7%)	24.9 (-1.5%)	Education, rural, medically underserved
Louisiana	Webster Parish	Komen North Louisiana	44.3 (+7.2%)	27.8 (-1.6%)	Education, rural, medically underserved
Louisiana	West Baton Rouge Parish	Komen Baton Rouge	51.7 (+5.2%)	SN	%Black/African-American, medically underserved
New Mexico	Eddy County	Not Currently Served By A Komen Affiliate	33.7 (+2.1%)**	28.7 (+2.3%)	Medically underserved

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
New Mexico	Lincoln County	Not Currently Served By A Komen Affiliate	33.6 (+17.1%)**	SN	Older, rural, medically underserved
New Mexico	Luna County	Not Currently Served By A Komen Affiliate	33.5 (+10.1%)**	28.0 (NA)	%Hispanic/Latina, education, poverty, employment, foreign born, language, rural, insurance, medically underserved
New Mexico	Otero County	Not Currently Served By A Komen Affiliate	24.6 (+6.8%)**	22.8 (-0.3%)	Rural
New Mexico	Sierra County	Not Currently Served By A Komen Affiliate	38.9 (+12.5%)**	36.2 (NA)	Older, rural, medically underserved
New Mexico	Socorro County	Not Currently Served By A Komen Affiliate	36.2 (+1.7%)**	SN	Education, poverty, language, rural, medically underserved
Oklahoma	Adair County	Komen Tulsa	38.6 (+6.2%)**	SN	%AIAN, education, poverty, rural, insurance
Oklahoma	Beckham County	Komen Central and Western Oklahoma	37.1 (+17.9%)**	SN	
Oklahoma	Garfield County	Komen Central and Western Oklahoma	31.3 (+2.3%)**	25.6 (-0.7%)	
Oklahoma	Hughes County	Komen Tulsa	56.9 (+49.0%)	SN	%AIAN, older, education, poverty, rural, medically underserved
Oklahoma	Jackson County	Komen Central and Western Oklahoma	56.1 (+1.1%)	SN	%Hispanic/Latina
Oklahoma	Kay County	Komen Central and Western Oklahoma	45.1 (+9.7%)	26.8 (NA)	
Oklahoma	Kingfisher County	Komen Central and Western Oklahoma	64.5 (+7.3%)	SN	Rural
Oklahoma	Marshall County	Komen Central and Western Oklahoma	41.9 (+13.0%)	SN	%Hispanic/Latina, older, education, rural, insurance, medically underserved
Oklahoma	Okfuskee County	Komen Tulsa	57.3 (+0.1%)	SN	%AIAN, education, poverty, rural, medically underserved
Oklahoma	Oklahoma County	Komen Central and Western Oklahoma	49.4 (-0.3%)	24.6 (-0.8%)	%Black/African-American, %Hispanic/Latina
Oklahoma	Pawnee County	Komen Tulsa	51.6 (+6.7%)	SN	%AIAN, rural

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Oklahoma	Rogers County	Komen Tulsa	38.0 (+5.4%)**	27.3 (-1.6%)	%AIAN, rural
Oklahoma	Texas County	Komen Central and Western Oklahoma	37.6 (+32.3%)**	SN	%Hispanic/Latina, education, foreign born, language, rural, insurance
Oklahoma	Tulsa County	Komen Tulsa	52.3 (+3.3%)	27.2 (-1.2%)	
Oklahoma	Wagoner County	Komen Tulsa	36.4 (+5.0%)**	27.4 (+0.3%)	
Texas	Austin County	Not Currently Served By A Komen Affiliate	53.8 (+28.5%)	24.7 (-0.4%)	Older, rural, medically underserved
Texas	Bee County	Not Currently Served By A Komen Affiliate	33.8 (+4.5%)**	28.3 (NA)	%Hispanic/Latina, education, rural, medically underserved
Texas	Bosque County	Komen East Central Texas	38.7 (+4.5%)**	SN	Older, rural, medically underserved
Texas	Caldwell County	Komen Austin	55.0 (+1.3%)	SN	%Hispanic/Latina, employment, rural, medically underserved
Texas	Calhoun County	Not Currently Served By A Komen Affiliate	40.7 (+8.4%)**	SN	%Hispanic/Latina, employment, rural, medically underserved
Texas	Chambers County	Komen Houston	44.8 (NA)	SN	Rural, medically underserved
Texas	Comanche County	Not Currently Served By A Komen Affiliate	45.2 (+14.5%)	SN	Older, poverty, rural, insurance, medically underserved
Texas	Eastland County	Not Currently Served By A Komen Affiliate	SN	33.7 (-0.5%)	Older, rural, medically underserved
Texas	Frio County	Not Currently Served By A Komen Affiliate	40.5 (+16.3%)**	SN	%Hispanic/Latina, education, poverty, language, rural, medically underserved
Texas	Hockley County	Komen Lubbock Area	49.1 (+4.1%)	SN	%Hispanic/Latina, education, rural, medically underserved
Texas	Hutchinson County	Komen Greater Amarillo	38.1 (+5.3%)**	SN	Rural, medically underserved
Texas	Jasper County	Not Currently Served By A Komen Affiliate	55.4 (+19.9%)	21.8 (-0.3%)	Older, rural
Texas	Jefferson County	Not Currently Served By A Komen Affiliate	58.5 (+6.1%)	25.9 (-0.5%)	%Black/African-American
Texas	Johnson County	Komen Greater Fort Worth	37.5 (+0.8%)**	26.4 (-0.2%)	Rural

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Texas	Jones County	Not Currently Served By A Komen Affiliate	40.5 (+8.6%)**	29.2 (-0.4%)	Older, education, rural, medically underserved
Texas	Lamb County	Komen Lubbock Area	53.2 (-1.9%)	SN	%Hispanic/Latina, education, rural, insurance, medically underserved
Texas	Lavaca County	Not Currently Served By A Komen Affiliate	35.5 (+12.3%)**	20.6 (NA)	Older, rural, medically underserved
Texas	Lee County	Not Currently Served By A Komen Affiliate	42.8 (+0.9%)	SN	Older, rural, medically underserved
Texas	Leon County	Not Currently Served By A Komen Affiliate	45.0 (+6.3%)	SN	Older, rural, medically underserved
Texas	Liberty County	Komen Houston	35.0 (+2.9%)**	26.9 (-1.5%)	Education, employment, rural, medically underserved
Texas	Medina County	Not Currently Served By A Komen Affiliate	25.0 (+27.7%)**	20.6 (+1.7%)**	%Hispanic/Latina, rural, medically underserved
Texas	Moore County	Komen Greater Amarillo	46.8 (+7.4%)	SN	%Hispanic/Latina, education, foreign born, language
Texas	Morris County	Not Currently Served By A Komen Affiliate	53.5 (-0.5%)	SN	%Black/African-American, older, rural, medically underserved
Texas	Nolan County	Not Currently Served By A Komen Affiliate	37.4 (+22.0%)**	SN	Older, rural, medically underserved
Texas	Orange County	Not Currently Served By A Komen Affiliate	53.2 (+0.2%)	23.2 (-0.6%)	Rural
Texas	Parker County	Komen Greater Fort Worth	39.9 (+7.2%)**	26.6 (-0.6%)	Rural
Texas	Potter County	Komen Greater Amarillo	44.1 (+4.3%)	26.0 (-1.7%)	Poverty
Texas	Reeves County	Not Currently Served By A Komen Affiliate	63.9 (+3.2%)	SN	%Hispanic/Latina, education, poverty, employment, language, medically underserved
Texas	Sabine County	Not Currently Served By A Komen Affiliate	41.5 (+6.7%)	SN	Older, rural, medically underserved
Texas	Trinity County	Not Currently Served By A Komen Affiliate	36.2 (+4.2%)**	SN	Older, rural, medically underserved

State	Community	Affiliate	Late-Stage Diagnosis Rate per 100,000 (trend)	Death Rate per 100,000 (trend)	Key Population Characteristics
Texas	Walker County	Not Currently Served By A Komen Affiliate	44.6 (+7.1%)	28.2 (+1.9%)	%Black/African-American, rural, medically underserved
Texas	Washington County	Not Currently Served By A Komen Affiliate	48.5 (+1.8%)	26.7 (-0.4%)	%Black/African-American, older, rural, medically underserved
Texas	Wilson County	Not Currently Served By A Komen Affiliate	38.0 (+5.5%)**	19.8 (+0.7%)**	Rural, medically underserved
Texas	Young County	Not Currently Served By A Komen Affiliate	38.7 (+10.9%)**	45.7 (+2.8%)	Older, rural, medically underserved

*Target as of the writing of this report.
**While this community currently meets the HP2020 target, because the trend is increasing it should be treated the same as a community that will not meet the HP2020 target.
NA – data not available.
SN – data suppressed due to small numbers (15 deaths or fewer for the 5-year data period).
Late-stage diagnosis data are for years 2006-2010.
Death data are for years 2006-2010.
Rates are cases/deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of late-stage diagnosis rate and trend data: NAACCR – CINA Deluxe Analytic File.
Source of death rate data: CDC – NCHS mortality data in SEER*Stat.
Source of death trend data: NCI/CDC State Cancer Profiles.

In the Komen South Central Region, there are 94 communities that are considered "Highest Priority" based on the prediction of meeting HP2020 breast cancer late-stage diagnosis and/or death rates. There are 29 "Highest Priority" communities in the South Central Region that are not within a local Komen Affiliate service area (Table 4).

Table 4. HP2020 "Highest Priority" communities not served by a Komen Affiliate

State	Community	Key Population Characteristics
New Mexico	Eddy County	Medically underserved
New Mexico	Lincoln County	Older, rural, medically underserved
New Mexico	Luna County	%Hispanic/Latina, education, poverty, employment, foreign born, language, rural, insurance, medically underserved
New Mexico	Otero County	Rural
New Mexico	Sierra County	Older, rural, medically underserved
New Mexico	Socorro County	Education, poverty, language, rural, medically underserved
Texas	Austin County	Older, rural, medically underserved
Texas	Bee County	%Hispanic/Latina, education, rural, medically underserved
Texas	Calhoun County	%Hispanic/Latina, employment, rural, medically underserved
Texas	Comanche County	Older, poverty, rural, insurance, medically underserved
Texas	Eastland County	Older, rural, medically underserved
Texas	Frio County	%Hispanic/Latina, education, poverty, language, rural, medically underserved
Texas	Jasper County	Older, rural
Texas	Jefferson County	%Black/African-American
Texas	Jones County	Older, education, rural, medically underserved
Texas	Lavaca County	Older, rural, medically underserved
Texas	Lee County	Older, rural, medically underserved
Texas	Leon County	Older, rural, medically underserved
Texas	Medina County	%Hispanic/Latina, rural, medically underserved
Texas	Morris County	%Black/African-American, older, rural, medically underserved
Texas	Nolan County	Older, rural, medically underserved
Texas	Orange County	Rural
Texas	Reeves County	%Hispanic/Latina, education, poverty, employment, language, medically underserved
Texas	Sabine County	Older, rural, medically underserved
Texas	Trinity County	Older, rural, medically underserved
Texas	Walker County	%Black/African-American, rural, medically underserved
Texas	Washington County	%Black/African-American, older, rural, medically underserved
Texas	Wilson County	Rural, medically underserved
Texas	Young County	Older, rural, medically underserved

When viewing the region as a whole, 67 of the 94 communities have a substantially higher percentage of individuals residing in rural areas. In addition, 56 of the 67 (83.6%) communities have a substantially larger percentage of individuals living in medically underserved areas (Appendix D). According to the US Department of

Health and Human Services, areas are designated as medically underserved when they have too few primary care providers to serve the area residents, a high percentage of residents with incomes below the poverty level and/or a high percentage of the population being over the age of 65. Both of these factors have been linked to barriers associated with accessing quality and timely care.

Additional commonalities in the Komen South Central Region "Highest Priority" communities were high percentage of individuals with less than a high school education (30 communities) and a substantially older female population (27 communities).

Black/African-American women are often diagnosed with late-stage breast cancer when treatment options are limited, and the prognosis is poor. Black/African-American women also have a 39 percent higher breast cancer death rate than white women (Howlader et al., 2016). In the Komen South Central Region, 22 of the "Highest Priority" communities have a substantially larger Black/African-American female population than their respective state as a whole:

Komen Acadiana
- Concordia Parish, LA

Komen Arkansas
- Arkansas County, AR
- Bradley County, AR
- Chicot County, AR
- Columbia County, AR
- Drew County, AR
- Nevada County, AR
- St. Francis County, AR

Komen Baton Rouge
- East Feliciana Parish, LA
- Iberville Parish, LA
- West Baton Rouge Parish, LA

Komen Bayou Region
- St. James Parish, LA

Komen Central and Western Oklahoma
- Oklahoma County, OK

Komen New Orleans
- Orleans Parish, LA
- St. John the Baptist Parish, LA

Komen North Louisiana
- Caddo Parish, LA
- Claiborne Parish, LA

Komen Texarkana
- Miller County, AR

Not Currently Served by a Komen Affiliate
- Jefferson County, TX
- Morris County, TX
- Walker County, TX
- Washington County, TX

Breast cancer is the leading cause of cancer death in Hispanic/Latina women (American Cancer Society, 2015b). In the Komen South Central Region, 17 of the "Highest Priority" communities have a substantially larger Hispanic/Latina female population than their respective state as a whole:

Komen Arkansas
- Bradley County, AR
- Jonson County, AR

Komen Austin
- Caldwell County, TX

Komen Central and Western Oklahoma
- Jackson County, OK
- Marshall County, OK
- Oklahoma County, OK
- Texas County, OK

Komen Greater Amarillo
- Moore County, TX

Komen Lubbock Area
- Hockley County, TX
- Lamb County, TX

Komen New Orleans
- Jefferson Parish, LA

Not Currently Served by a Komen Affiliate
- Luna County, NM
- Bee County, TX
- Calhoun County, TX
- Frio County, TX
- Medina County, TX
- Reeves County, TX

Within Komen's South Central Region, there are "Highest Priority" communities that are adjacent to each other. Individuals residing in areas where two or more "High Priority" communities are adjacent to each other may experience additional barriers compared to a "Highest Priority" adjacent to lower priority communities. These additional barriers (e.g., transportation, acceptance of health insurance) may lead individuals to forgo doctor recommended screening leading to the potential that breast cancer that could have been found early and treated with a better prognosis may not be found until the disease is at a later stage with a poorer prognosis.

Adding further to the complexity of accessing care in "Highest Priority" communities is when the community is located on a state border and closest breast cancer care is across that border in another state. When individuals cross state borders, there is potential that the individual's health insurance may not be accepted. For example, Medicaid coverage is a state health insurance and therefore varies by state. An individual with Medicaid coverage may not be able to access the closest breast cancer services if those services are in another state because their Medicaid health insurance is only accepted within their state of residency.

There are 20 clusters of two or more 'Highest Priority" communities that may indicate greater needs than a single "Highest Priority" community bordered by lower priority communities. Some of these clusters cross state borders which may add

additional barriers to someone seeking breast cancer care (e.g., insurance coverages change between states, transportation)

- Chicot County (AR), Drew County (AR) and Bradley County (AR) served by Komen Arkansas
- Boone County (AR) and Marion County (AR) served by Komen Arkansas and Komen Ozark
- Randolph County (AR), Craighead County (AR), Lawrence County (AR), Sharp County (AR) and Izard County (AR) served by Komen Arkansas
- Lafourche Parish (LA), Saint James Parish (LA), Saint John the Baptist Parish (LA), Jefferson Parish (LA), Orleans Parish (LA) and Saint Bernard Parish (LA) served by Komen Bayou Region and Komen New Orleans
- Rodgers County (OK), Wagoner County (OK) and Tulsa County (OK) served by Komen Tulsa
- Garfield County (OK), Kingfisher County (OK), Oklahoma County (OK), Pawnee County (OK) and Kay County (OK) served by Komen Central and Western Oklahoma and Komen Tulsa
- Okfuskee County (OK) and Hughes County (OK) served by Komen Tulsa
- Hutchinson County (TX), Moore County (TX) and Potter County (TX) served by Komen Greater Amarillo
- Luna County (NM), Sierra County (NM), Otero County (NM), Lincoln County (NM), Eddy County (NM) and Reeves County (TX) which are not currently served by an Affiliate
- Lamb County (TX) and Hockley County (TX) served by Komen Lubbock Area
- Jones County (TX) and Nolan County (TX) which are not currently served by a Komen Affiliate
- Parker County (TX), Johnson County (TX) and Bosque County (TX) served by Komen Greater Ft. Worth and Komen East Central Texas
- Medina County (TX) and Frio County (TX) which are not currently served by a Komen Affiliate
- Austin County (TX) and Lee County (TX) which are not currently served by a Komen Affiliate
- Eastland County (TX) and Comanche County (TX) which are not currently served by a Komen Affiliate
- Walker County (TX) and Trinity County (TX) which are not currently served by a Komen Affiliate
- Chambers County (TX), Liberty County (TX), Beauregard Parish (LA) and Allen Parish (LA) served by Komen Acadiana and Komen Houston; and Sabine County (TX), Jasper County (TX), Orange County (TX) and Jefferson County (TX) which are not currently served by a Komen Affiliate
- Caddo Parish (LA) and Miller County (AR) served by Komen Texarkana and Komen North Louisiana

- Webster Parish (LA), Claiborne Parish (LA), Columbia County (AR) and Nevada County (AR) served by Komen North Louisiana and Komen Arkansas
- Concordia Parish (LA), East Feliciana Parish (LA), Pointe Coupee Parish (LA), West Baton Rouge Parish (LA), Iberville Parish (LA), Saint Martin Parish (LA), Lafayette Parish (LA) and Iberia Parish (LA) served by Komen Acadiana and Komen Baton Rouge

Figure 1 shows each community within Komen's South Central Region prioritized according to their priority classification based on HP2020. Communities that are classified as "Highest Priority" are those that are predicted not meet the HP2020 benchmarks for late-stage diagnosis rates and/or death rates. When both of the indicators used to establish a priority for a community are not available, the priority is shown as "undetermined" on the map.

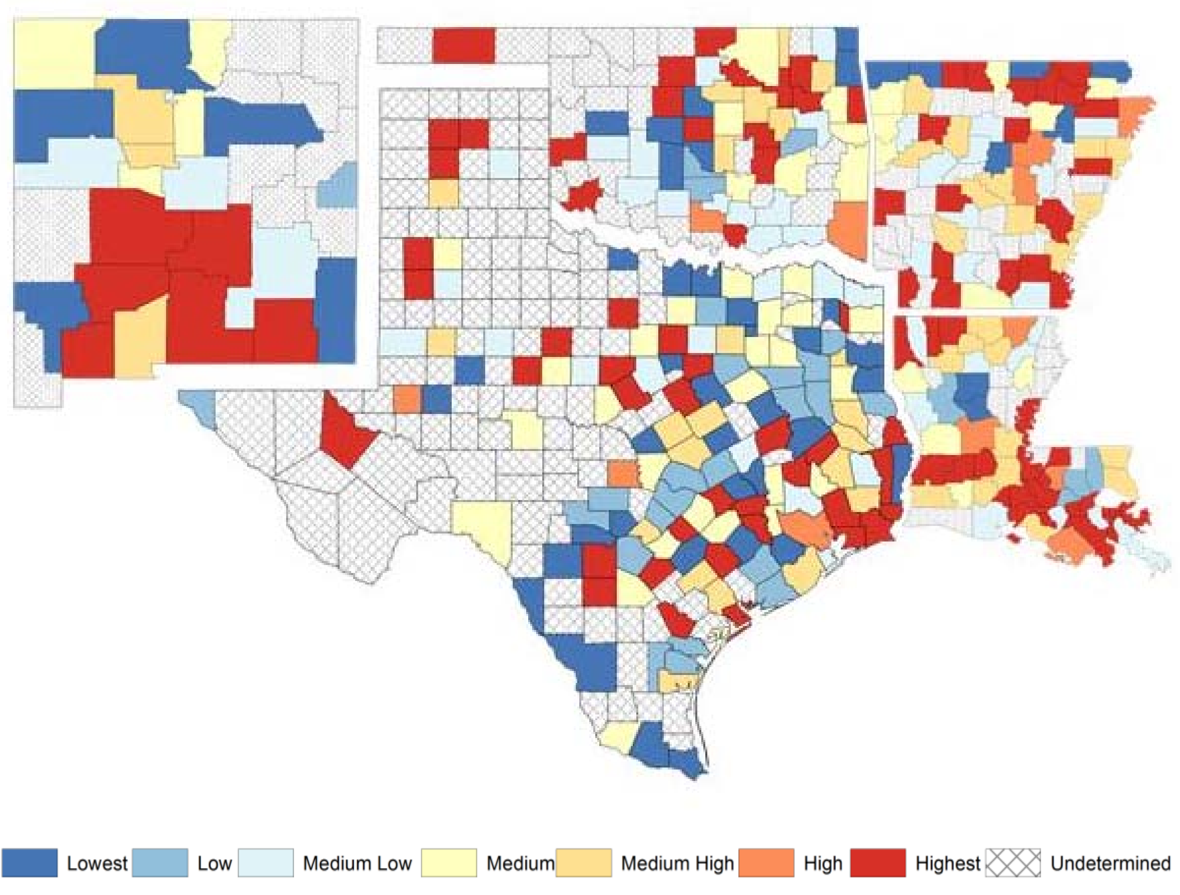


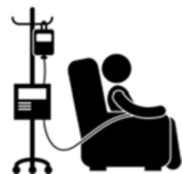
Figure 1. Healthy People 2020 priority classifications- Komen South Central Region

Health Systems Analysis

An inventory of breast cancer programs and services in the Komen South Central Region was collected by Komen Headquarters Evaluation and Outcomes team through a comprehensive internet (Appendix A) search to identify the following types of health care facilities or community organizations that may provide breast cancer related services: hospitals, community health centers, free clinics, health departments, Title X providers, and additional facilities that provide breast cancer services (e.g., non-medical service providers).

In Komen's South Central Region, there are 2,174 facilities that provide screening services (i.e. clinical breast exam, screening mammography and/or patient navigation into screening services). Of those facilities that provide screening services, 457 are located in a "Highest Priority" community.

In Komen's South Central Region, there are 880 facilities that provide diagnostic services (i.e. diagnostic mammography, ultrasound, biopsy, magnetic resonance imaging (MRI) scanning and/or patient navigation into diagnostic services). Of those facilities that provide diagnostic services, 179 are located in a "Highest Priority" community.



In Komen's South Central Region, there are 363 facilities that provide treatment services (i.e. chemotherapy, radiation, surgery, reconstruction and/or patient navigation into treatment services). Of those facilities that provide treatment services, 65 are located in a "Highest Priority" community.

A facility may be classified under more than one classification depending on the services provided. Appendix E provides the number of screening, diagnostic and treatment facilities for the South Central Region's "Highest Priority" communities and states.

These numbers, however, do not tell the whole story about the availability of services for individuals that are residing in a "Highest Priority" community. An individual residing in a "Highest Priority" community may only have only one or two of the services available within a short distance from their residence and may have to travel a greater distance within the community, or to another community, to receive additional care. A lack of local services increases the likelihood that an individual will have difficulty accessing initial screening services and follow-up care after an abnormal screening. This, in turn, may contribute to breast cancer being diagnosed at a later stage when treatment options are limited, and prognosis is poor, or may result in delays in treatment after diagnosis, which contribute to poorer outcomes.

In the Komen South Central Region, two HP2020 "Highest Priority" communities do not have any in-community breast cancer services (e.g., screening, diagnostic and treatment services) and are not currently served by a Komen Affiliate:

- Lee County, TX
- Morris County, TX

In the Komen South Central Region, 32 HP2020 "Highest Priority" communities have in-community screening services, but do not have any facilities that provide diagnostic and treatment services (Table 5).

Table 5. South Central Region HP2020 "Highest Priority" communities that have only screening services in the community

Affiliate Service Area	Community
Komen Acadiana	St. Martin Parish, LA
Komen Arkansas	Arkansas County, AR
	Chicot County, AR
	Cleburne County, AR
	Lawrence County, AR
	Marion County, AR
	Nevada County, AR
	Randolph County. AR
	Sharp County, AR
	St. Francis County, AR
Komen Baton Rouge	East Feliciana Parish, LA
	West Baton Rouge Parish, LA
Komen Central and Western Oklahoma	Okfuskee County, OK
	Texas County, OK
Komen East Central Texas	Bosque County, TX
	Caldwell County, TX
Komen Greater Fort Worth	Parker County, TX
Komen Houston	Chambers County, TX
Komen Lubbock Area	Lamb County, TX
Komen New Orleans	St. John the Baptist Parish, LA
Komen Tulsa	Hughes County, OK
Not currently served by a Komen Affiliate	Sierra County, NM
	Bee County, TX
	Comanche County, TX
	Eastland County, TX
	Frio County, TX
	Jones County, TX
	Leon County, TX
	Liberty County, TX
	Orange County, TX
	Sabine County, TX
	Trinity County, TX

In the Komen South Central Region, 25 HP2020 "Highest Priority" communities have in-community screening and diagnostic services, but do not have any facilities that provide treatment services (Table 6).

Table 6. South Central Region HP2020 "Highest Priority" communities that have only screening and diagnostic services in the community

Affiliate Service Area	Community
Komen Acadiana	Concordia Parish, LA
Komen Arkansas	Garland County, AR
Komen Baton Rouge	Pointe Coupee Parish, LA
Komen Bayou Region	St. James Parish, LA
Komen Central and Western Oklahoma	Beckham County, OK
	Garfield County, OK
	Jackson County, OK
	Kay County, OK
	Kingfisher County, OK
	Marshall County, OK
Komen Greater Amarillo	Moore County, TX
Komen Greater Fort Worth	Johnson County, TX
Komen Lubbock Area	Hockley County, TX
Komen New Orleans	St. Bernard Parish, LA
Komen Tulsa	Adair County, OK
	Pawnee County, OK
	Rogers County, OK
	Wagoner County, OK
Not currently served by a Komen Affiliate	Lincoln County, NM
	Luna County, NM
	Socorro County, NM
	Austin County, TX
	Jasper County, TX
	Nolan County, TX
	Reeves County, TX

The remaining communities have breast cancer screening, diagnostics and treatment services available locally.

Although these communities may have services, this doesn't account for quality of care that may be provided at these facilities. The Institute of Medicine defines quality of care as "providing patients with appropriate services in a technically competent manner, with good communication, shared decision-making and cultural sensitivity" (Hewitt and Simone, 1999). Hospitals and medical centers that provide quality care tend to have up-to-date facilities and equipment, follow current breast cancer screening, diagnostic and treatment guidelines, and have doctors with appropriate credentials and experience in treating breast cancer. Overall, quality of care is about the process of care, outcomes of care, and patient satisfaction levels from a particular program and/or organization.

Komen Headquarters Evaluation and Outcomes team collected data on the number of facilities in the South Central Region that were accredited by standard quality programs for breast cancer care in the United States. The specific breast cancer related accreditations considered for this report include American College of Radiology Breast Imaging Centers of Excellence, American College of Surgeons Accreditation Program for Breast Centers, American College of Surgeons Commission on Cancer Certification and the National Cancer Institute's designated Cancer Centers.

While screening, diagnostic and treatment services are available through facilities located in HP2020 "Highest Priority" communities, the services provided may not follow recommended guidelines and lack care coordination to diagnostic and treatment services. This may result in the individual having to coordinate their own care within a complex health care system. Confusion and frustration of navigating a complex health care system may lead to individuals forgoing care, not being aware that additional tests are needed, or taking longer to be diagnosed leading to potential delays in beginning recommended breast cancer treatment. Additionally, patients may not be made aware of breast cancer clinical trials that they may be eligible to participate in, and planning and coordination of care may be "siloed" (e.g., each medical provider focused one isolated part of care and not how that care functions within a larger treatment plan).

American College of Radiology Breast Imaging Centers of Excellence (BICOE)
http://www.acr.org/Quality-Safety/Accreditation/BICOE

The American College of Radiology (ACR) BICOE "designation is awarded to breast imaging centers that achieve excellence" in providing effective, safe and quality breast imaging care to patients (American College of Radiology, n.d.).

In order for a facility to receive designation as a BICOE, the facility must meet quality breast imaging screening and diagnostic performance measures for mammography, stereotactic breast biopsy, breast ultrasound and breast MRI.

In the US, there are 8,283 facilities that provide breast cancer screening and diagnostic services; of those facilities, 1,343 (16.2%) are accredited as an ACR BICOE facility

In Komen's South Central Region, there are 497 facilities that provide breast cancer screening and diagnostic services; of those facilities, 93 (18.7%) are accredited as an ACR BICOE facility.

Within the South Central Region's HP2020 "Highest Priority" communities, there are 179 facilities that provide breast cancer screening and diagnostic services; of those facilities, 13 (7.3%) are accredited as an ACR BICOE facility (Table 7). Individuals that reside in communities that have accredited screening and diagnostic facilities have access to services that meet quality breast imaging performance measures. However, in the South Central Region, there are 166 facilities located in 50 HP2020 "Highest Priority" communities that are not accredited and the services provided to individuals seeking care may not meet quality breast imaging performance measure (Appendix F).

Table 7. HP2020 "Highest Priority" communities in the South Central Region with ACR BICOE accredited facilities

Komen Affiliate	Community	Total number of facilities in the community*	Number of BICOE accredited facilities in the community	Key demographic/ socioeconomic factors
Komen Acadiana	Lafayette Parish, LA	11	3	
Komen Central and Western Oklahoma	Oklahoma County, OK	35	2	%Black/African-American, %Hispanic/Latina
Komen Greater Amarillo	Potter County, TX	7	1	Poverty
Komen New Orleans	Orleans Parish, LA	12	3	%Black/African-American, poverty, employment
Komen Tulsa	Tulsa County, OK	15	1	
Not Currently Served By A Komen Affiliate	Jefferson County, TX	9	2	%Black/African-American
	Otero County, NM	1	1	Rural

* Note: Facilities that provide screening and diagnostic services in the HP2020 "Highest Priority" communities with a least one BICOE accredited facility. These numbers do not represent the number of facilities that provide screening and diagnostic services in all HP2020 "Highest Priority" communities.

American College of Surgeons National Accreditation Program for Breast Centers (NAPBC)
https://www.facs.org/quality-programs/napbc

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
NAPBC
Est. 2008

541
facilities in United States

38
facilities Komen South Central Region

7
facilities "Highest Priority" communities

The American College of Surgeons' (ACS) NAPBC is focused on improving quality of care and outcomes for patients with diseases of the breast (American College of Surgeons, 2014b). The NAPBC utilizes evidence-based standards, patient and provider education, and encourages leaders from major disciplines to work together to diagnose and treat breast disease.

In order to be an ACS NAPBC programs, the breast center must demonstrate a multidisciplinary, integrated and comprehensive model for providing breast care services and meet high-quality breast cancer care performance measures. NAPBC facilities must meet performance standards in providing screening, diagnostic and treatment services, employing medical providers with specialized knowledge and skills in diseases of the breast, participation in clinical trials, and implementation of education, support and survivorship programs.

In the US, there are 2,925 facilities that provide breast cancer screening, diagnostic and treatment services; of those facilities, 541 (18.5%) are accredited as an ACS NAPBC facility.

In Komen's South Central Region, there are 348 facilities that provide breast cancer screening, diagnostic and treatment services; of those facilities, 38 (10.9%) are accredited as an ACS NAPBC facility.

Within the South Central Region's "Highest Priority" communities there are 65 facilities that provide treatment services; of those facilities, seven (10.7%) are accredited as an ACS NAPBC facility (Table 8). Individuals that reside in communities that have NAPBC facilities have access to services that meet high-quality breast cancer care performance measures. However, in the South Central Region, there are 58 facilities located in 27 HP2020 "Highest Priority" communities that are not

accredited and the services provided to individuals seeking care may not meet high-quality breast cancer care performance measures (Table 9).

Table 8. HP2020 "Highest Priority" communities in the South Central Region with ACS NAPBC accredited facilities

Komen Affiliate	Community	Total number of facilities in the community*	Number of NAPBC accredited facilities in the community	Key demographic/ socioeconomic factors
Komen Central and Western Oklahoma	Oklahoma County, OK	9	1	%Black/African-American, %Hispanic/Latina
Komen Greater Amarillo	Potter County, TX	4	2	Poverty
Komen New Orleans	Orleans Parish, LA	5	1	%Black/African-American, poverty, employment
Komen Tulsa	Tulsa County, OK	3	1	
Not Currently Served By A Komen Affiliate	Jefferson County, TX	5	2	%Black/African-American

* Note: Facilities that provide screening, diagnostic and treatment services in the HP2020 "Highest Priority" communities with a least one NAPBC accredited facility. These numbers do not represent the number of facilities that provide screening, diagnostic and treatment services in all HP2020 "Highest Priority" communities.

Table 9. HP2020 "Highest Priority" communities in the South Central Region without an ACS NAPBC accredited facility

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Acadiana	Allen Parish, LA	Education, rural, medically underserved
	Beauregard Parish, LA	Rural, medically underserved
	Evangeline Parish, LA	Education, rural, medically underserved
	Iberia Parish, LA	Education, medically underserved
Komen Arkansas	Bradley County, AR	%Black/African-American, %Hispanic/Latina, education, poverty, rural, medically underserved
	Columbia County, AR	%Black/African-American, rural, medically underserved
	Craighead County, AR	
	Drew County, AR	%Black/African-American, employment, medically underserved
	Izard County, AR	Older, rural, medically underserved
	Johnson County, AR	%Hispanic/Latino, education, rural, medically underserved
	Polk County, AR	Older, rural, insurance, medically underserved
Komen Baton Rouge	Iberville Parish, LA	%Black/African-American, education, rural, medically underserved
Komen Bayou Region	Lafourche Parish, LA	Education
Komen Greater Amarillo	Hutchinson County, TX	Rural, medically underserved
Komen Ozark	Boone County, AR	Rural
Komen New Orleans	Jefferson Parish, LA	%Hispanic/Latina, foreign born
Komen North Louisiana	Caddo Parish, LA	%Black/African-American

Komen Affiliate	Community	Key demographic/socioeconomic factors
	Claiborne Parish, LA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Webster Parish, LA	Education, rural, medically underserved
Not Currently Served by a Komen Affiliate	Eddy County, NM	Medically underserved
	Calhoun County, TX	%Hispanic/Latina, employment, rural, medically underserved
	Lavaca County, TX	Older, rural, medically underserved
	Medina County, TX	%Hispanic/Latina, rural, medically underserved
	Walker County, TX	%Black/African-American, rural, medically underserved
	Washington County, TX	%Black/African-American, older, rural, medically underserved
	Wilson County, TX	Rural, medically underserved
	Young County, TX	Older, rural, medically underserved

American College of Surgeons Commission on Cancer (CoC)

https://www.facs.org/quality-programs/cancer/coc

The American College of Surgeons (ACS) CoC "recognizes cancer care programs for their commitment to providing comprehensive, high-quality and multidisciplinary patient centered care" (American College of Surgeons, 2014a).

Throughout the cancer continuum of care accredited programs are at the forefront of improving survival and quality of life for those diagnosed with cancer by setting care standards, research, prevention, education and monitoring to ensure comprehensive quality care is being provided (American College of Surgeons, 2014a).

The benefits of having an ACS CoC accredited facility in the local community include (American College of Surgeons, 2014a):

- Dedicated resources to ensure quality treatment and supportive care services are provided
- Community-based cancer prevention and screening events

- Guarantee that patients have access to treatment recommended by Health and Medicine Division (formerly the Institute of Medicine), National Cancer Comprehensive Network and American Society of Clinical Oncology
- Patients' care is coordinated through a multidisciplinary oncology team
- Patients are informed about clinical trials
- Patients are provided a standard of care verified by a national organization
- Patients have access to quality cancer care that is close to home

In the US, there are 2,997 facilities that provide breast cancer treatment services; of those facilities, 1,422 (47.5%) are accredited as an ACS CoC facility.

In Komen's South Central Region, there are 363 facilities that provide breast cancer treatment services; of those facilities, 147 (40.5%) are accredited as an ACS CoC facility.

Within the South Central Region's "Highest Priority" communities, there are 65 facilities that provide breast cancer treatment services; of those facilities, 30 (46.1%) are accredited as an ACS CoC facility (Table 10). Individuals that reside in communities with ACS CoC accredited facilities have access to comprehensive, quality breast cancer treatment close to home. However, in the South Central Region, there are 35 treatment facilities located in 26 HP2020 "Highest Priority" communities that are not accredited and the service provided to individual seeking care may not meet ACS cancer care standards (Table 11).

Table 10. HP2020 "Highest Priority" Communities in the South Central Region with CoC Accreditation

Komen Affiliate	Community	Total number of facilities in the community*	Number of CoC accredited facilities in the community	Key demographic/ socioeconomic factors
Komen Acadiana	Lafayette Parish, LA	3	3	
Komen Bayou Region	Lafourche Parish, LA	1	1	Education
Komen Central and Western Oklahoma	Oklahoma County, OK	9	7	%Black/African-American, %Hispanic/Latina
Komen Greater Amarillo	Potter County, TX	4	3	Poverty
Komen New Orleans	Jefferson Parish, LA	2	2	%Hispanic/Latina, foreign born
	Orleans Parish, LA	5	4	%Black/African-American, poverty, employment
Komen North Louisiana	Caddo Parish, LA	4	3	%Black/African-American
Komen Tulsa	Tulsa County, OK	3	3	
Not Currently Served By A Komen Affiliate	Jefferson County, TX	5	4	%Black/African-American

* Note: Facilities that provide screening, diagnostic and treatment services in the HP2020 "Highest Priority" communities with a least one CoC accredited facility. These numbers do not represent the number of facilities that provide screening, diagnostic and treatment services in all HP2020 "Highest Priority" communities.

Table 11. HP2020 “Highest Priority” communities in the South Central Region without an ACS CoC accredited facility

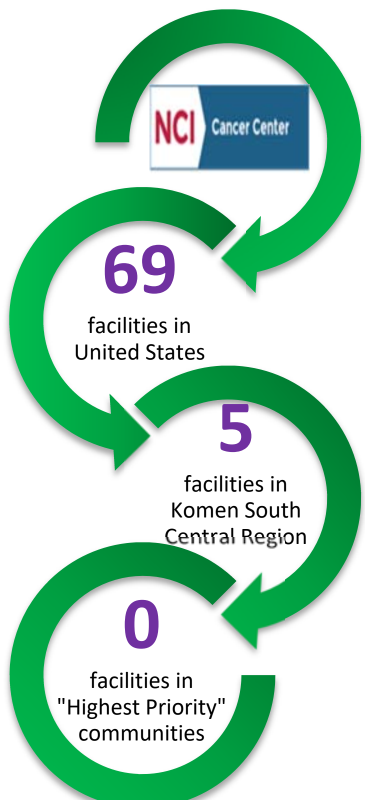
Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Acadiana	Allen Parish, LA	Education, rural, medically underserved
	Beauregard Parish, LA	Rural, medically underserved
	Evangeline Parish, LA	Education, rural, medically underserved
	Iberia Parish, LA	Education, medically underserved
Komen Arkansas	Bradley County, AR	%Black/African-American, %Hispanic/Latina, education, poverty, rural, medically underserved
	Columbia County, AR	%Black/African-American, rural, medically underserved
	Craighead County, AR	
	Drew County, AR	%Black/African-American, employment, medically underserved
	Izard County, AR	Older, rural, medically underserved
	Johnson County, AR	%Hispanic/Latino, education, rural, medically underserved
	Polk County, AR	Older, rural, insurance, medically underserved
Komen Baton Rouge	Iberville Parish, LA	%Black/African-American, education, rural, medically underserved
Komen Greater Amarillo	Hutchinson County, TX	Rural, medically underserved
Komen Greater Ft. Worth	Parker County, TX	Rural
Komen North Louisiana	Claiborne Parish, LA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Webster Parish, LA	Education, rural, medically underserved
Komen Ozark	Boone County, AR	Rural
Not Currently Served by a Komen Affiliate	Eddy County, NM	Medically underserved
	Otero County, NM	Rural
	Calhoun County, TX	%Hispanic/Latina, employment, rural, medically underserved
	Lavaca County, TX	Older, rural, medically underserved
	Medina County, TX	%Hispanic/Latina, rural, medically underserved
	Walker County, TX	%Black/African-American, rural, medically underserved
	Washington County, TX	%Black/African-American, older, rural, medically underserved
	Wilson County, TX	Rural, medically underserved
	Young County, TX	Older, rural, medically underserved

National Cancer Institute Designated Cancer Centers

http://www.cancer.gov/research/nci-role/cancer-centers

A National Cancer Institute (NCI) designated Cancer Center is an institution dedicated to researching the development of more effective approaches to the prevention, diagnosis, and treatment of cancer (National Cancer Institute, 2012). A NCI-designated Cancer Center conducts cancer research that is multidisciplinary and incorporates collaboration between institutions and university medical centers. This

collaboration also provides training for scientists, physicians, and other professionals interested in specialized training or board certification in cancer-related disciplines. NCI-designated Cancer Centers also provide clinical programs that offer the most current forms of treatment for various types of cancers and typically incorporate access to clinical trials of experimental treatments.



There are 69 NCI-designated Cancer Centers in the United States with five centers located in Komen's South Central Region. There are no NCI-designated Cancer Centers located in any of the South Central Region's HP2020 "Highest Priority" communities. All five NCI-designated Cancer Centers in the Komen South Central Region are located in communities that are not considered "Highest Priority".

In summary, individuals residing in two HP2020 "Highest Priority" communities in the South Central Region do not have access to any in-community breast cancer services (i.e., screening, diagnostic and treatment). Additionally, 32 of the HP2020 "Highest Priority" communities have access to in-community screening, but do not have in-community access to diagnostic and treatment services; 25 "Highest Priority" communities have in-community access to screening and diagnostic services; and 35 "Highest Priority" communities have access to screening, diagnostic and treatment services in the community. While services may be available within the community, the number of available facilities may be too few to service the population in need, facilities may not accept an individual's health insurance plan, individuals can become "lost in the system" after an abnormal screening mammogram and/or the care received does not meet any quality-based standards. In the South Central Region, there are 84 HP2020 "Highest Priority" communities that do not have any of the listed quality-based accredited breast cancer services.

Qualitative Data Analysis

In order to gain a better understanding of the key barriers to breast cancer care in the local communities, Komen Headquarters Evaluation and Outcomes team analyzed qualitative data collected by Komen Affiliates. This analysis includes the review of qualitative data reports for all Affiliates within the South Central Region and the coding of central themes that were cited most frequently by survey, interview and focus group participants and published qualitative documents (Figure 2).

During 2014-2015, Affiliates conducted qualitative data collection in communities of interest (e.g., HP2020 "Highest Priority" communities and/or non-"Highest Priority" communities) within their service area to "hear" from local health care providers and/or community members the challenges local residents have in accessing breast cancer care; as well as potential solutions that may assist individuals in receiving physician recommended breast cancer screening, diagnostic and treatment services.

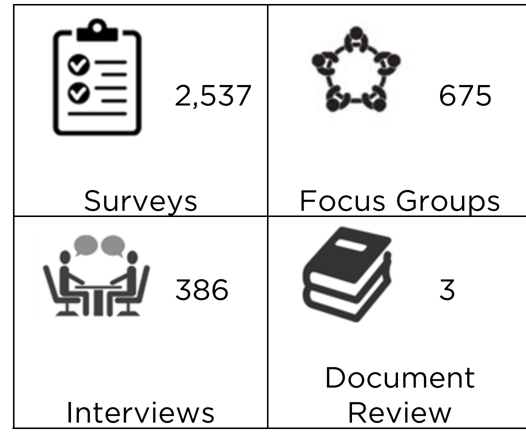


Figure 2. Komen South Central Region qualitative data collection methods and number of participants/documents

In the South Central Region, 22 Komen Affiliates[5] collected qualitative data from 70 communities of interest during the Community Profile process. Of the 70 communities of interest, 43 are designated as a HP2020 "Highest Priority" community. The common barriers to breast cancer care identified were cited by interview, focus groups and survey participants with varying demographics and socioeconomic factors and in published qualitative literature in each Affiliate's qualitative data report; but may not have been a barrier in each community of interest. Therefore, the qualitative data collected may not be representative of the specific HP2020 "Highest Priority" communities, but only the perspective of those that participated in the qualitative data collection process.

Community members who provided feedback during the qualitative data collection process along with the review of the documents frequently cited the following five barriers that may prevent an individual from getting breast cancer services in the Komen South Central Region:

[5]While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

1. *Lack of appropriate breast cancer education*
    - Lack of awareness and confusion regarding breast cancer screening guidelines
    - Lack of breast cancer education including personal risk of breast cancer
    - Culturally appropriate breast cancer education and outreach

> *"Women can be told, "You need to do this," but until it hits them on a personal level, many of them don't want to talk about it. [They feel] ashamed or shy…if we can spread the words ourselves for lower income communities." – Health provider*

2. *Transportation*
    - Lack of available public transportation methods, ride-sharing or personal vehicle
    - Time, frequency and/or availability of public transportation or ride-sharing was not in alignment with appointments
    - Lack of resources (e.g., time off work, money to pay for gas/public transportation, childcare/adult care) to be able to travel the distance required to receive care

> *"We don't have much locally for treatment either, you have to drive and that gets expensive. Between the cost of gas and food on those days and missing work, it adds up quickly. I know I thought 'why should I find out and worry, I can't afford to do anything about it."- Key informant*

3. *Financial Barriers*
    - Lack of funds to receive adequate breast cancer care
    - Unemployment
    - Lack of pay due to time off work for appointments

4. *Insurance*
    - Lack of private or federal (e.g., Medicaid, Medicare) insurance (uninsured)
    - Co-pays/deductibles too high (underinsured)
    - Physicians who do not accept patients with Medicaid or Medicare

5. *Availability of Services*
    - Lack of available facilities and/or providers that provide breast cancer screening, diagnostic and treatment services
    - Facilities and/or provider have limited hours and/or days opened
    - Lack of accredited breast cancer services

Other barriers that were mentioned less frequently were fear of breast cancer diagnosis, cultural and/or language concerns, lack of time and other health conditions that take precedence (e.g., diabetes, asthma and weight management). For a list of all qualitative data themes identified with corresponding definitions please see Appendix B.

CONCLUSIONS

The Komen South Central region consists of five states and 20 Affiliates[6]. Within the Komen South Central Region, three states (Arkansas, Louisiana and Oklahoma) have late-stage diagnosis and death rates higher than the US as a whole. While the Komen South Central Region states may have better breast cancer outcomes than the US as a whole, communities within each state may face disparate outcomes.

Healthy People 2020 breast cancer late-stage and death rate targets were used as the benchmark that all communities in the Komen South Central Region must strive to achieve to reduce overall breast cancer deaths. Communities that are predicted not to be able to meet the benchmark by 2020 are classified as “Highest Priority” and indicate that the communities are of greater need for breast cancer interventions than other areas within the region. Within the Komen South Central Region, there are 94 communities that are considered “Highest Priority”. There are 29 “Highest Priority” communities in the South Central Region that are not within a local Komen Affiliate service area. Even though the 94 HP2020 “Highest Priority” communities are located in several states, there are demographic and socioeconomic commonalities between the communities that suggest that they may share similar barriers to accessing care that could be addressed through the implementation of evidence-based and/or best practice interventions.

In Komen’s South Central Region, 13 of the HP2020 “Highest Priority” communities have at least one facility that is accredited as an American College of Radiology Breast Imaging Center of Excellence (BICOE). There are 65 facilities that provide screening, diagnostic and treatment services in the HP2020 “Highest Priority’ communities; however, only seven facilities located in five of the “Highest Priority” communities are recognized as meeting the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) performance measures. When reviewing the accreditations for quality treatment in Komen’s South Central Region, there are 30 American College of Surgeon Commission on Cancer (CoC) facilities located in nine of the “Highest Priority” communities. In addition, there are five facilities designated as a National Cancer Institute located in the South Central

[6] While 22 Affiliates within the South Central Region completed the 2015 Community Profile process, only 20 remain due to mergers and/or dissolution

Region with none in "Highest Priority" communities. The communities that do not have facilities that are accredited by the American College of Radiology, American College of Surgeons, and the National Cancer Institute tend to be rural and classified as medically underserved by the US Department of Health and Human Services.

In the South Central Region 65 of the 94 "Highest Priority" communities of the communities have a substantially larger percentage of individuals living in medically underserved areas which may result in delays in obtaining screening, diagnostic and treatment services. According to the US Department of Health and Human Services, areas are designated as medically underserved when they have too few primary care providers to serve the area residents. Both of these factors have been linked to barriers associated with accessing quality and timely care. There are a total of 67 of the 94 "Highest Priority" communities have a substantially larger population living in rural areas. Collaboration among Komen Arkansas, Komen Acadiana, Komen North Louisiana, Komen Baton Rouge, Komen Tulsa, Komen Lubbock Area, Komen Central and Western Oklahoma, Komen East Central Texas, Komen Houston, Komen Greater Amarillo, Komen Greater Ft. Worth and Komen Bayou Region may identify interventions that have been successful in assisting medically underserved and/or rural populations.

In some of these rural and medically underserved areas interviews, surveys, focus groups and document reviews were conducted by Komen Affiliates, residents in the South Central Region concerns about access to breast cancer services and transportation were frequently cited. Transportation concerns include lack of available public transportation methods, ride-sharing or personal vehicles. Additionally, the time, frequency and/or availability of public transportation or ride-sharing were not always in alignment with appointment schedules. Residents also cited lack of resources (e.g., time off work, money to pay for gas/public transportation, childcare/adult care) to be able to travel the distance required to receive care and other financial barriers to receiving breast cancer care.

Additional barriers that were cited during interviews, focus groups, surveys and document reviews included a lack of appropriate breast cancer education. This includes lack of awareness and confusion regarding breast cancer screening guidelines, lack of breast cancer education including personal risk of breast cancer and lack of culturally appropriate breast cancer education and outreach.

Black/African-American women are often diagnosed with late-stage breast cancer when treatment options are limited, costly and the prognosis is poor, and have a 39 percent higher breast cancer death rate than White women (Howlader et al., 2016). In Komen's South Central Region, 22 of the "Highest Priority" communities have a substantially larger Black/African-American female population than their respective

state as a whole. Individuals in these 22 communities indicated that there was a lack of awareness of available resources as well as a lack of appropriate breast cancer education. Additionally, lack of trust for the healthcare system, fear of breast cancer diagnosis, cultural and language barriers within diverse populations were frequently cited. Collaboration among Komen Arkansas, Komen Texarkana, Komen North Louisiana, Komen Acadiana, Komen Baton Rouge, Komen New Orleans and Komen Bayou Region may identify interventions that have been successful in assisting Black/African-American women in accessing care and address specific barriers identified by community members.
Breast cancer is the leading cause of cancer death in Hispanic/Latina women (American Cancer Society, 2015b). In the South Central Region 17 communities had a substantially larger population of Hispanic/Latina female population than their respective states as a whole. Individuals from these communities frequently cited financial barriers, transportation and lack of insurance as barriers to receiving breast cancer care. Collaboration among Komen Arkansas, Komen New Orleans, Komen Central and Western Oklahoma, Komen Austin and Komen Greater Amarillo may identify interventions that have been successful in assisting Hispanic/Latina women in accessing care and address specific barriers identified by community members.

Analysis found that there are clusters of HP2020 "Highest Priority" communities that expand beyond state borders. The most consistent theme throughout all of the cluster communities in the South Central Region included having substantially larger rural population in comparison to the state. The following Affiliates can collaborate regarding the HP2020 communities that share boundaries. These communities are located in clusters and besides being rural were noted as having a larger Black/African-American female population:

- Komen Texarkana & Komen North Louisiana: Caddo Parish (LA) and Miller County (AR)
- Komen Arkansas & Komen North Louisiana: Webster Parish (LA), Claiborne Parish (LA), Columbia County (AR) and Nevada County (AR)
- Komen Bayou Region & Komen New Orleans: Lafourche Parish (LA), Saint James Parish (LA), Saint John the Baptist Parish (LA), Jefferson Parish (LA), Orleans Parish (LA) and Saint Bernard Parish (LA)

The following communities, serviced by Komen Tulsa, are located in clusters and were noted as having a larger American Indian/Alaskan Native population as well as an older population: Okfuskee County, OK and Hughes County, OK.

The following communities were located in clusters and were recorded as having higher Hispanic/Latina populations:

- Komen Lubbock: Lamb County (TX) and Hockley County

- Komen Bayou Region & Komen New Orleans: Lafourche Parish (LA), Saint James Parish (LA), Saint John the Baptist Parish (LA), Jefferson Parish (LA), Orleans Parish (LA) and Saint Bernard Parish (LA)

Collaborations between Affiliates to address the clusters of “Highest Priority” communities may address the common barriers to breast cancer care within these communities. The following “Highest Priority” communities are located in clusters and are not currently serviced by a Komen Affiliate:

- Medina County (TX) and Frio County (TX)
- Luna County (NM), Sierra County (NM), Otero County (NM), Lincoln County (NM), Eddy County (NM) and Reeves County (TX)

To address these identified barriers in accessing quality breast cancer care, Komen South Central Region Affiliates have identified priorities within their local service area that share commonalities with all Affiliates in the region. These are the most common priorities that Komen South Central Region Affiliates intend to focus on to reduce breast cancer late-stage diagnosis and deaths over the next five years:

- Support programs that reduce or eliminate barriers that have been identified as interfering with an individual being able to access breast cancer screening, diagnostic and treatment services. Client-oriented programs to reduce barriers include, but are not limited to, free or low-cost breast cancer services, transportation assistance, mobile mammography, extended clinic hours/locations and interpreter services.

- Develop community and organizational partnerships to address concerns raised by community members regarding lack of breast cancer education, lack of available services and language and cultural barriers. The creation of partnerships/coalitions with residents, local representatives, and organizations in target community to address breast cancer needs.

- Provide and/or support breast cancer education programs in local communities that provide accurate, evidence-based information. These include events, education materials and programs that are culturally and linguistically appropriate.

In the South Central Region, Affiliates identified that Black/African-American women, Hispanic/Latina women, White women over the age of 40 and rural populations may have a greater challenge in overcoming barriers to care. The local Affiliates intend to focus efforts to reduce the breast cancer disparities that these individuals may be experiencing.

In conclusion community members who participated in focus groups, interviews and surveys from HP2020 "Highest Priority" communities identified a lack of available breast cancer services within their local community as a barrier to receiving care. There are currently two counties Lee County (TX) and Morris County (TX) that do not have any breast cancer services within their community. Additional counties have limited or lack breast cancer screening, diagnostic and treatment services. This requires an individual to navigate between health care systems and have resources to travel to other communities to receive care. These results align with the HP2020 socioeconomic data showing a majority of the "Highest Priority" communities are classified as rural and medically underserved.

Komen Affiliates are a local breast cancer resource for "Highest Priority" communities within a service area. The local Komen Affiliate is a breast cancer resource for each "Highest Priority" community that can assist with addressing the identified barriers to care, convene stakeholders to develop solutions to increase access of available breast cancer services, and provide "real-time" assistance to areas of greatest need through funding of local community grants. Collaboration across service areas and state borders provide an opportunity for the Komen South Central Region to share resources and best-practices, provide consistent messaging and address similar barriers to care, all in an effort to reduce the number of breast cancer deaths by 50.0 percent by 2026.

REFERENCES

Adler, N. and Rehkopf, D. 2008. US disparities in health: descriptions, causes, and mechanisms. *Annu Rev Public Health,* 29, 235-52.

American Cancer Society. 2015a. Breast cancer facts and figures, 2015-2016. Atlanta, GA: American Cancer Society .

American Cancer Society. 2015b. Cancer facts and figures for Hispanics/Latinos, 2015-2017. Atlanta, GA: American Cancer Society.

American Cancer Society. 2015c. Cancer prevention & early detection facts & figures, 2015-2016. Atlanta, GA: American Cancer Society.

American Cancer Society. 2016. Cancer facts and figures, 2016. Atlanta, GA: American Cancer Society.

American College of Radiology. n.d. Mammography accreditation. Accessed on 07/11/2014 from http://www.acraccreditation.org/~/media/ACRAccreditation/Documents/Mammography/Requirements.pdf?la=en

American College of Surgeons. 2014a. Commission on Cancer. Accessed on 7/11/2014 at https://www.facs.org/quality-programs/cancer/coc.

American College of Surgeons. 2014b. National accreditation program from breast centers. Accessed on 07/11/2014 from http://napbc-breast.org/.

Braveman, E.A. 2010. Health disparities and health equity. *Am J Public Health,* 101(Suppl 1), S149-S155.

Danforth, D.N., Jr. 2013. Disparities in breast cancer outcomes between Caucasian and African-American women: A model for describing the relationship of biological and nonbiological factors. *Breast Cancer Research,* 15, 208.

Hewitt, M. and Simone, J.V. (eds). 1999. Ensuring quality cancer care. Washington, DC: Institute of Medicine and Commission on Life Sciences.

Howlader, N., Noone, A.M., Krapcho, M., et al. (eds). 2016. SEER cancer statistics Review, 1975-2013: Fast stats. Bethesda, MD: National Cancer Institute. Accessed from http://seer.cancer.gov/csr/1975_2013/.

Lurie, N. and Dubowitz, T. 2007. Health disparities and access to health. *JAMA,* 297(10), 1118-1121.

National Cancer Institute. NCI-Designated cancer center*s,* 2012. Accessed on 07/11/2014 from http://www.cancer.gov/researchandfunding/extramural/cancercenters/about.

Robert Wood Johnson Foundation. Overcoming Obstacles to Health. Commission to Build a Healthier America, 2008. Available from http://www.rwjf.org/content/dam/farm/reports/reports/2008/rwjf22441.

US Preventive Services Task Force. 2016. Final update summary: Breast cancer screening. Accessed from http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening.

White, A., Richardson, L.C., Li, C., Ekwueme, D.U., and Kaur, J.S. 2014. Breast cancer mortality among American Indian and Alaska Native women, 1990-2009. *Am J Public Health*. 104 (Suppl 3), S432-8.

Young, J.L. Jr., Roffers, S.D., Ries, L.A.G., Fritz, A.G., and Hurlbut, A.A. (eds). 2001. SEER summary staging manual - 2000: Codes and coding instructions, Pub. No. 01-4969, Bethesda, MD: National Cancer Institute. Accessed from http://seer.cancer.gov/tools/ssm/.

APPENDICES

Appendix A. Health System Analysis Internet Search

The Evaluations and Outcomes team developed a tracking template for the Health Systems Analysis section to capture resources in target communities. The following sites were used to capture data.

Community Health Centers (CHC's) http://nachc.org/about-our-health-centers/find-a-health-center/
The team used the "Download Health Centers and Look-Alikes Report by State (PDF). Select the state you are working on and click "Generate Report". Behavioral, Dental, Teen, Children's, Shelters, Nursing homes, Jails, Schools and Administrative facilities were not be included in the information collected.

Title X http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/
The team used the facilities in the Title X list on the page. If the facility found matches the name and address information from CHC, the team retained the CHC. Behavioral, Dental, Teen and Children's facilities should not be included in the information collected. The records are all listed by states that are applicable.

Mammography Centers
http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm
This site provides a listing by zip code or state, of all mammography facilities certified by the FDA or Certifying State as meeting baseline quality standards for equipment, personnel and practices under the Mammography Quality Standards Act of 1992 (MQSA) and subsequent Mammography Quality Standards Reauthorization Act (MQSRA) amendments. To legally perform mammography, a facility must be FDA certified. This list of Food and Drug Administration (FDA) Certified Mammography Facilities is updated weekly according to the website. The team searched by state and list accordingly.

Hospitals- https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3
This site is a list of all hospitals that have been registered with Medicare. The team did not include psychiatric and children's hospitals. The team verified what services are offered across the Continuum of Care by visiting the hospital's website.

Appendix B. South Central Qualitative Data Themes

Availability of Services – Lack of health services in community, limited number of health professionals in community.

Awareness/Education – Lack of awareness of available services, lack of awareness of screening guidelines and confusion of screening guidelines.

Cultural/Language – Lack of interpreter services, education materials that are not translated, lack of physicians who resemble patient's culture, lack of programs that are culturally appropriate.

Fear –Pain and discomfort during screening, diagnosis and treatment, legal or immigration status concerns if treatment is obtained, denial of diagnosis, afraid of breast cancer stigma.

Financial Barriers- Lack of funds necessary to pay for the breast cancer services during the continuum of care.

Insurance Lack of insurance, lack of adequate insurance coverage (underinsured).

Lack of Awareness of Resources - Lack of awareness of available resources that may or may not be free or reduced cost including screening, diagnostic, treatment and support services as well as Komen Affiliate activities.

Lack of Childcare/Adult Care – Lack of assistance to watch or take care of children or other adult family members during appointment.

Lack of Social Support -Lack of counseling, family support, difficulty shopping, cooking and caring for family, lack of emotional support or psychological services.

Navigation – Lack of direction by health system, lack of appointment verification or scheduling, lack of connectivity through continuum of care.

No Symptoms – Patients feels/has no symptoms or health concerns so feels there is no need to be screened or treated

Other Health Priorities – Health concerns that are immediate including weight management, asthma, diabetes etc.

Pride/Modesty – Lack of female physicians in community and unwillingness to be seen by male physician, unwillingness to accept cancer diagnosis, unwillingness to ask for help.

Quality of Care – Lack of accredited health services in community, patients distrust in the health system due to experiences, lack of provider education and expertise, lack of facility technology, poor provider-patient interaction.

Religious Perspectives – Fatalistic attitudes, belief that God will take care of it, delay of treatment due to religious beliefs.

Transportation – Lack of personal transportation available, inadequate public transportation, access to public transportation, distance to services, availability of ride-share opportunities, and public transportation limited hours.

Time –Amount of time it takes for screening, diagnosis and appointments, lack of time off work, school or away from family, work conflicts.

Appendix C. Population characteristics, Komen South Central Region Healthy People 2020 “Highest Priority” communities

Population Group	Black/ African-American (females)	AIAN (females)	API (females)	Hispanic/ Latina (females)	Age 65 Plus (females)	Less than HS Education (females and males)	Income Below 100% Poverty (females and males)	Income Below 250% Poverty (Age: 40-64) (females and males)	Un-employed (females and males)	Foreign Born (females and males)	Linguis-tically Isolated (females and males)	In Rural Areas (females and males)	In Medically Under-served Areas (females and males)	No Health Insurance (Age: 40-64) (females and males)
US	14.1 %	1.4 %	5.8 %	16.2 %	14.8 %	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
Arkansas	16.5 %	1.0 %	1.7 %	6.1 %	16.1 %	17.3 %	18.4 %	42.1 %	8.4 %	4.4 %	1.7 %	43.8 %	58.7 %	19.5 %
Arkansas County	25.7 %	0.3 %	0.7 %	2.1 %	18.4 %	19.2 %	18.2 %	42.1 %	7.6 %	2.5 %	2.7 %	34.7 %	100.0 %	18.7 %
Boone County	0.7 %	1.0 %	0.6 %	1.9 %	19.9 %	15.3 %	15.8 %	45.4 %	6.3 %	1.1 %	0.1 %	62.2 %	0.0 %	20.7 %
Bradley County	28.8 %	1.7 %	0.4 %	12.4 %	19.7 %	26.2 %	25.4 %	50.8 %	6.8 %	6.3 %	2.5 %	49.6 %	100.0 %	24.3 %
Chicot County	55.5 %	0.4 %	0.6 %	4.5 %	21.5 %	29.3 %	32.5 %	58.3 %	10.7 %	2.3 %	2.4 %	54.3 %	100.0 %	21.4 %
Cleburne County	0.6 %	0.8 %	0.4 %	2.0 %	25.3 %	18.5 %	16.6 %	41.8 %	8.2 %	1.7 %	0.3 %	75.5 %	100.0 %	21.5 %
Columbia County	38.0 %	0.3 %	0.9 %	1.9 %	18.3 %	15.6 %	24.8 %	43.3 %	10.1 %	2.6 %	0.6 %	57.5 %	100.0 %	16.3 %
Craighead County	14.3 %	0.6 %	1.2 %	4.0 %	13.8 %	15.9 %	20.3 %	40.4 %	8.7 %	3.2 %	1.0 %	32.2 %	4.8 %	18.0 %
Drew County	29.0 %	0.5 %	0.6 %	2.6 %	16.3 %	18.1 %	25.0 %	43.9 %	11.8 %	1.9 %	1.7 %	48.6 %	100.0 %	18.1 %
Garland County	8.6 %	0.8 %	1.0 %	4.4 %	22.6 %	14.9 %	18.5 %	46.1 %	8.8 %	4.2 %	1.7 %	36.9 %	61.3 %	22.7 %
Izard County	0.9 %	1.0 %	0.4 %	1.3 %	25.1 %	19.9 %	17.8 %	51.0 %	10.7 %	1.4 %	0.7 %	100.0%	100.0 %	22.4 %
Johnson County	2.0 %	1.2 %	1.1 %	11.9 %	16.1 %	23.6 %	19.9 %	51.6 %	6.9 %	7.5 %	2.5 %	71.4 %	100.0 %	22.9 %
Lawrence County	1.3 %	0.4 %	0.2 %	0.9 %	20.4 %	24.2 %	23.3 %	53.9 %	9.2 %	0.7 %	0.0 %	63.6 %	100.0 %	19.9 %
Marion County	0.8 %	1.0 %	0.5 %	2.2 %	24.8 %	15.2 %	17.0 %	52.6 %	8.0 %	1.9 %	0.1 %	100.0%	100.0 %	21.9 %
Miller County	25.9 %	0.9 %	0.7 %	2.8 %	15.6 %	17.0 %	20.3 %	43.2 %	8.8 %	1.4 %	0.5 %	40.0 %	100.0 %	18.5 %
Nevada County	31.9 %	0.6 %	0.4 %	2.7 %	19.7 %	23.6 %	23.1 %	49.3 %	14.2 %	0.5 %	0.0 %	69.2 %	100.0 %	19.6 %
Polk County	0.8 %	2.0 %	0.6 %	5.8 %	21.1 %	18.4 %	20.2 %	51.3 %	5.7 %	2.9 %	1.5 %	73.4 %	100.0 %	26.6 %
Randolph County	1.1 %	0.5 %	0.4 %	1.3 %	20.9 %	20.0 %	19.9 %	51.7 %	8.1 %	1.3 %	0.4 %	67.4 %	100.0 %	21.3 %
St. Francis County	55.5 %	0.5 %	0.6 %	1.5 %	15.5 %	25.9 %	29.7 %	57.2 %	13.2 %	1.5 %	0.8 %	51.6 %	100.0 %	19.2 %
Sharp County	1.0 %	1.0 %	0.4 %	2.0 %	25.3 %	17.0 %	24.0 %	56.4 %	10.2 %	0.7 %	0.1 %	80.1 %	100.0 %	23.5 %
Louisiana	33.8 %	0.8 %	1.8 %	3.9 %	14.0 %	18.4 %	18.4 %	40.2 %	8.0 %	3.7 %	1.8 %	26.8 %	59.3 %	20.8 %
Allen Parish	20.0 %	3.1 %	0.8 %	1.7 %	16.9 %	26.8 %	16.8 %	47.2 %	7.0 %	3.8 %	0.3 %	69.4 %	100.0 %	22.9 %
Beauregard Parish	13.1 %	1.2 %	1.2 %	3.2 %	14.4 %	16.3 %	14.3 %	40.4 %	7.8 %	1.8 %	0.2 %	66.5 %	100.0 %	21.2 %

Population Group	Black/ African-American (females)	AIAN (females)	API (females)	Hispanic/ Latina (females)	Age 65 Plus (females)	Less than HS Education (females and males)	Income Below 100% Poverty (females and males)	Income Below 250% Poverty (Age: 40-64) (females and males)	Un-employed (females and males)	Foreign Born (females and males)	Linguis-tically Isolated (females and males)	In Rural Areas (females and males)	In Medically Under-served Areas (females and males)	No Health Insurance (Age: 40-64) (females and males)
Caddo Parish	49.2 %	0.5 %	1.2 %	2.2 %	15.3 %	14.8 %	20.1 %	44.2 %	8.8 %	2.0 %	0.7 %	14.4 %	27.1 %	22.0 %
Claiborne Parish	47.7 %	0.6 %	0.5 %	1.4 %	20.9 %	24.4 %	28.0 %	45.9 %	16.4 %	0.8 %	0.2 %	82.4 %	100.0 %	22.0 %
Concordia Parish	41.1 %	0.4 %	0.3 %	0.9 %	16.9 %	29.1 %	31.4 %	53.6 %	19.0 %	0.9 %	0.4 %	33.5 %	100.0 %	24.9 %
East Feliciana Parish	44.3 %	0.5 %	0.4 %	1.0 %	15.3 %	21.2 %	20.9 %	44.0 %	9.8 %	1.1 %	0.2 %	100.0%	100.0 %	19.9 %
Evangeline Parish	29.0 %	0.3 %	0.5 %	1.4 %	15.0 %	32.5 %	21.5 %	50.0 %	6.4 %	2.3 %	2.9 %	61.1 %	100.0 %	20.1 %
Iberia Parish	34.1 %	0.5 %	2.4 %	2.9 %	13.4 %	24.0 %	20.3 %	45.7 %	7.8 %	3.1 %	2.2 %	28.1 %	100.0 %	23.0 %
Iberville Parish	49.3 %	0.2 %	0.4 %	1.9 %	14.2 %	26.4 %	17.9 %	42.2 %	6.4 %	1.1 %	1.3 %	59.2 %	100.0 %	17.9 %
Jefferson Parish	28.4 %	0.6 %	4.2 %	11.4 %	15.7 %	17.0 %	15.1 %	36.5 %	6.7 %	11.1 %	4.3 %	1.1 %	13.5 %	21.9 %
Lafayette Parish	27.4 %	0.4 %	1.6 %	3.5 %	11.8 %	15.4 %	16.1 %	35.2 %	5.8 %	4.0 %	2.4 %	8.3 %	25.4 %	19.8 %
Lafourche Parish	14.5 %	2.9 %	0.9 %	3.3 %	14.3 %	26.7 %	15.5 %	36.1 %	4.7 %	2.5 %	2.5 %	24.2 %	33.5 %	22.2 %
Orleans Parish	63.3 %	0.4 %	3.0 %	4.4 %	12.8 %	16.1 %	25.7 %	48.4 %	11.4 %	5.8 %	2.2 %	0.6 %	36.1 %	23.4 %
Pointe Coupee Parish	38.2 %	0.2 %	0.4 %	2.1 %	16.9 %	22.3 %	17.1 %	41.7 %	6.0 %	1.9 %	1.1 %	57.8 %	100.0 %	20.3 %
St. Bernard Parish	20.9 %	0.8 %	2.6 %	8.5 %	10.0 %	20.5 %	14.6 %	47.0 %	11.9 %	5.2 %	3.7 %	4.3 %	6.0 %	24.6 %
St. James Parish	51.7 %	0.2 %	0.3 %	1.2 %	14.9 %	18.2 %	14.7 %	34.1 %	9.9 %	1.1 %	0.9 %	27.7 %	100.0 %	16.3 %
St. John the Baptist Parish	55.3 %	0.4 %	1.1 %	4.6 %	11.3 %	17.8 %	15.2 %	37.0 %	10.0 %	3.4 %	0.7 %	13.4 %	100.0 %	19.5 %
St. Martin Parish	32.5 %	0.5 %	0.9 %	2.1 %	13.1 %	25.4 %	18.1 %	42.6 %	8.0 %	1.5 %	3.8 %	49.6 %	100.0 %	21.9 %
Webster Parish	34.9 %	0.4 %	0.5 %	1.6 %	18.9 %	23.7 %	21.3 %	46.1 %	10.1 %	0.8 %	0.2 %	53.0 %	100.0 %	22.1 %
West Baton Rouge Parish	39.1 %	0.2 %	0.4 %	2.2 %	12.7 %	17.9 %	15.2 %	36.2 %	7.5 %	1.3 %	0.3 %	30.5 %	100.0 %	17.8 %
New Mexico	2.7 %	10.9 %	2.0 %	46.6 %	14.7 %	16.9 %	19.0 %	40.9 %	8.2 %	9.8 %	5.9 %	22.6 %	53.6 %	22.9 %
Eddy County	1.9 %	2.6 %	1.1 %	44.7 %	15.7 %	19.4 %	12.8 %	35.8 %	7.4 %	4.4 %	4.8 %	20.9 %	100.0 %	17.6 %
Lincoln County	1.2 %	3.3 %	0.7 %	30.5 %	22.5 %	13.5 %	12.4 %	43.6 %	5.0 %	6.9 %	4.9 %	53.2 %	100.0 %	27.7 %
Luna County	1.7 %	2.5 %	0.8 %	62.9 %	20.0 %	30.2 %	30.8 %	61.1 %	13.2 %	16.3 %	12.2 %	40.6 %	100.0 %	31.9 %
Otero County	4.4 %	7.8 %	2.4 %	35.9 %	16.2 %	15.8 %	20.8 %	45.5 %	10.4 %	11.1 %	5.5 %	29.6 %	8.2 %	25.4 %
Sierra County	1.2 %	2.9 %	0.6 %	28.1 %	30.8 %	15.3 %	20.0 %	57.7 %	5.4 %	4.3 %	2.3 %	34.0 %	100.0 %	25.0 %

Population Group	Black/ African-American (females)	AIAN (females)	API (females)	Hispanic/ Latina (females)	Age 65 Plus (females)	Less than HS Education (females and males)	Income Below 100% Poverty (females and males)	Income Below 250% Poverty (Age: 40-64) (females and males)	Un-employed (females and males)	Foreign Born (females and males)	Linguis-tically Isolated (females and males)	In Rural Areas (females and males)	In Medically Under-served Areas (females and males)	No Health Insurance (Age: 40-64) (females and males)
Socorro County	1.3 %	13.7 %	1.3 %	49.7 %	15.4 %	22.2 %	27.4 %	51.0 %	6.2 %	7.4 %	12.4 %	49.7 %	100.0 %	25.6 %
Oklahoma	8.6 %	10.3 %	2.2 %	8.5 %	15.2 %	14.1 %	16.3 %	37.4 %	6.5 %	5.4 %	2.2 %	33.8 %	30.3 %	20.7 %
Adair County	0.6 %	49.5 %	0.5 %	4.6 %	14.1 %	23.7 %	24.8 %	60.6 %	7.2 %	2.1 %	1.4 %	83.3 %	23.6 %	28.2 %
Beckham County	2.5 %	4.5 %	0.7 %	8.7 %	15.8 %	19.1 %	15.8 %	36.6 %	4.1 %	3.2 %	0.9 %	32.7 %	0.0 %	18.7 %
Garfield County	3.6 %	3.2 %	3.1 %	9.0 %	17.4 %	13.5 %	16.3 %	38.0 %	5.7 %	6.0 %	2.0 %	21.4 %	5.6 %	20.3 %
Hughes County	2.5 %	21.9 %	0.3 %	3.5 %	21.5 %	23.7 %	23.3 %	49.0 %	8.9 %	1.6 %	0.9 %	58.8 %	100.0 %	24.5 %
Jackson County	8.6 %	3.2 %	2.2 %	21.0 %	14.6 %	17.6 %	18.9 %	37.8 %	7.9 %	6.4 %	2.8 %	24.8 %	0.0 %	18.2 %
Kay County	2.7 %	11.4 %	0.8 %	6.2 %	19.2 %	14.2 %	18.3 %	41.5 %	7.7 %	3.5 %	1.4 %	24.5 %	20.4 %	21.7 %
Kingfisher County	1.7 %	4.3 %	0.4 %	12.5 %	16.8 %	15.1 %	10.4 %	33.0 %	4.2 %	6.7 %	2.4 %	72.4 %	0.0 %	21.1 %
Marshall County	2.5 %	12.1 %	0.3 %	13.8 %	21.3 %	20.3 %	14.3 %	48.1 %	6.8 %	7.2 %	3.4 %	72.1 %	100.0 %	28.0 %
Okfuskee County	7.3 %	23.9 %	0.6 %	3.0 %	19.4 %	19.9 %	23.7 %	53.1 %	7.5 %	2.3 %	1.0 %	74.1 %	100.0 %	24.3 %
Oklahoma County	17.6 %	4.8 %	3.6 %	14.3 %	13.7 %	14.2 %	17.3 %	36.7 %	6.5 %	10.1 %	4.4 %	6.3 %	16.4 %	21.4 %
Pawnee County	1.4 %	14.3 %	0.5 %	2.3 %	17.4 %	12.7 %	17.7 %	42.3 %	6.9 %	0.9 %	0.9 %	81.1 %	31.4 %	22.7 %
Rogers County	1.6 %	15.2 %	1.4 %	4.1 %	14.5 %	10.4 %	9.9 %	26.4 %	6.1 %	2.0 %	0.8 %	50.3 %	5.9 %	14.8 %
Texas County	1.9 %	2.2 %	2.4 %	42.3 %	11.1 %	28.0 %	14.6 %	39.1 %	6.2 %	21.2 %	9.5 %	45.1 %	0.0 %	25.8 %
Tulsa County	12.4 %	7.5 %	2.8 %	10.3 %	14.0 %	11.8 %	15.1 %	33.5 %	6.2 %	7.6 %	3.3 %	4.8 %	21.0 %	19.5 %
Wagoner County	4.7 %	11.8 %	1.6 %	4.8 %	13.5 %	11.0 %	12.1 %	30.9 %	6.4 %	3.0 %	0.8 %	37.5 %	27.9 %	19.0 %
Texas	12.9 %	1.1 %	4.5 %	37.5 %	11.7 %	19.6 %	17.0 %	37.1 %	7.3 %	16.2 %	8.2 %	15.3 %	32.2 %	24.7 %
Austin County	10.3 %	0.8 %	0.6 %	23.4 %	17.4 %	17.3 %	9.3 %	30.4 %	5.7 %	9.8 %	4.5 %	66.3 %	100.0 %	21.0 %
Bee County	2.5 %	1.0 %	1.1 %	63.3 %	14.6 %	28.8 %	20.6 %	47.0 %	8.7 %	4.5 %	6.8 %	43.0 %	100.0 %	22.4 %
Bosque County	2.3 %	0.8 %	0.6 %	15.3 %	22.8 %	19.2 %	15.2 %	40.3 %	8.7 %	5.8 %	3.1 %	81.2 %	100.0 %	26.1 %
Caldwell County	7.7 %	1.4 %	1.2 %	47.9 %	13.4 %	23.2 %	20.7 %	44.8 %	11.0 %	5.4 %	4.1 %	42.3 %	100.0 %	27.1 %
Calhoun County	3.6 %	0.6 %	4.3 %	47.2 %	15.9 %	23.1 %	16.7 %	38.0 %	10.9 %	8.5 %	7.2 %	44.7 %	100.0 %	23.1 %
Chambers County	9.0%	1.1%	1.6%	19.3%	10.4%	14.2%	8.3%	22.4%	5.6%	6.1%	2.8%	45.7%	100.0%	33.2%
Comanche County	1.0 %	1.1 %	0.5 %	25.3 %	22.7 %	23.2 %	23.4 %	46.4 %	5.0 %	7.7 %	2.7 %	71.5 %	100.0 %	32.1 %

Population Group	Black/ African-American (females)	AIAN (females)	API (females)	Hispanic/ Latina (females)	Age 65 Plus (females)	Less than HS Education (females and males)	Income Below 100% Poverty (females and males)	Income Below 250% Poverty (Age: 40-64) (females and males)	Un-employed (females and males)	Foreign Born (females and males)	Linguis-tically Isolated (females and males)	In Rural Areas (females and males)	In Medically Under-served Areas (females and males)	No Health Insurance (Age: 40-64) (females and males)
Eastland County	2.3 %	1.0 %	0.5 %	14.1 %	22.1 %	20.2 %	19.5 %	50.5 %	4.9 %	3.6 %	2.0 %	60.3 %	100.0 %	28.0 %
Frio County	1.2 %	1.0 %	0.6 %	80.1 %	15.3 %	36.2 %	22.1 %	54.2 %	9.5 %	8.3 %	12.2 %	22.2 %	100.0 %	24.7 %
Hockley County	4.4 %	1.5 %	0.4 %	44.4 %	14.3 %	24.8 %	16.0 %	38.2 %	6.0 %	6.7 %	4.6 %	39.8 %	100.0 %	23.3 %
Hutchinson County	3.0 %	2.4 %	0.6 %	20.4 %	15.9 %	16.5 %	14.9 %	32.7 %	7.7 %	6.3 %	2.6 %	22.6 %	100.0 %	22.5 %
Jasper County	17.9 %	0.7 %	0.8 %	5.3 %	18.1 %	17.3 %	17.5 %	45.7 %	7.6 %	3.0 %	1.6 %	78.2 %	0.0 %	25.3 %
Jefferson County	35.8 %	0.9 %	3.6 %	15.7 %	15.0 %	17.9 %	18.9 %	39.8 %	9.5 %	10.0 %	4.1 %	8.4 %	6.2 %	21.8 %
Johnson County	3.1 %	1.1 %	1.4 %	17.9 %	13.0 %	17.9 %	10.8 %	33.7 %	7.1 %	7.0 %	2.9 %	37.9 %	17.7 %	24.5 %
Jones County	5.0 %	1.2 %	0.8 %	21.4 %	19.6 %	31.3 %	13.0 %	44.7 %	6.7 %	4.8 %	3.6 %	85.1 %	100.0 %	25.4 %
Lamb County	4.3%	1.9%	0.4%	51.3%	17.8%	27.0 %	21.1 %	49.3 %	8.3 %	10.1 %	9.3 %	57.7 %	100.0 %	29.8 %
Lavaca County	7.6 %	0.5 %	0.6 %	16.2 %	23.6 %	22.5 %	10.1 %	35.4 %	6.1 %	5.7 %	3.2 %	81.3 %	100.0 %	22.4 %
Lee County	10.9 %	1.0 %	0.7 %	22.0 %	17.5 %	20.2 %	12.5 %	35.7 %	4.9 %	6.3 %	4.6 %	69.7 %	100.0 %	23.8 %
Leon County	8.6 %	0.7 %	1.0 %	12.9 %	22.5 %	20.2 %	17.5 %	41.9 %	5.5 %	4.8 %	2.0 %	100.0%	100.0 %	26.7 %
Liberty County	12.1 %	1.0 %	0.8 %	18.0 %	12.3 %	24.9 %	16.2 %	41.3 %	10.4 %	6.6 %	3.2 %	63.2 %	100.0 %	26.5 %
Medina County	1.6 %	1.1 %	0.9 %	50.3 %	15.2 %	20.5 %	16.6 %	38.7 %	8.4 %	5.8 %	6.0 %	61.6 %	100.0 %	24.4 %
Moore County	1.8 %	1.5 %	5.7 %	52.7 %	10.7 %	28.9 %	15.1 %	42.9 %	5.4 %	22.6 %	13.3 %	16.8 %	0.0 %	28.7 %
Morris County	24.6 %	1.0 %	0.6 %	8.2 %	21.0 %	19.4 %	17.4 %	45.4 %	9.6 %	3.7 %	1.6 %	78.4 %	100.0 %	23.3 %
Nolan County	5.9 %	1.0 %	0.7 %	34.4 %	18.7 %	22.6 %	18.9 %	46.1 %	8.4 %	5.2 %	4.5 %	32.7 %	100.0 %	24.5 %
Orange County	9.4 %	0.7 %	1.3 %	5.9 %	15.5 %	14.4 %	13.6 %	35.6 %	7.2 %	2.7 %	1.1 %	35.2 %	9.9 %	20.4 %
Parker County	1.6 %	1.0 %	1.0 %	10.4 %	13.5 %	13.4 %	10.9 %	25.5 %	6.0 %	4.1 %	1.4 %	56.1 %	0.0 %	19.8 %
Potter County	10.0 %	1.4 %	4.3 %	35.5 %	12.8 %	24.3 %	22.7 %	49.1 %	6.3 %	13.8 %	7.3 %	9.0 %	8.0 %	29.1 %
Reeves County	2.8 %	0.9 %	1.1 %	80.2 %	16.7 %	41.8 %	28.4 %	48.5 %	11.2 %	17.2 %	15.0 %	14.5 %	100.0 %	28.8 %
Sabine County	7.7 %	0.6 %	0.5 %	3.4 %	27.5 %	20.3 %	21.8 %	45.4 %	9.9 %	1.0 %	1.4 %	100.0%	100.0 %	23.9 %
Trinity County	10.4 %	1.0 %	0.5 %	8.1 %	22.8 %	20.5 %	16.6 %	47.0 %	5.4 %	3.4 %	1.4 %	77.2 %	100.0 %	26.2 %
Walker County	20.3 %	0.9 %	1.3 %	16.2 %	13.3 %	18.4 %	23.4 %	39.7 %	4.7 %	7.3 %	2.5 %	45.6 %	100.0 %	23.4 %
Washington County	18.1 %	0.5 %	1.5 %	13.4 %	20.9 %	19.4 %	14.3 %	37.0 %	4.9 %	6.1 %	2.9 %	53.5 %	100.0 %	20.8 %

Population Group	Black/ African-American (females)	AIAN (females)	API (females)	Hispanic/ Latina (females)	Age 65 Plus (females)	Less than HS Education (females and males)	Income Below 100% Poverty (females and males)	Income Below 250% Poverty (Age: 40-64) (females and males)	Un-employed (females and males)	Foreign Born (females and males)	Linguis-tically Isolated (females and males)	In Rural Areas (females and males)	In Medically Under-served Areas (females and males)	No Health Insurance (Age: 40-64) (females and males)
Wilson County	2.1 %	1.1 %	0.9 %	38.5 %	13.5 %	15.4 %	10.1 %	29.2 %	5.4 %	4.9 %	3.7 %	85.9 %	100.0 %	20.2 %
Young County	1.8 %	1.2 %	0.7 %	15.4 %	20.9 %	21.8 %	16.6 %	38.7 %	5.6 %	4.5 %	4.9 %	33.6 %	100.0 %	23.7 %

*The data in red represent at least a 3.0 (if <10.0%) or 5.0% (if ≥ 10.0%) percentage point difference than the state average.

Source of race, ethnicity and age data: Source: US Census Bureau – Population Estimates, 2011.

Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE), 2011.

Source of rural population data: US Census Bureau – Census 2010.

Source of medically underserved data: Health Resources and Services Administration (HRSA), 2013.

Source of other data: US Census Bureau – American Community Survey (ACS), 2007-2011.

Appendix D. HP2020 "Highest Priority" communities with a substantially higher percentage of individuals residing in rural and medically underserved areas

Affiliate	Community	Key Population Characteristics
Komen Acadiana	Allen Parish, LA	Education, rural, medically underserved
	Beauregard Parish, LA	Rural, medically underserved
	Concordia Parish, LA	%Black/African-American, education, poverty, employment, rural, medically underserved
	Evangeline Parish, LA	Education, rural, medically underserved
	St. Martin Parish, LA	Education, rural, medically underserved
Komen Arkansas	Bradley County, AR	%Black/African-American, %Hispanic/Latina, education, poverty, rural, medically underserved
	Chicot County, AR	%Black/African-American, older, education, poverty, rural, medically underserved
	Cleburne County, AR	Older, rural, medically underserved
	Columbia County, AR	%Black/African-American, rural, medically underserved
	Izard County, AR	Older, rural, medically underserved
	Johnson County, AR	%Hispanic/Latino, education, rural, medically underserved
	Lawrence County, AR	Education, rural, medically underserved
	Marion County, AR	Older, rural, medically underserved
	Nevada County, AR	%Black/African-American, education, employment, rural, medically underserved
	Polk County, AR	Older, rural, insurance, medically underserved
	Randolph County, AR	Rural, medically underserved
	Sharp County, AR	Older, poverty, rural, medically underserved
	St. Francis County, AR	%Black/African-American, education, poverty, employment, rural, medically underserved
Komen Austin	Caldwell County, TX	%Hispanic/Latina, employment, rural, medically underserved
Komen Baton Rouge	East Feliciana Parish, LA	%Black/African-American, rural, medically underserved
	Iberville Parish, LA	%Black/African-American, education, rural, medically underserved
	Pointe Coupee Parish, LA	Rural, medically underserved
Komen Central and Western Oklahoma	Marshall County, OK	%Hispanic/Latina, older, education, rural, insurance, medically underserved
Komen East Central Texas	Bosque County, TX	Older, rural, medically underserved
Komen Greater Amarillo	Hutchinson County, TX	Rural, medically underserved
Komen Houston	Chambers County, TX	Rural, medically underserved
	Liberty County, TX	Education, employment, rural, medically underserved
Komen Lubbock Area	Hockley County, TX	%Hispanic/Latina, education, rural, medically underserved
	Lamb County, TX	%Hispanic/Latina, education, rural, insurance, medically underserved
Komen North Louisiana	Claiborne Parish, LA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Webster Parish, LA	Education, rural, medically underserved
Komen Tulsa	Hughes County, OK	%AIAN, older, education, poverty, rural, medically underserved
	Okfuskee County, OK	%AIAN, education, poverty, rural, medically underserved
Not Currently Served By A Komen Affiliate	Austin County, TX	Older, rural, medically underserved
	Bee County, TX	%Hispanic/Latina, education, rural, medically underserved
	Calhoun County, TX	%Hispanic/Latina, employment, rural, medically underserved

Affiliate	Community	Key Population Characteristics
	Comanche County, TX	Older, poverty, rural, insurance, medically underserved
	Eastland County, TX	Older, rural, medically underserved
	Frio County, TX	%Hispanic/Latina, education, poverty, language, rural, medically underserved
	Jones County, TX	Older, education, rural, medically underserved
	Lavaca County, TX	Older, rural, medically underserved
	Lee County, TX	Older, rural, medically underserved
	Leon County, TX	Older, rural, medically underserved
	Lincoln County, NM	Older, rural, medically underserved
	Luna County, NM	%Hispanic/Latina, education, poverty, employment, foreign born, language, rural, insurance, medically underserved
	Medina County, TX	%Hispanic/Latina, rural, medically underserved
	Morris County, TX	%Black/African-American, older, rural, medically underserved
	Nolan County, TX	Older, rural, medically underserved
	Sabine County, TX	Older, rural, medically underserved
	Sierra County, NM	Older, rural, medically underserved
	Socorro County, NM	Education, poverty, language, rural, medically underserved
	Trinity County, TX	Older, rural, medically underserved
	Walker County, TX	%Black/African-American, rural, medically underserved
	Washington County, TX	%Black/African-American, older, rural, medically underserved
	Wilson County, TX	Rural, medically underserved
	Young County, TX	Older, rural, medically underserved

Appendix E. Breast cancer services available within HP2020 "Highest Priority" communities and the state, Komen South Central Region

	"Highest Priority"	State	"Highest Priority"	State	"Highest Priority"	State
Arkansas	52	261	10	50	8	35
Louisiana	168	396	62	159	24	63
New Mexico	34	210	6	36	2	21
Oklahoma	126	335	67	137	12	22
Texas	77	972	34	498	19	222

* Data represents information gathered through an internet search in 2014. Therefore not all services in a community may be represented.

Appendix F. HP2020 "Highest Priority" communities in the South Central Region without ACR BICOE accredited facilities

Komen Affiliate	Community	Key demographic/socioeconomic factors
Komen Acadiana	Allen Parish, LA	Education, rural, medically underserved
	Beauregard Parish, LA	Rural, medically underserved
	Evangeline Parish, LA	Education, rural, medically underserved
	Iberia Parish, LA	Education, medically underserved
Komen Arkansas	Bradley County, AR	%Black/African-American, %Hispanic/Latina, education, poverty, rural, medically underserved
	Columbia County, AR	%Black/African-American, rural, medically underserved
	Craighead County, AR	
	Drew County, AR	%Black/African-American, employment, medically underserved
	Garland County, AR	Older
	Izard County, AR	Older, rural, medically underserved
	Johnson County, AR	%Hispanic/Latino, education, rural, medically underserved
	Polk County, AR	Older, rural, insurance, medically underserved
Komen Baton Rouge	Pointe Coupee Parish, LA	Rural, medically underserved
	Iberville Parish, LA	%Black/African-American, education, rural, medically underserved
Komen Bayou Region	Lafourche Parish, LA	Education
	St. James Parish, LA	%Black/African-American, medically underserved
Komen Central and Western Oklahoma	Beckham County, OK	
	Garfield County, OK	
	Jackson County, OK	%Hispanic/Latina
	Kay County, OK	
	Kingfisher County, OK	Rural
	Marshall County, OK	%Hispanic/Latina, older, education, rural, insurance, medically underserved
Komen Greater Amarillo	Hutchinson County, TX	Rural, medically underserved
	Moore County, TX	%Hispanic/Latina, education, foreign born, language
Komen Greater Fort Worth	Johnson County, TX	Rural
Komen Lubbock Area	Hockley County, TX	%Hispanic/Latina, education, rural, medically underserved
Komen New Orleans	Jefferson Parish, LA	%Hispanic/Latina, foreign born
	St. Bernard Parish, LA	Employment
Komen North Louisiana	Caddo Parish, LA	%Black/African-American
	Claiborne Parish, LA	%Black/African-American, older, education, poverty, employment, rural, medically underserved
	Webster Parish, LA	Education, rural, medically underserved
Komen Ozark	Boone County, AR	Rural
Komen Tulsa	Adair County, OK	%AIAN, education, poverty, rural, insurance
	Pawnee County, OK	%AIAN, rural
	Rogers County, OK	%AIAN, rural
	Wagoner County, OK	

Komen Affiliate	Community	Key demographic/socioeconomic factors
Not Currently Served by a Komen Affiliate	Eddy County, NM	Medically underserved
	Luna County, NM	%Hispanic/Latina, education, poverty language, employment, foreign born, , rural, insurance, medically underserved
	Socorro County, NM	Education, poverty, language, rural, medically underserved
	Austin County, TX	Older, rural, medically underserved
	Calhoun County, TX	%Hispanic/Latina, employment, rural, medically underserved
	Jasper County, TX	Older, rural
	Lavaca County, TX	Older, rural, medically underserved
	Medina County, TX	%Hispanic/Latina, rural, medically underserved
	Nolan County, TX	Older, rural, medically underserved
	Reeves County, TX	%Hispanic/Latina, education, poverty, employment, language, medically underserved
	Walker County, TX	%Black/African-American, rural, medically underserved
	Washington County, TX	%Black/African-American, older, rural, medically underserved
	Wilson County, TX	Rural, medically underserved
	Young County, TX	Older, rural, medically underserved