susan g. komen®

COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®

SACRAMENTO VALLEY

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Acknowledgments

The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

Susan G Komen® Sacramento Valley would like to extend its deepest gratitude to the Board of Directors and the following individuals who participated on the 2015 Community Profile Team:

Diane Pearson-Brown
Former Board President
Komen® Sacramento Valley

Kelly Mac Millan
Executive Director
Komen® Sacramento Valley

Lauren Goddi
Grants and Programs Manager
Komen® Sacramento Valley

Dequetta Devine
Community Outreach and Education Manager
Komen® Sacramento Valley

Melen Vue
Former Mission Manager
Komen® Sacramento Valley

Tina Slee, MPH
Consultant
CAS Consulting

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- Cindy Fondale, Office Manager, Amador STARS
- Ted Fong, Chief Operating Officer, PeachTree Health
- Debbie Garrett, Project Director, California Health Collaborative
- Kathleen Harmon, Amador Community Foundation
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- Sarbjit Kaur, Program Director, YWCA of Contra Costa/Sacramento
- Penny Larson, MD, FACOG, Peach Tree Health
- Katie O'Leary, Komen® Sacramento Valley Intern
- Christine Means, Oncology Social Worker, Freemont Rideout Health Group
- Pat Mendez, Board President, Solano Midnight Sun Foundation
- Cecily Pierce, Sutter Radiation Oncology (Solano)

- Karen Stilwell, Oncology Nurse Navigator, Sutter Solano Medical Center
- Greg Stone, CEO, Peach Tree Health
- Ashley Taylor, Komen® Sacramento Valley Intern

Report Prepared by:

Susan G Komen® Sacramento Valley
9310 Tech Center Dr., Suite 250
Sacramento, CA 95826
Phone: 916-231-3148
Fax: 916-231-3147
www.komensacramento.org
Contact: Kelly Mac Millan, Executive Director (kelly@komensacramento.org)
Lauren Goddi, Grants and Programs Manager (lauren@komensacramento.org)

Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Sacramento Valley was accepted as an Affiliate of the National Susan G. Komen Breast Cancer Foundation in 1993. It was started with three volunteers and has grown to have five paid staff members, a Board of Directors consisting of six to eight volunteer members, a 20-member Race Committee, more than 300 Affiliate volunteers, and more than 600 race volunteers who work on the Affiliate's annual Komen Race for the Cure®, always held the Saturday morning of Mother's Day Weekend.

In 2007, the Affiliate passed the $1 million mark for grants awarded in one fiscal year. In the past 20 years, the Affiliate has put more than $19 million dollars back into the community, supporting breast health programs throughout the Affiliate's 19-county service area.

Established in 2003, Komen Sacramento provides leadership for the California Collaborative, which is made up of seven statewide Affiliates representing more than 100,000 California supporters with a demonstrated interest in the issues of breast cancer and breast health. Created as a vehicle to advance the Komen Promise by maximizing and leveraging resources through active statewide Affiliate participation, the focus is on coordinated fundraising, education, and public policy issues. The Affiliate has held an annual California Lobby Day event since 2005.

The purpose of the Community Profile Report is to identify communities within Komen Sacramento Valley's region to target with infrastructure development and effective interventions that will be expressed as priorities in the Affiliate's Community Grants program. Efforts were made to target the counties at greatest risk for poor breast cancer outcomes, specifically late-stage breast cancer incidence and breast cancer death. To address the concerns of women representing diverse racial and cultural backgrounds throughout the Sacramento Valley region, medically underserved women have been included as an additional priority.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The three counties regarded as "highest priority" in the Sacramento Valley region, due to their late-stage breast cancer incidence and breast cancer death rates, are Amador, Solano, and Yuba Counties. Amador and Yuba Counties will likely not meet the HP2020 late-stage breast cancer incidence and breast cancer death targets by 2020. Both Amador and Yuba Counties show increasing trends for late-stage breast cancer for the period 2006-2010. For breast cancer death, Amador and Yuba Counties exceed the target of 20.6 deaths per 100,000 breast cancer cases with 22.8 and 22.5 deaths per 100,000 women, respectively. Breast cancer screening percentages in Amador and Yuba counties are not significantly different from the percentages for the Sacramento Valley region.

The Affiliate has selected Solano County as the third priority county. Solano was ranked a "high priority" because it is not likely to meet the HP2020 target rate for late-stage breast cancer incidence by 2020 and not likely to meet the HP2020 target for breast cancer death until 2016. Its incidence of late-stage breast cancers is 48.3 per 100,000 women, and its breast cancer

death is 23.9 per 100,000 women; both are higher than the set targets of 41.0 and 20.6 per 100,000 women, respectively.

Amador and Yuba Counties, which are predominately rural, have rates of unemployment that are higher than those of the Sacramento Valley region. Additionally, Amador County has a higher proportion of women age 65 and older, and Yuba County has higher proportions of people living in poverty and having less than a high school education compared to the Sacramento Valley region. These population characteristics are important because they indicate a possible need for a breast health safety net to meet the needs of uninsured and underinsured women.

In addition to the three counties described above, Komen Sacramento Valley will explore populations of medically underserved women who are Black/African-American, Hispanic/Latina, and Asian and Pacific Islander (API), with special emphasis on South Asian and Hmong women.

A study published by Amirikia et al. has demonstrated that younger Black/African-American women are more likely to have tumors that are triple negative, meaning negative for estrogen receptor, progesterone receptor, and/or the human epidermal growth factor receptor 2/neu marker (Amirikia KC, 2011). The literature has also shown that Hispanic/Latina women in areas of low socioeconomic status are more likely to have triple-negative breast cancers. Compared to non-Hispanic White women, Hispanic/Latina women faced a 23 percent increased risk of a triple-negative breast cancer while Black/African-American women showed a 77 percent increased risk; both associations were statistically significant (Bauer KR, 2003).

A significant amount of cultural variation exists among API women. In a study by Gomez et al., Foreign-born Asian women had consistently more advanced breast cancer at diagnosis and lower survival rates than their US-born counterparts (Gomez SL, 2010). API women born outside of the United States tend to have lower socioeconomic status, more linguistic barriers, Asian-specific beliefs and behaviors about health, and are less likely to be screened for breast cancer. Hmong women are among those at the highest risk for health problems due to high rates of poverty, language isolation, and cultural barriers (Depke JL, 2011).

Health Systems and Public Policy Analysis

Separate health systems analyses were conducted for Amador, Solano, and Yuba Counties. These counties share commonalities in being somewhat remote to urban centers where breast health services are centralized and struggling with poverty, low education, and unemployment throughout the county or concentrated in a few zip codes.

Despite being the largest community in Amador County, Jackson, CA, provides limited local breast healthcare. Sutter Women's Health Center is the only local ambulatory care provider of screening and diagnostic mammograms and comprehensive women's health services. Diagnostic services include digital mammograms, ultrasound, and biopsy, and the Women's Health Center is trying to identify funding to provide 3D mammography through MRI. Women

requiring treatment of breast cancer are referred to providers in Sacramento and Stockton. Jackson is roughly 49 miles from Sacramento and 46 miles from Stockton.

One of the strengths of Amador County is that several community resources are available to help women with support services, including transportation to treatment in urban centers outside of Jackson, CA. Specifically, *Amador STARS*, founded in 2004, uses a fleet of six vans to transport patients to radiology and chemotherapy appointments in Sacramento and the Stockton/Lodi region. One weakness of Amador County is the large proportion of women over age 65 who live there and may delay diagnosis and staging of breast cancer due to difficulties seeking and connecting with specialty care outside the area.

Solano County is the largest of the three priority counties addressed in this report and is located midway between the Sacramento Valley and the San Francisco Bay Area. One strength of Solano County is the range of services offered, from discounted health screenings in Planned Parenthood clinics to advanced diagnostic and treatment services provided through Sutter and Kaiser Health Systems. Breast cancer screening and diagnostic services are available at Sutter Hospital in Vallejo, Solano Diagnostic Imaging in Vacaville, and NorthBay Healthcare in Fairfield. Kaiser facilities in Vacaville, Fairfield, and Vallejo provide surgical treatment for breast cancer, and Sutter Hospital in Vallejo and NorthBay Healthcare in Fairfield provide radiation, surgery, and chemotherapy. The Sutter Cancer Center in Sacramento and Sutter Solano Cancer Center are accredited by the American College of Surgeons.

Some parts of Solano County, such as Vallejo, which filed for bankruptcy in 2008, have struggled through the economic downturn of 2009. Community resources such as Solano Midnight Sun Foundation provide needed financial support to women who need mammograms for early detection of breast cancer. Solano Midnight Sun Foundation also provides temporary financial assistance to women who have experienced a financial hardship during their cancer treatments and need help paying for basic living expenses.

Yuba County, another community with high poverty and low socioeconomic status, has a modest healthcare safety net to provide free or discounted health services. These include: Planned Parenthood Mar Monte (PPMM), which provides general women's health screening but no diagnostic services, and Peach Tree Health, which provides general women's health services and screening mammograms but must refer out for diagnostic services.

Local support services for women diagnosed with breast cancer include WeCARE! Peer Navigator Program, a program offered through the Rideout Cancer Center which is affiliated with the UC Davis Comprehensive Cancer Center. This program matches newly diagnosed women with breast cancer survivors who can coach patients on treatment options, provide information about breast cancer in general, and assist with problem solving and coping strategies.

Three health systems provide treatment for women diagnosed with breast cancer; they are Sutter Medical Foundation, the Rideout Health Center, and the Rideout Cancer Center. The

Sutter facilities are located in Yuba City, which is less than two miles from Marysville. Sutter Diagnostic and Outpatient Center provides comprehensive screening and diagnostic services, including MRI and ultrasound. Sutter Medical Foundation can provide diagnostic mammograms and ultrasound as well as surgical and radiologic treatment.

Strengths of the continuum of care in Yuba County include Rideout Health System's *regional affiliation with the UC Davis Health System* and a cancer center that provides diagnostic and treatment services as well as patient support and care navigation. Additionally, Rideout Health System can refer women to Geweke Caring for Women Foundation for direct financial assistance to cover treatment-related costs. A weakness is that Yuba County has a high proportion of residents living in poverty; little is known about how uninsured or underinsured women access care in this community.

Amador, Solano, and Yuba counties have a reasonable representation of breast cancer services based on their geographic size and proximity to large urban centers. Still, it is important to understand how resources meet the specific needs of their communities, whether it's serving an older population of patients (Amador), providing support to women who must balance their care needs around issues relating to poverty and unemployment (Yuba), or addressing care preferences in a culturally diverse patient population (Solano).

Black/African-American and Hispanic/Latina women may have difficulty engaging in services that help them access and comply with treatment. Because triple-negative breast cancers are common among women under age 50 and disproportionately affect Hispanic/Latina and Black/African-American women, efforts need to be made to ensure that screening is available to younger women and that identified cancers are treated surgically and with adjuvant therapy that is tailored to the individual's needs. Given the poor prognosis of triple-negative breast cancers, care also needs to be continuous and coordinated between specialty and primary care to ensure the best outcome for women.

Providers of note in the Sacramento Valley region include: 1) the California Health Collaborative in Chico, which targets women who are under 40 and ineligible for government programs and helps them to comply with cancer treatment; 2) the Hmong Cultural Center of Butte County, which provides outreach to women age 35 and older about breast health; 3) Peach Tree Health in Marysville, which targets Hispanic/Latina, Punjabi, and Hmong women who may not seek breast cancer screening for cultural reasons; and 4) Sutter Solano Cancer Center, which employs navigators to help patients link to advanced diagnostic screening and recommendations for biopsy.

Strengths of the health system for underserved women include the Hmong Cultural Center of Butte County, which has recognized the importance of tailored education for Hmong women. Additionally, the California Health Collaborative provides some financial assistance to help patients comply with treatment. Unfortunately, there are a number of weaknesses, including insufficient education for South Asian women, lack of access to screening for women under age 50, and unaffordable treatment for women with high-deductible health plans.

Regarding the impacts of health policy in improving breast health in California, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), referred to as Every Woman Counts (EWC) in California, is critical for establishing a safety net for uninsured and underinsured women. EWC receives support from general funds and additional support through state tobacco tax revenue. The Breast Cancer Act of 1994 levies a two-cent per pack tax on cigarettes, of which 50 percent goes to EWC. EWC is part of the Department of Healthcare Service's Cancer Detection and Treatment Branch (CDTB) (California Department of Health Services, Every Woman Counts, 2014) and is separate from Medi-Cal (California's Medicaid program). To be eligible for direct services through EWC, women must be: uninsured or underinsured and living at or below 200 percent of federal poverty level; age 21 to 64 for cervical screening; and age 40 to 64 for breast screening.

Treatment is provided to eligible individuals through the Breast and Cervical Cancer Treatment Program (BCCTP). The federal BCCTP provides full-scope Medi-Cal to eligible women who meet all the federal criteria. The state-funded BCCTP only provides cancer treatment and related services to individuals, including men, who do not meet the federal criteria. The State BCCTP program provides no-cost breast cancer treatment services for up to 18 continuous months and cervical cancer treatment services for up to 24 continuous months (California Department of Health Services, Breast and Cervical Cancer Treatment Program, 2014).

The Affordable Care Act (ACA), through its marketplace health plans, will cover the following preventive health services: breast cancer genetic test counseling (BRCA) for women at higher risk for breast cancer, breast cancer mammography screenings every one to two years for women over 40, and breast cancer chemoprevention counseling for women at higher risk (Affordable Care Act, 2014). Women who remain uninsured due to ineligibility or opting not to purchase coverage will not have access to these preventive health services. As a result, the NBCCEDP/EWC program will still be needed to help provide clinical breast exams, mammograms, Pap tests, pelvic exams, diagnostic testing for women with abnormal screening, and referrals to treatment for women (Levy AR, 2014).

Komen Sacramento Valley is gauging how the rollout and implementation of the ACA influences the care and treatment of women with breast cancer. To address local solutions to cancer care in the diverse communities highlighted in this report, Komen Sacramento Valley will focus on its existing partnerships with the California Health Coalition and Planned Parenthood Mar Monte. Both organizations provide support and resources for accessing breast health services, and both have established quantifiable care milestones for working with uninsured and underinsured women who need diagnostic services and treatment as grantees of Komen Sacramento Valley's 2014-2105 grant program. New partnerships will be focused on Rideout Health System and the Circle of Promise initiative for Solano County; both organizations will be asked to work with Komen Sacramento Valley to assess care gaps and resources needed by socioeconomically disadvantaged women and women representing underserved racial groups, specifically Black/African-American women.

Komen Sacramento Valley will continue to support Komen Headquarters' national policy goals. The Affiliate is keenly aware of the importance of protecting funding for EWC and monitoring the ACA and Medi-Cal expansion to ensure access to care for all women. In addition to those two policy goals, Komen Sacramento Valley will engage in advocacy work focused on expanding federal funding for breast cancer research and will work with policymakers in Sacramento and Washington to ensure high-priority cancer issues, such as controlling the costs of screening, oral chemotherapy agents and treatments, receive the attention they deserve from elected representatives.

Qualitative Data: Ensuring Community Input

The key focus of the qualitative analysis was to understand how women in rural communities and communities of color access and utilize breast care. Surveys, key informant interviews, and a focus group were used to gather information on over-arching themes that could be explored in the richer context of key informant interviews.

Surveys were chosen for the first stage of data analysis based on their ease of administration and ability to capture information from many people at once. To identify themes relative to breast care access and service utilization, participants attending Komen workshops and meetings were surveyed regarding the communities in which they work and their perceptions of underserved populations, barriers to accessing services, successful community collaborations, strategies for improving services, and the impact of the ACA.

Surveys were collected over the past two years at various meetings, including the FY15 Grant Writing and Networking Conference, held August 6, 2014, in Sacramento and the Sister's Circle Brunch, held in Vacaville on June 7, 2014. Organizations new to the Komen Sacramento Valley grant-writing program are required to attend the grant-writing conference, so survey respondents represent a combination of returning and prospective applicants. The Sister's Circle brunch was organized to bring together 30 Black/African-American women from Solano County to discuss breast health in a four-hour social forum.

Key informant interviews were conducted with representatives of the target counties when available. To enrich the findings from the target counties and capture regional issues related to the care continuum, proxy key informants in neighboring counties were approached to speak to challenges working with diverse ethnic populations, uninsured/underinsured women, and those needing to travel for breast cancer treatment. A staff member of Komen Sacramento Valley, under direction of the Executive Director, identified the stakeholders selected for key informant interviews and conducted phone interviews in the fall of 2014. Interview notes were recorded in Microsoft Word documents and transmitted electronically to the consultant for data analysis. The consultant conducted a preliminary review of the interview notes in which general impressions of themes were observed and recorded; a second review was used to formally code responses into those themes. The findings were shared with the Executive Director and Affiliate Board of Directors to ensure that the qualitative findings had face validity based on what people knew and understood from working in those communities.

Amador County
The Amador County Assessment for 2014 was used to provide a context for qualitative analysis findings. The report reinforced the fact that Amador County has an aging, socially isolated population, with 48 percent of Amador County residents being age 50 or older. Approximately 13 percent of households live in poverty. The estimate for households without access to a vehicle is estimated at 593, with 190 of those households being located in Jackson. Amador STARS averages 550 trips to cancer treatment annually, and Common Grounds Senior Services, Inc., provides transportation for seniors to doctors' appointments as well as the grocery store, post office, and other community service providers.

Although the ACA has covered more lives in California, barriers to care remain. For example, Sutter contracted with Blue Cross and not the Covered California Blue Cross product. Additionally, different insurance products exist for geographic managed care Medi-Cal, creating additional barriers to receiving services. Specialty clinics in Amador County (i.e., OB/GYN) struggle to keep up with demand. One local OB/GYN retired and sold his practice to a physician who works at Lodi Memorial Hospital, so outpatient visits are offered in Amador, but procedures are performed in Lodi. Sutter provides free mammograms for uninsured women one day a year in October.

***Strengths*:** Organized transportation services for people needing care outside of the community, strong community relationships (i.e., First Five), free or low-cost mammograms for women who qualify

Weaknesses: Poverty, lack of access for women with Covered California insurance that is not accepted by Sutter Hospital, lack of specialty providers, large population of older women who may need help accessing support groups and caregiver events, limited support for Spanish-speaking women

Solano County
The Solano County Community Health Needs Assessment of 2013 was used to identify threats and opportunities to improving breast health across underserved groups of women. In the report, six zip codes in Solano County were identified as having high rates of poverty, low educational attainment, high unemployment, and high rates of being uninsured. The zip code 94590 in Vallejo has a particularly high proportion of households over age 65 living in poverty.

Insured women may still have trouble accessing care. Although NorthBay Cancer Center provides the entire continuum of care from diagnosis and screening to reconstruction, support is extremely limited for women who are underinsured or uninsured. Additionally, if women start treatment being insured but lose their insurance due to changes in employment, there is no way of ensuring compliance with treatment. Although the ACA has helped by providing insurance to women, many are coming in with late-stage cancers because they deferred screening.

Although cancer-screening programs are widely advertised in the community, little interest

seems to exist in using services. The community doesn't turn out for these events, so the approach may need to be modified. People in Solano County face challenges accessing services and information based on limited health literacy, extreme poverty, support in organizing follow-up care, and competing public health problems, such as substance abuse.

***Strengths*:** Financial support for women who are uninsured/underinsured, free mammograms in October for women who qualify, full range of breast cancer care service, strong outreach in faith-based community for Black/African-American women

***Weaknesses*:** Poverty and substance abuse in segments of the community, lack of interpreting services for Spanish speaking women, no effective means for sharing information about services at the point of care (i.e., emergency room, urgent care), community education not well received, weak link between community care and public health, women presenting with late-stage breast cancers because they deferred screening

Yuba County

The Rideout Health System Community Benefit Report, 2012-2013, was used to ascertain health priorities and resources for Yuba County. The Rideout Health System serves Yuba and Sutter counties. Income in both counties is lower and the poverty percentage higher than the state-wide average; 12.5 percent of Yuba families live below the poverty level vs. 9.8 percent for the state. Unemployment in the Sutter-Yuba region was 19.5 percent in 2010; the rate for California was 12.4 percent.

Although Peach Tree Health, a federally qualified health center, has a full-time OB/GYN who has been an asset for expanding knowledge about breast health, patients are very price sensitive to mammograms and may avoid care if they cannot afford the copay. Almost 80 percent of the population lives below the federal poverty level, and 20 to 25 percent of women do not show up for their appointments at Peach Tree Health. Peach Tree Health has a large number of male providers, and specific segments of the population – Hmong and East Indian – would probably be more comfortable with female providers. These cultures also experience a bias against preventive health and feel the outcome of disease is beyond their control, thus resulting in low compliance with treatment.

***Strengths*:** Strong primary care advocate for underinsured women, popular breast cancer support groups, financial assistance for women who need treatment, good local connections to VA system, some free services during October

***Weaknesses*:** Cultural barriers to seeking care and complying with treatment, particularly among Hmong and East Indian Women; high levels of poverty in the community; limited patient commitment to keeping appointments; lack of integration between primary and specialty care; no resources to launch public awareness campaign or staff to support it

Medically Underserved Women

Although rural communities of Northern California can be sparsely populated, they may also include small but significant representation from a variety of ethnic and cultural groups who will require tailoring of appropriate health information. Some cultural groups common to Komen Sacramento Valley's target communities include American Indian/Alaskan Native, South Asian, Hmong, and Hispanic/Latina women. Although younger members of these ethnic groups may feel comfortable accessing and discussing information from a variety of sources, this may not be true of older women who are less acculturated and more strongly bound to their cultural traditions and beliefs. During key informant interviews, service providers at Peach Tree Health and Rideout Cancer Center said that Hispanic/Latina, Punjabi, and Hmong women were more likely to present in the healthcare system with advanced cancer due to stigma associated with illness and a lack of awareness of the importance of breast cancer screening.

Mission Action Plan

Amador County

As reported in the Quantitative Data section of this community profile report, Amador County has an increasing trend regarding late-stage breast cancer and breast cancer death. Amador also has a proportion of women age 65 and older that is higher than the average for the Sacramento Valley Region. Many women have to seek diagnostic services and treatment in Stockton, Lodi, or Sacramento, where there is an NCI-designated Comprehensive Cancer Center. For those who are too old to drive or who cannot afford a car, there is a risk of becoming noncompliant with treatment owing to the medical isolation of Amador County.

Problem: Quantitative data revealed that Amador County has an increasing late-stage breast cancer rate and breast cancer death. Women age 65 and older need assistance accessing services outside of Amador County.

> ***Priority:*** Develop systems that allow women to access services locally, regardless of insurance status in Amador County.
>
> > *Objective #1:* By 2017, conduct a feasibility analysis on the use of telemedicine to improve access to consultations with oncologists for women who cannot easily travel to care.
> >
> > *Objective #2:* By 2018, survey Amador County women seeking services at different points in the continuum of care who are uninsured/underinsured or who cannot afford their health plan deductible. These efforts will aid in determining what barriers exist to accessing breast healthcare.
> >
> > *Objective #3:* By 2019, consult with Every Woman Counts to determine how services can be bridged for women who are insured but cannot afford services.

Yuba County

According to quantitative data, Yuba County has an increasing trend regarding late-stage breast cancer incidence and a larger proportion of women who are below 250 percent of the poverty limit, have less than a high school education, and are unemployed relative to the Sacramento Valley Region. In Yuba County, Planned Parenthood provides women's health services and Peach Tree Health provides screening mammograms with the support of a full-time OB/GYN who has helped expand knowledge about breast health. Other resources for accessing care include the Rideout Health System, which provides telemedicine consultations with cancer specialists at the UC Davis Medical Center and with whom the Komen Sacramento Valley may pursue a relationship that could help formerly uninsured/underinsured women access care through the ACA or Medi-Cal expansion.

Problem: Quantitative data revealed that Yuba County has an increasing incidence of late-stage breast cancer diagnosis and a high rate of poverty.

> ***Priority:*** Develop systems that allow women to access services locally, regardless of insurance status, in Yuba County.
>
> > *Objective #1:* By 2018, complete a feasibility analysis for creating a hub for directing women to diagnostic and treatment services.
> >
> > *Objective #2:* By 2018, collaborate with healthcare providers to quantify the number of uninsured/underinsured women under age 40 who need breast cancer diagnostic and treatment services.
> >
> > *Objective #3:* By 2019, create a grant funding priority in the Komen Community Grant request for proposals for culturally adaptive programs led by women representing different racial/ethnic backgrounds that addresses barriers to treatment.

Solano County

Findings from the qualitative analysis indicate that there are several zip codes in Solano County that are remarkable for their high rates of poverty, high unemployment, and high rates of being uninsured. In particular, zip code 94590 has a high proportion of households age 65 and older living in poverty as well as families with children living in poverty. The Solano County Community Needs Assessment noted that women don't understand the services they need to access, referring healthcare to "a maze", and that others experience too many barriers to obtaining referrals to specialty care. This prevents women from accessing care and staying engaged in treatment.

Problem: According to the Solano County Community Health Needs Assessment of 2013, geographic pockets in Solano County have high rates of poverty and unemployment and limited access to health services that could impact women's ability to access services.

Priority #1: By 2019, establish infrastructure to improve breast health within the 94590 zip code and the zip codes surrounding it (i.e., 94591 and 94589).

Objective #1: Continue to lobby health plans, including private insurers and Covered California, for discounted cancer treatment and medications to ensure women achieve greater compliance with their cancer treatments by 2019. These efforts will benefit both Solano County and the entire Komen Sacramento Valley region.

Objective #2: By 2019, create a grant funding priority in the Komen Community Grant request for proposals for breast health navigator programs, with emphasis on women age 65 and older and medically underserved women who need help accessing medical services, particularly specialist referrals.

Medically Underserved Women

Medically underserved women in the Sacramento Valley Region are more likely to be Hispanic/Latina. According to a study by Bauer et al., Hispanic/Latina women face a 23 percent increased risk of triple-negative breast cancers, meaning negative for estrogen receptor, progesterone receptor, and/or the human epidermal growth factor receptor 2/neu marker. Targeted triple negative treatments do not kill cancer cells that have spread from the original site. Black/African-American women under age 50 are also vulnerable to triple-negative breast cancers. Lastly, Asian and Pacific Islander (API) women born outside of the United States have higher death relative to API born in the United States, perhaps due to beliefs and behaviors about health.

Hispanic/Latina and Black/African-American women may need screening prior to the age of 50 despite recommendations of the US Preventative Services Task Force, which advises biennial screening starting at age 50. Special concerns relate to treatment compliance and education about treatment options. Uninsured undocumented women will still need access to the National Breast and Cervical Cancer Early Detection Program, and the Affordable Care Act will need to ensure that its population health goals address the needs of younger women who are diagnosed with breast cancer.

Lastly, because Black/African-American, Hispanic/Latina, and some Asian women represent a variety of complex and diverse cultures, health education needs to be tailored to help them understand the significance of cancer screening and seek and adhere to treatment when breast cancer is diagnosed. Although younger members of these ethnic groups may feel comfortable accessing and discussing information from a variety of sources, this may not be true of older women who are less acculturated and more strongly bound to their cultural traditions and beliefs. Representatives of the Hmong Cultural Center of Butte County and Peach Tree Health emphasized the importance of culturally tailored education in their assessment of needed community resources.

Problem: Medically underserved women experience barriers to breast care services at the younger and older ends of the age spectrum. Women under age 50 are disproportionately affected by triple negative breast cancers, which carry a poor prognosis.

Priority #1: By 2017, complete an assessment of educational resources regarding triple-negative breast cancers and identify six outlets for delivering education to Hispanic/Latina and Black/African-American women who are potentially at risk.

Objective #1: Continue to advocate for public funding of breast cancer screening, diagnosis, and treatment for medically underserved women under age 50 through 2019.

Objective #2: By 2019, create a grant funding priority in the Komen Community Grant request for proposals to implement a community education pilot that explores different approaches to informing Hmong and/or South Asian women (i.e., Punjabi) over age 65 about breast cancer, the importance of screening, and approaches for improving treatment compliance among women with low health literacy.

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

Affiliate History

Susan G. Komen® Sacramento Valley was accepted as an Affiliate of the National Susan G. Komen in 1993. It was started with three volunteers and has grown to have four paid staff members, a Board of Directors consisting of six to eight volunteer members, a 20-member Race Committee, more than 300 Affiliate volunteers, and more than 600 race volunteers who work on the Affiliate's annual Komen Race for the Cure®, always held the Saturday morning before Mother's Day.

Along with 113 other Affiliates, it is part of the world's largest and most progressive grassroots network fighting to end breast cancer forever. Susan G. Komen's promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to discover the cures.

Of the funds raised by the Affiliate, up to 75 percent of the net income remains in the community to support local programs that enhance breast health education and breast cancer screening and treatment for the medically underserved. At least 25 percent of the net income supports the Susan G. Komen Award and Research Grant Program which funds research grants at the national level.

In 1997 the Affiliate held its first Komen Sacramento Race for the Cure. It was a very successful, first-time event with 2,039 participants raising $239,000. The Race has been held annually since 1997. The 18th Annual Komen Sacramento Race for the Cure held at Cal Expo in Sacramento, California, on May 10, 2014, had more than 7,000 participants.

In 2007, the Affiliate passed the $1 million mark for grants awarded in one fiscal year. In the past 20 years, the Affiliate has put more than $19 million dollars back into the community, supporting breast health programs throughout the Affiliate's 19-county service area.

Established in 2003, Komen Sacramento provides leadership for the California Collaborative, made up of seven statewide Affiliates, representing a total of over 100,000 California supporters with a demonstrated interest in the issues of breast cancer and breast health. Created as a vehicle to advance the Komen Promise by maximizing and leveraging resources through active statewide Affiliate participation, the focus is on coordinated fundraising, education, and public policy issues. The Affiliate has held an annual California Lobby Day event since 2005.

Affiliate Organizational Structure

Komen Sacramento Valley has four paid staff positions and a Board of Directors that includes the Executive Director and eight volunteer board members *(See Figure 1.1).*

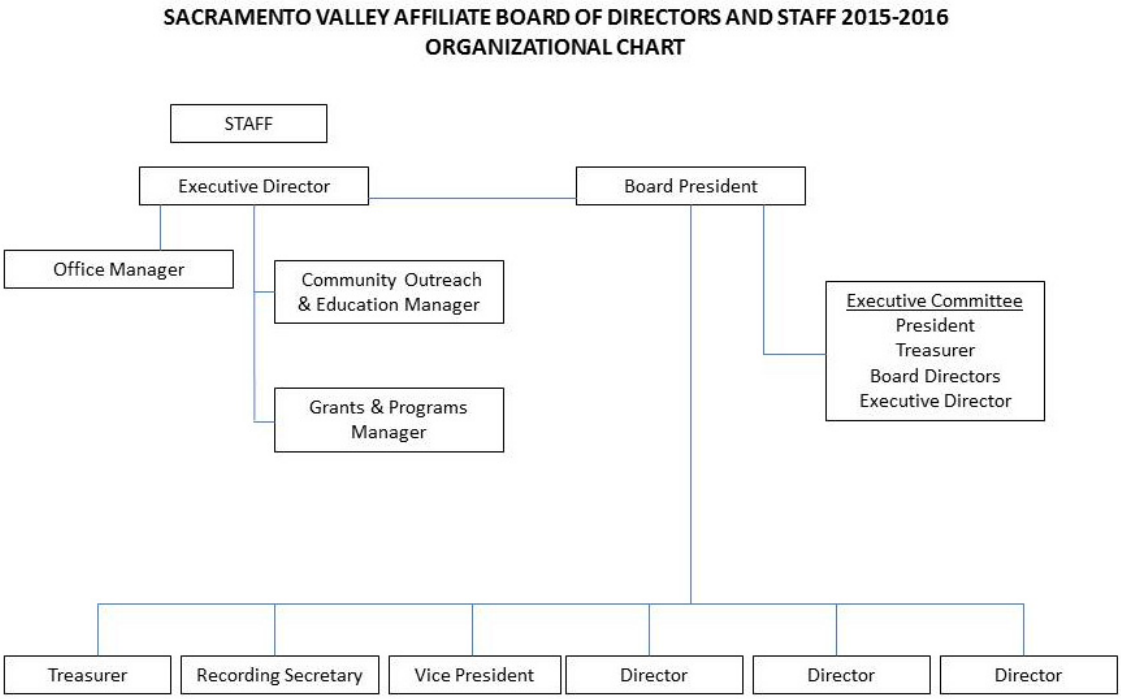

Figure 1.1. Komen Sacramento Valley organizational structure

Affiliate Service Area

Komen Sacramento Valley covers a 19-county area in Northern California (Figure 1.2). The most populous county is Sacramento, seat of the state's capitol with 32 percent of the service area population. The service area also includes many suburban areas around Sacramento, agricultural communities in the Central Valley, and counties with smaller populations and more rural areas to the north and in the foothills of the Sierras to the east.

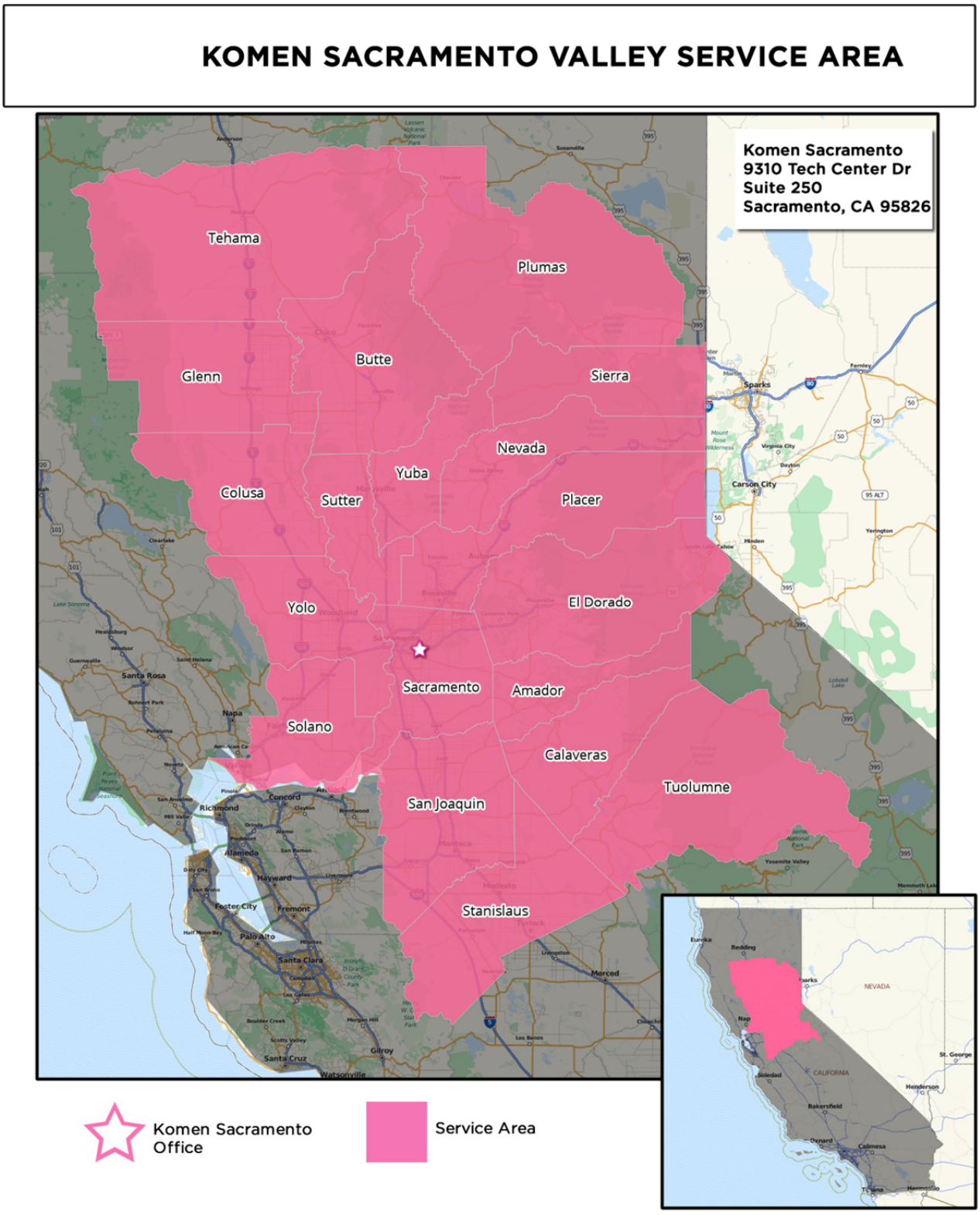

Figure 1.2. Susan G. Komen Sacramento Valley service area

Purpose of the Community Profile Report

The Community Profile will help Komen Sacramento Valley align its community outreach, grantmaking, and public policy activities towards the same Mission goal.
The Community Profile will allow Komen Sacramento Valley to:

- Include a broad range of people and stakeholders in the Affiliate's work and become more diverse;
- Fund, educate and build awareness in the areas of greatest need;
- Make data-driven decisions about how to use its resources in the best way – to make the greatest impact;
- Strengthen relationships with sponsors by clearly communicating the breast health and breast cancer needs of the community;
- Provide information to public policymakers to assist focusing their work;
- Strategize direction of marketing and outreach programs toward areas of greatest need; and
- Create synergy between Mission-related strategic plans and operational activities.

The Community Profile helps Komen Sacramento Valley set priorities for community outreach and grantmaking. Focused outreach will be provided to the communities highlighted in this report to encourage providers to seek funding from the Affiliate during its next grant cycle. Komen Sacramento Valley may also try to facilitate bridges between the community providers featured in the targeted communities and other untapped resources that have experienced improving access for women who are older, who need services and education that are tailored to their cultural preferences, and who are living in isolated rural communities.

Regarding use of the Community Profile Report in the community, a press release will be prepared by the Affiliate following the approval of the report to disseminate findings and promote the action plan. Members of the California State Assembly representing affected communities will be provided with copies of the report and urged to work with breast health stake holders to improve access, assist uninsured women with finding subsidized or low-cost services, and ensure that all care is patient centered.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen® Sacramento Valley is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 objectives for breast cancer late-stage diagnosis and death rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of Komen® Sacramento Valley's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates

The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it's hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.

- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don't necessarily mean that there has been an increase in the occurrence of breast cancer.

Death rates

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 (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

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 shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don't affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

Late-stage incidence rates

For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions (http://seer.cancer.gov/tools/ssm/). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.

Table 2.1. Female breast cancer incidence rates and trends, death rates and trends, and late-stage rates and trends

		Incidence Rates and Trends			Death Rates and Trends			Late-stage Rates and Trends		
Population Group	Female Population (Annual Average)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of Deaths (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)	# of New Cases (Annual Average)	Age-adjusted Rate/ 100,000	Trend (Annual Percent Change)
US	154,540,194	198,602	122.1	-0.2%	40,736	22.6	-1.9%	70,218	43.7	-1.2%
HP2020	.	-	-	-	-	20.6*	-	-	41.0*	-
California	18,413,837	23,266	122.0	-0.6%	4,251	21.9	-2.1%	8,287	43.5	-1.7%
Komen Sacramento Valley Service Area	2,250,390	3,059	126.2	0.3%	551	22.2	NA	1,092	45.3	-1.9%
White	1,744,655	2,616	131.6	0.5%	475	22.8	NA	923	47.0	-1.7%
Black/African-American	175,107	174	126.2	-1.2%	35	25.8	NA	72	51.2	-1.1%
American Indian/Alaska Native (AIAN)	44,959	19	55.9	-13.4%	SN	SN	SN	7	20.0	-10.0%
Asian Pacific Islander (API)	285,669	210	78.6	0.5%	38	14.8	NA	77	29.1	-5.8%
Non-Hispanic/ Latina	1,714,644	2,746	130.6	0.0%	506	23.1	NA	963	46.5	-2.2%
Hispanic/ Latina	535,746	313	95.7	0.8%	45	14.8	NA	128	37.4	-0.1%
Amador County - CA	17,421	38	134.6	8.8%	7	22.8	0.5%	10	40.6	8.9%
Butte County - CA	110,458	189	140.9	2.9%	37	25.0	-1.7%	68	52.0	3.4%
Calaveras County - CA	22,976	43	121.6	-3.7%	8	23.4	-1.7%	15	42.4	-4.9%
Colusa County - CA	10,299	10	95.6	29.8%	SN	SN	SN	3	33.7	32.9%
El Dorado County - CA	89,571	146	129.2	3.3%	23	20.8	-3.1%	51	45.6	0.4%
Glenn County - CA	13,847	17	116.9	2.4%	SN	SN	SN	6	37.4	-1.9%
Nevada County - CA	49,634	106	143.5	-1.1%	17	21.0	-2.9%	31	44.7	-6.0%
Placer County - CA	172,167	304	145.0	-1.0%	52	23.2	-1.6%	101	49.3	-8.0%
Plumas County - CA	10,181	19	120.7	-11.7%	3	21.5	NA	7	45.0	-19.0%
Sacramento County - CA	711,512	933	126.5	0.8%	163	21.8	-2.6%	344	46.6	-1.5%
San Joaquin County - CA	337,750	358	110.0	-2.1%	73	22.0	-2.1%	129	39.6	-1.4%
Sierra County - CA	1,624	3	115.8	0.1%	SN	SN	SN	SN	SN	SN
Solano County - CA	204,834	283	128.3	1.4%	53	23.9	-2.1%	106	48.3	-0.9%
Stanislaus County - CA	257,352	286	114.4	-0.7%	55	21.4	-1.3%	109	43.8	-1.0%
Sutter County - CA	47,001	58	117.2	-0.3%	10	19.4	-1.6%	21	43.6	2.8%
Tehama County - CA	31,410	42	106.2	-5.0%	10	22.7	-2.3%	15	40.4	-7.9%
Tuolumne County - CA	26,494	63	156.7	-7.5%	10	20.6	-3.9%	17	42.5	-9.1%
Yolo County - CA	100,608	122	134.2	0.4%	20	21.4	-1.7%	41	44.7	-4.2%
Yuba County - CA	35,249	38	114.6	2.3%	7	22.5	-0.4%	15	45.3	0.3%

*Target as of the writing of this report.
NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
Data are for years 2006-2010.
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of incidence and late-stage data: North American Association of Central Cancer Registries (NAACCR) – Cancer in North America (CINA) Deluxe Analytic File.
Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) death data in SEER*Stat.
Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

Incidence rates and trends summary

Overall, the breast cancer incidence rate in the Komen Sacramento Valley service area was slightly higher than that observed in the US as a whole and the incidence trend was higher than the US as a whole. The incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of California and the incidence trend was not significantly different than the State of California.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was lower among Blacks/African-Americans than Whites, lower among APIs than Whites, and lower among AIANs than Whites. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The following counties had an incidence rate **significantly higher** than the Affiliate service area as a whole:

- Butte County
- Nevada County
- Placer County
- Tuolumne County

The incidence rate was significantly lower in the following counties:

- San Joaquin County
- Stanislaus County
- Tehama County

The rest of the counties had incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

Death rates and trends summary

Overall, the breast cancer death rate in the Komen Sacramento Valley service area was similar to that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of California.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the death rate was higher among Blacks/African-Americans than Whites and lower among APIs than Whites. There

were not enough data available within the Affiliate service area to report on AIANs so comparisons cannot be made for this racial group. The death rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate in the Komen Sacramento Valley service area was slightly higher than that observed in the US as a whole and the late-stage incidence trend was lower than the US as a whole. The late-stage incidence rate of the Affiliate service area was **significantly higher** than that observed for the State of California and the late-stage incidence trend was not significantly different than the State of California.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was higher among Blacks/African-Americans than Whites, lower among APIs than Whites, and lower among AIANs than Whites. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The late-stage incidence rate was significantly lower in the following county:

- San Joaquin County

The rest of the counties had late-stage incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.

Mammography Screening

Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.

Table 2.2. Breast cancer screening recommendations for women at average risk. *

American Cancer Society	National Comprehensive Cancer Network	US Preventive Services Task Force
Informed decision-making with a health care provider at age 40 Mammography every year starting at age 45 Mammography every other year beginning at age 55	Mammography every year starting at age 40	Informed decision-making with a health care provider ages 40-49 Mammography every 2 years ages 50-74

*As of October 2015

Because having regular mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Hispanic/Latina, but only 10.0 percent of the total women in the area are Hispanic/Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an idea of how uncertain a value may be. It's shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it's very unlikely that it's less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

Table 2.3. Proportion of women ages 50-74 with screening mammography in the last two years, self-report

Population Group	# of Women Interviewed (Sample Size)	# w/ Self-Reported Mammogram	Proportion Screened (Weighted Average)	Confidence Interval of Proportion Screened
US	174,796	133,399	77.5%	77.2%-77.7%
California	4,347	3,512	81.8%	80.3%-83.2%
Komen Sacramento Valley Service Area	716	576	82.2%	78.4%-85.4%
White	648	520	82.3%	78.3%-85.6%
Black/African-American	27	25	95.1%	71.6%-99.3%
AIAN	16	11	69.0%	37.6%-89.2%
API	19	14	77.5%	54.5%-90.8%
Hispanic/ Latina	59	53	87.9%	73.1%-95.1%
Non-Hispanic/ Latina	655	521	81.5%	77.6%-84.8%
Amador County - CA	11	8	69.7%	32.9%-91.5%
Butte County - CA	63	48	74.3%	58.8%-85.5%
Calaveras County - CA	SN	SN	SN	SN
Colusa County - CA	SN	SN	SN	SN
El Dorado County - CA	39	33	94.6%	77.0%-98.9%
Glenn County - CA	SN	SN	SN	SN
Nevada County - CA	34	26	84.7%	66.7%-93.9%
Placer County - CA	75	60	83.8%	71.9%-91.2%
Plumas County - CA	SN	SN	SN	SN
Sacramento County - CA	199	159	81.3%	73.6%-87.2%
San Joaquin County - CA	70	64	93.7%	82.6%-97.9%
Sierra County - CA	SN	SN	SN	SN
Solano County - CA	50	44	86.8%	70.3%-94.9%
Stanislaus County - CA	70	54	82.9%	69.8%-91.1%
Sutter County - CA	19	14	53.7%	29.1%-76.6%
Tehama County - CA	17	12	74.8%	43.3%-92.1%
Tuolumne County - CA	14	9	59.6%	34.5%-80.5%
Yolo County - CA	21	18	87.7%	59.4%-97.2%
Yuba County - CA	12	9	83.4%	47.7%-96.5%

SN – data suppressed due to small numbers (fewer than 10 samples).
Data are for 2012. Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary

The breast cancer screening proportion in the Komen Sacramento Valley service area was significantly higher than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of California.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions

among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was not significantly different among Blacks/African-Americans than Whites, not significantly different among APIs than Whites, and not significantly different among AIANs than Whites. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

The following county had a screening proportion **significantly lower** than the Affiliate service area as a whole:

- Sutter County

The remaining counties had screening proportions that were not significantly different than the Affiliate service area as a whole.

Population Characteristics

The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren't all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don't include children. They're based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called "linguistic isolation", are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.

Table 2.4. Population characteristics – demographics

Population Group	White	Black/ African-American	AIAN	API	Non-Hispanic /Latina	Hispanic /Latina	Female Age 40 Plus	Female Age 50 Plus	Female Age 65 Plus
US	78.8 %	14.1 %	1.4 %	5.8 %	83.8 %	16.2 %	48.3 %	34.5 %	14.8 %
California	75.1 %	7.3 %	2.0 %	15.6 %	62.5 %	37.5 %	45.5 %	31.5 %	13.1 %
Komen Sacramento Valley Service Area	76.6 %	7.9 %	2.2 %	13.3 %	74.8 %	25.2 %	46.8 %	33.5 %	13.9 %
Amador County - CA	94.7 %	1.1 %	2.4 %	1.9 %	90.1 %	9.9 %	63.9 %	51.9 %	24.4 %
Butte County - CA	89.7 %	2.3 %	2.9 %	5.2 %	85.8 %	14.2 %	48.9 %	37.7 %	17.3 %
Calaveras County - CA	94.4 %	1.3 %	2.4 %	1.9 %	89.7 %	10.3 %	63.6 %	51.0 %	22.4 %
Colusa County - CA	92.9 %	1.4 %	3.3 %	2.4 %	45.6 %	54.4 %	43.5 %	31.0 %	12.9 %
El Dorado County - CA	92.1 %	1.2 %	1.7 %	5.0 %	87.9 %	12.1 %	56.9 %	41.8 %	16.1 %
Glenn County - CA	91.6 %	1.6 %	3.7 %	3.1 %	63.1 %	36.9 %	45.9 %	33.2 %	14.4 %
Nevada County - CA	95.6 %	0.9 %	1.6 %	1.9 %	91.6 %	8.4 %	62.0 %	49.3 %	21.3 %
Placer County - CA	88.9 %	1.9 %	1.4 %	7.8 %	87.0 %	13.0 %	52.7 %	38.1 %	17.2 %
Plumas County - CA	93.7 %	1.5 %	3.7 %	1.2 %	91.9 %	8.1 %	63.2 %	51.5 %	22.0 %
Sacramento County - CA	67.9 %	12.4 %	2.0 %	17.7 %	78.7 %	21.3 %	45.3 %	31.8 %	12.9 %
San Joaquin County - CA	70.8 %	9.1 %	2.4 %	17.7 %	61.6 %	38.4 %	42.5 %	29.2 %	12.0 %
Sierra County - CA	96.9 %	0.9 %	1.5 %	0.7 %	91.6 %	8.4 %	67.1 %	53.8 %	22.2 %
Solano County - CA	62.4 %	16.6 %	1.6 %	19.4 %	76.2 %	23.8 %	48.1 %	34.1 %	13.1 %
Stanislaus County - CA	86.6 %	3.8 %	2.3 %	7.4 %	58.4 %	41.6 %	42.9 %	29.7 %	12.3 %
Sutter County - CA	77.7 %	3.0 %	2.8 %	16.6 %	71.7 %	28.3 %	45.2 %	32.3 %	14.5 %
Tehama County - CA	93.0 %	1.3 %	4.1 %	1.7 %	78.2 %	21.8 %	51.5 %	38.7 %	17.4 %
Tuolumne County - CA	94.4 %	0.9 %	2.9 %	1.8 %	90.9 %	9.1 %	62.1 %	50.6 %	23.6 %
Yolo County - CA	77.7 %	3.5 %	2.3 %	16.5 %	70.2 %	29.8 %	39.2 %	27.5 %	11.2 %
Yuba County - CA	82.6 %	4.8 %	4.0 %	8.7 %	74.4 %	25.6 %	41.3 %	29.1 %	11.1 %

Data are for 2011.
Data are in the percentage of women in the population.
Source: US Census Bureau – Population Estimates

Table 2.5. Population characteristics – socioeconomics

Population Group	Less than HS Education	Income Below 100% Poverty	Income Below 250% Poverty (Age: 40-64)	Un-employed	Foreign Born	Linguistic-ally Isolated	In Rural Areas	In Medically Under-served Areas	No Health Insurance (Age: 40-64)
US	14.6 %	14.3 %	33.3 %	8.7 %	12.8 %	4.7 %	19.3 %	23.3 %	16.6 %
California	19.2 %	14.4 %	35.6 %	10.1 %	27.2 %	10.3 %	5.0 %	16.7 %	20.2 %
Komen Sacramento Valley Service Area	16.0 %	14.7 %	34.2 %	12.0 %	17.6 %	6.4 %	11.9 %	11.7 %	16.2 %
Amador County - CA	12.7 %	10.0 %	27.7 %	15.2 %	5.8 %	0.8 %	60.4 %	27.4 %	14.7 %
Butte County - CA	13.9 %	19.8 %	41.6 %	13.2 %	7.9 %	2.9 %	18.9 %	42.9 %	17.6 %
Calaveras County - CA	7.6 %	8.3 %	30.3 %	9.2 %	4.3 %	1.0 %	75.4 %	0.0 %	15.0 %
Colusa County - CA	29.5 %	14.4 %	43.0 %	13.8 %	24.2 %	13.4 %	31.7 %	0.0 %	24.2 %
El Dorado County - CA	7.0 %	8.4 %	22.5 %	9.7 %	8.4 %	1.9 %	34.7 %	8.4 %	11.8 %
Glenn County - CA	26.0 %	18.8 %	46.6 %	10.0 %	15.6 %	8.2 %	40.9 %	63.0 %	22.7 %
Nevada County - CA	5.1 %	10.3 %	29.2 %	9.2 %	5.4 %	1.2 %	42.1 %	0.0 %	16.7 %
Placer County - CA	6.6 %	7.2 %	20.8 %	8.2 %	10.3 %	2.6 %	13.8 %	0.0 %	11.0 %
Plumas County - CA	9.3 %	13.5 %	33.6 %	14.2 %	6.2 %	0.6 %	74.0 %	9.2 %	17.3 %
Sacramento County - CA	14.8 %	14.9 %	34.9 %	11.7 %	19.6 %	7.1 %	2.1 %	14.4 %	15.7 %
San Joaquin County - CA	23.4 %	16.7 %	39.8 %	14.4 %	23.1 %	9.6 %	8.5 %	2.1 %	19.0 %
Sierra County - CA	11.8 %	16.6 %	34.9 %	11.3 %	5.7 %	2.3 %	99.7 %	100.0 %	19.2 %
Solano County - CA	13.8 %	10.8 %	25.8 %	10.0 %	20.0 %	5.7 %	3.7 %	8.5 %	12.8 %
Stanislaus County - CA	24.4 %	18.0 %	42.6 %	14.2 %	20.5 %	8.8 %	8.0 %	0.5 %	20.6 %
Sutter County - CA	21.8 %	15.2 %	40.1 %	14.2 %	22.5 %	10.5 %	14.8 %	15.5 %	21.4 %
Tehama County - CA	19.7 %	20.6 %	47.8 %	13.6 %	10.6 %	3.8 %	51.5 %	29.0 %	21.3 %
Tuolumne County - CA	11.7 %	13.3 %	36.2 %	13.1 %	4.4 %	0.6 %	49.0 %	100.0 %	15.7 %
Yolo County - CA	15.9 %	18.6 %	29.3 %	9.7 %	21.2 %	9.5 %	6.9 %	15.9 %	14.5 %
Yuba County - CA	21.7 %	20.3 %	47.4 %	17.0 %	11.7 %	6.3 %	26.2 %	12.7 %	18.3 %

Data are in the percentage of people (men and women) in the population.
Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.
Source of rural population data: US Census Bureau – Census 2010.
Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.
Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.

Population characteristics summary

Proportionately, the Komen Sacramento Valley service area has a slightly smaller White female population than the US as a whole, a substantially smaller Black/African-American female population, a substantially larger Asian and Pacific Islander (API) female population, a slightly larger American Indian and Alaska Native (AIAN) female population, and a substantially larger Hispanic/Latina female population. The Affiliate's female population is slightly younger than that of the US as a whole. The Affiliate's education level is slightly lower than and income level is

slightly lower than those of the US as a whole. There are a substantially larger percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a larger percentage of people who are foreign born and a slightly larger percentage of people who are linguistically isolated. There are a substantially smaller percentage of people living in rural areas, a slightly smaller percentage of people without health insurance, and a substantially smaller percentage of people living in medically underserved areas.

The following county has substantially larger Black/African-American female population percentages than that of the Affiliate service area as a whole:

- Solano County

The following counties have substantially larger API female population percentages than that of the Affiliate service area as a whole:

- Sacramento County
- San Joaquin County
- Solano County
- Sutter County
- Yolo County

The following counties have substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:

- Colusa County
- Glenn County
- San Joaquin County
- Stanislaus County

The following counties have substantially older female population percentages than that of the Affiliate service area as a whole:

- Amador County
- Calaveras County
- Nevada County
- Plumas County
- Sierra County
- Tuolumne County

The following counties have substantially lower education levels than that of the Affiliate service area as a whole:

- Colusa County
- Glenn County
- San Joaquin County
- Stanislaus County
- Sutter County
- Yuba County

The following counties have substantially lower income levels than that of the Affiliate service area as a whole:

- Butte County
- Tehama County
- Yuba County

The following counties have substantially lower employment levels than that of the Affiliate service area as a whole:

- Amador County
- Yuba County

The counties with substantial foreign born and linguistically isolated populations are:

- Colusa County
- San Joaquin County

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:

- Colusa County
- Glenn County
- Sutter County
- Tehama County

Priority Areas

Healthy People 2020 forecasts

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:

- Reducing women's death rate from breast cancer (Target as of the writing of this report: 20.6 cases per 100,000 women).
- Reducing the number of breast cancers that are found at a late-stage (Target as of the writing of this report: 41.0 cases per 100,000 women).

To see how well counties in the Komen Sacramento Valley service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

Identification of priority areas

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the healthcare delivery area, as well as cancer stage at diagnosis.

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.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.

Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets

		Time to Achieve Late-stage Incidence Reduction Target				
Time to Achieve Death Rate Reduction Target		13 years or longer	7-12 yrs.	0 – 6 yrs.	Currently meets target	Unknown
	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 a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This doesn't mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For counties in the "13 years or longer" category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening percentages and key breast cancer death determinants such as poverty and linguistic isolation.

Table 2.7. Intervention priorities for Komen Sacramento Valley service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

County	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Amador County - CA	Highest	13 years or longer	13 years or longer	Older, employment, rural, medically underserved
Colusa County - CA	Highest	SN	13 years or longer	%Hispanic/Latina, education, foreign, language, rural, insurance
Yuba County - CA	Highest	13 years or longer	13 years or longer	Education, poverty, employment, rural
Butte County - CA	High	12 years	13 years or longer	Poverty, rural, medically underserved
Solano County - CA	High	8 years	13 years or longer	%Black/African-American, %API
El Dorado County - CA	Medium High	1 year	13 years or longer	Rural
Calaveras County - CA	Medium	8 years	1 year	Older, rural
Placer County - CA	Medium	8 years	3 years	
Sacramento County - CA	Medium	3 years	9 years	%API
Stanislaus County - CA	Medium	3 years	7 years	%Hispanic/Latina, education
Sutter County - CA	Medium	Currently meets target	13 years or longer	%API, education, language, insurance
Nevada County - CA	Medium Low	1 year	2 years	Older, rural
Plumas County - CA	Medium Low	NA	1 year	Older, rural
Yolo County - CA	Medium Low	3 years	2 years	%API, language
San Joaquin County - CA	Low	4 years	Currently meets target	%API, %Hispanic/Latina, education, foreign, language
Tehama County - CA	Low	5 years	Currently meets target	Poverty, rural, insurance, medically underserved
Tuolumne County - CA	Low	Currently meets target	1 year	Older, rural, medically underserved
Glenn County - CA	Lowest	SN	Currently meets target	%Hispanic/Latina, education, rural, insurance, medically underserved
Sierra County - CA	Undetermined	SN	SN	Older, rural, medically underserved

NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).

Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as "undetermined" on the map.

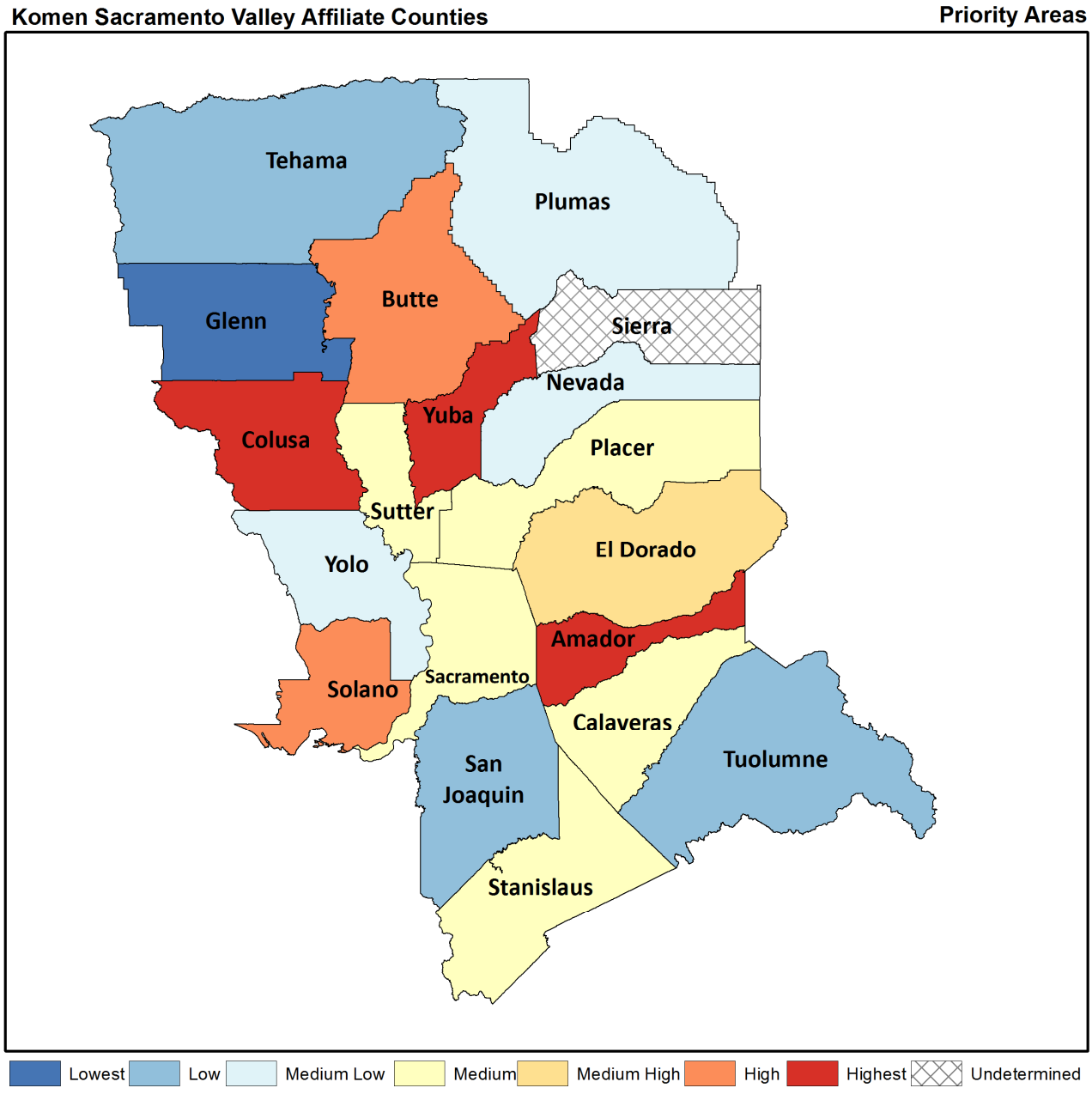

Figure 2.1. Intervention priorities

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
- Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
- There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
- Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
- The various types of breast cancer data in this report are inter-dependent.
- There are 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.
- The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
- Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas

Three counties in the Komen Sacramento Valley service area are in the highest priority category. Two of the three, Amador County and Yuba County, are not likely to meet either the death rate or late-stage incidence rate HP2020 targets. One of the three, Colusa County is not likely to meet the late-stage incidence rate HP2020 target.

Amador County has a relatively older population and high unemployment. Colusa County has a relatively large Hispanic/Latina population, low education levels, a relatively large foreign-born population and a relatively large number of households with little English. Yuba County has relatively low education levels, high poverty percentage and high unemployment.

High priority areas

Two counties in the Komen Sacramento Valley service area are in the high priority category. Both of the two, Butte County and Solano County, are not likely to meet the late-stage incidence rate HP2020 target.

The incidence rates in Butte County (140.9 per 100,000) are significantly higher than the Affiliate service area as a whole (126.2 per 100,000).

Butte County has relatively high poverty percentage. Solano County has a relatively large Black/African-American population and a relatively large API population.

Selection of Target Communities

Susan G. Komen Sacramento Valley includes 19 counties in Northern California that are diverse in their population density, racial and ethnic composition, and socio-demographic characteristics. Because a number of the counties are very rural, including Colusa, Glenn, Plumas, and Sierra Counties, not all counties have an adequate population base to monitor trends in breast cancer death and late-stage breast cancer incidence.

There are three counties within the Affiliate region that are regarded as "highest priority" due to their late-stage breast cancer incidence and breast cancer death rates. These include Amador, Colusa, and Yuba Counties. Amador and Yuba Counties will likely not meet the HP2020 late-stage breast cancer incidence and breast cancer death targets by 2020. Although Amador County has a base late-stage breast cancer incidence rate of 40.6 cases per 100,000 women – which is *lower* than the target of 41.0 cases per 100,000 women – it shows an *increasing* trend for the period 2006-2010. Conversely, Yuba County has a base late-stage breast cancer incidence rate of 45.3 cases per 100,000 women – which is *higher* than the target of 41.0 cases per 100,000 women – and shows an *increasing* percent change trend for the period 2006-2010 (Table 2.8). For breast cancer death, Amador County has a base rate of 22.8 deaths per 100,000 breast cancer cases – which is *higher* than the target of 20.6 deaths per 100,000 women – and shows a slightly *increasing* trend for the period 2006-2010. Yuba County has a base breast cancer death rate of 22.5 deaths per 100,000 women – which is *higher* than the target of 20.6 deaths per 100,000 breast cancer cases – and shows a slightly *decreasing* trend for the period 2006-2010 (Table 8). Breast cancer screening percentages in Amador and Yuba counties are not significantly different from the rate for the Sacramento Valley region. Colusa County will likely not meet the HP2020 late-stage breast cancer incidence target by 2020. Due to small numbers of breast cancer deaths in Colusa County, it is not possible to evaluate the time needed to reach the HP2020 death rate target. Because of the uncertainty of progress toward the breast cancer death goal in this sparsely populated county, the Affiliate is choosing to focus on Amador and Yuba as priorities for Komen Sacramento Valley service area.

Additionally, the Affiliate has selected Solano County as the third priority county. Solano was ranked a "high priority" because it is not likely to meet the HP2020 target rate for late-stage breast cancer incidence by 2020 and not likely to meet the HP2020 target for breast cancer death until 2016. Solano County has a base late-stage breast cancer incidence rate of 48.3 – which is *higher* than the target of 41.0 cases per 100,000 women – and shows a slightly *decreasing* trend for the period 2006-2010. Additionally, Solano County has a base breast cancer death rate of 23.9 per 100,000 women – which is *higher* than the target of 20.6 deaths per 100,000 women – and shows a *decreasing* trend for the period 2006-2010. Breast cancer screening percentages in Solano County were not significantly different from the rate for the Sacramento Valley region.

Table 2.8. Breast cancer screening percentages and trends in late-stage breast cancer incidence and breast cancer death in target counties and Sacramento Valley service area

County	*% Breast Cancer Screening with 95% Confidence Intervals*	*% Late-Stage Breast Cancer Incidence Trend*	*% Breast Cancer Death Trend*
Amador	69.7 (32.9-91.5)	8.9	0.5
Yuba	83.4 (47.7-96.5)	0.3	-0.4
Solano	86.8 (70.3-94.9)	-0.9	-2.1
Sacramento Valley Region	82.2 (78.4-85.4)	-1.9	N/A

*Source: Late-stage incidence data: NAACCR – CINA Deluxe Analytic File
Breast cancer death: CDC-NCHS death data in SEER*Stat
Breast cancer screening: CDC-Behavioral Risk Factor Surveillance System (BRFSS), 2012.

Amador, Yuba, and Solano Counties have different socio-demographic characteristics that could influence the rates of late-stage breast cancer incidence and breast cancer death (Table 2.9). Amador and Yuba Counties, which are predominately rural, have rates of unemployment that are higher than those of the Sacramento Valley region. Additionally, Amador County has a higher proportion of women age 65 and older, and Yuba County has higher proportions of people living in poverty and having less than a high school education compared to the Sacramento Valley region. If women are unemployed or living in poverty, there may be a greater need for safety net programs that ensure women have access to breast cancer screening and diagnostic services. Because Solano County has the largest proportion of Black/African-American and Asian women in the Komen Sacramento Valley service area, the Affiliate feels it is important to explore potential disparities in breast cancer screening, diagnosis, and treatment within these racial groups. In fact, Komen Sacramento Valley identified Black/African-American women in Solano County as a priority in its 2011 Community Profile Report. The Affiliate intends to pursue analysis of safety net programs and health disparities based on race (i.e. Black/African-American in Solano County) in the health systems analysis.

Table 2.9. Target counties with substantial differences in population characteristics compared to the Sacramento Valley service area

County	*% Hispanic /Latina*	*% Black/ African-American*	*% Asian*	*% Age 65+*	*% Income Below 250% of Poverty*	*% Less than HS Education*	*% Unemployed*
Amador				24.4			15.2
Yuba	25.6		8.7		47.4	21.7	17.0
Solano	23.8	16.6					
Sacramento Valley Region	25.2	7.9	13.3	13.9	34.2	16.0	12.0

*Data reflect proportion of people (men and women) in the population with a specific socio-demographic characteristic.
Source of population data: US Census Bureau – Population Estimates for 2011
Source of socioeconomic data: US Census Bureau – American Community Survey, 2007-2011

In addition to the three counties described above, Komen Sacramento Valley will explore populations of medically underserved women who are Black/African-American, Hispanic/Latina, and Asian and Pacific Islander (API), with special emphasis on South Asian and Hmong women.

Black/African-American women younger than age 45 have a higher incidence of breast cancer than the general population. A study published by Amirikia et al. has demonstrated that younger Black/African-American women are more likely to have tumors that are triple negative, meaning negative for estrogen receptor, progesterone receptor, and/or the human epidermal growth factor receptor 2/neu marker (Amirikia KC, 2011). Targeted treatments of triple-negative breast cancers do not kill cancer cells that have spread from the original site, which results in higher breast cancer death. In 2009, the US Preventive Services Task Force recommended initiating mammography screening for women age 50 and older. This screening strategy could hurt women who have an increased risk of early-onset breast cancer, advanced-stage disease, and/or biologically aggressive tumors. For this reason, early screening and treatment are important for Black/African-American women under age 50. Because the proportion of Black/African-American women in Solano County is more than twice as high as that for the Sacramento Valley Region (Table 3), this population of underserved women will be an area of focus for the 2015 Community Profile Report.

The literature has also shown that Hispanic/Latina women in areas of low socioeconomic status are more likely to have triple-negative breast cancers. Compared to non-Hispanic White women, Hispanic/Latina women faced a 23 percent increased risk of a triple-negative breast cancer while Black/African-American women showed a 77 percent increased risk; both associations were statistically significant (Bauer KR, 2003). Using California Cancer Registry data, the researchers show that being Black/African-American or Hispanic/Latina and under age 40 were the most powerful risk factors for triple-negative breast cancers. Bickell et al. used cancer data from six New York City hospitals to show that minority women have higher levels of comorbidity and underutilize necessary adjuvant treatments (Bickell NA, 2006). Adjuvant therapy or treatment is any treatment given after the primary therapy, which is often surgery. Specifically, evidence of underuse of one or more adjuvant treatment therapies was identified in 16 percent of White women as compared to 34 percent of Black/African-American and 23 percent of Hispanic/Latina women. Black/African-American and Hispanic/Latina women in this population had more comorbidities and less insurance than White women – two factors that could impact a provider's decision to prescribe and a patient's ability to accept and receive adjuvant treatments.

API women, in aggregate, are more likely to die from breast cancer than any other type of cancer (Fu L, 2003; Tanjasiri S, 2001). Death rates have increased in API women by 200 percent since 1990 (Kagawa-Singer M, 2000).

A significant amount of cultural variation exists among API women. In a study of disparities in breast cancer survival among API women by ethnicity and immigrant status, South Asian women (i.e., Asian Indian, Pakistani, Sri Lankan, or Bangladeshi) had an 80 percent higher death risk than did US-born Japanese women. Foreign-born Asian women had consistently more advanced breast cancer at diagnosis and lower survival rates than their US-born counterparts (Gomez SL, 2010). API women born outside of the United States tend to have lower socioeconomic status, more linguistic barriers, Asian-specific beliefs and behaviors about

health, and are less likely to be screened for breast cancer. Hmong women are among those at the highest risk for health problems due to high rates of poverty, language isolation, and cultural barriers (Depke JL, 2011). Given the association of these demographic characteristics with breast cancer screening, late-stage diagnosis, and death, Komen Sacramento Valley intends to identify the breast health needs of API women, with a special focus on Yuba and Solano Counties.

Health Systems Analysis Data Sources

Komen resource lists for Amador, Solano, and Yuba Counties were used to identify breast cancer providers and community services as well as referral relationships to cancer centers in Sacramento, Stockton, and the Bay Area. Community organizations and health systems were approached with a short survey or telephone call to identify screening, diagnostic, treatment, and survivorship services provided. The information collected in the surveys was used to complete the health systems analysis template. Resources were evaluated according to the priority issue for each community.

Health Systems Overview

The Breast Cancer Continuum of Care (CoC) is a model (Figure 3.1) that shows how a woman typically moves through the healthcare system for breast care. A woman would ideally move through the CoC quickly and seamlessly, receiving timely and quality care in order to have the best outcome. Education can play an important role throughout the entire CoC. While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

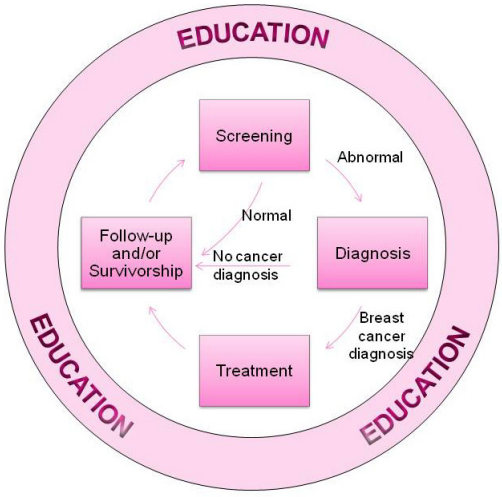

Figure 3.1. Breast Cancer Continuum of Care (CoC)

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and

understanding what it all means. Education can empower a woman and help manage anxiety and fear. If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology report determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months, while for others, it may last years. While the CoC model shows that follow-up and survivorship come after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include things like navigating insurance issues, locating financial assistance, and symptom management (such as pain, fatigue, sexual issues, bone health, etc). Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter, or continue in, the breast cancer CoC. These barriers can include lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

Amador County: This community has a breast cancer screening percentage that is lower than the rate for Komen Sacramento Valley and a higher proportion of residents age 65 and older.

Despite being the largest community in Amador County, Jackson, CA, provides limited local breast healthcare (Figure 3.2). Sutter Women's Health Center is the only local ambulatory care provider of screening and diagnostic mammograms and comprehensive women's health services. Diagnostic services include digital mammograms, ultrasound, and biopsy, and the Women's Health Center is trying to identify funding to provide 3D mammography through MRI. Women requiring treatment of breast cancer are referred to providers in Sacramento and Stockton. Jackson is roughly 49 miles from Sacramento and 46 miles from Stockton.

Transportation is an issue for patients facing a breast cancer diagnosis and treatment needs in Amador County. Women needing chemotherapy, radiation, or surgery are generally referred to the Sutter Cancer Center in Sacramento, which is an American College of Surgeons-designated cancer center, or the UC Davis Comprehensive Cancer Center, which became a National Cancer Institute (NCI)-designated cancer center in 2012. Two agencies provide transportation services and support:

- *Amador STARS* was founded in 2004 with one van and has expanded to six. Vans transport patients to radiology and chemotherapy appointments in Sacramento and the Stockton/Lodi region. Additionally, Amador STARS provides support groups, free wigs, and classes on using makeup and wigs to help women feel better about their appearance during their treatment for breast cancer.

- *The Patient Navigation and Support Project of the California Health Collaborative* provides practical support and financial assistance to ensure early detection of breast cancer, access to care, and treatment compliance. Financial resources can be offered for transportation to treatment or diagnostic services and support groups, bras and prosthetics, wigs, and head coverings.

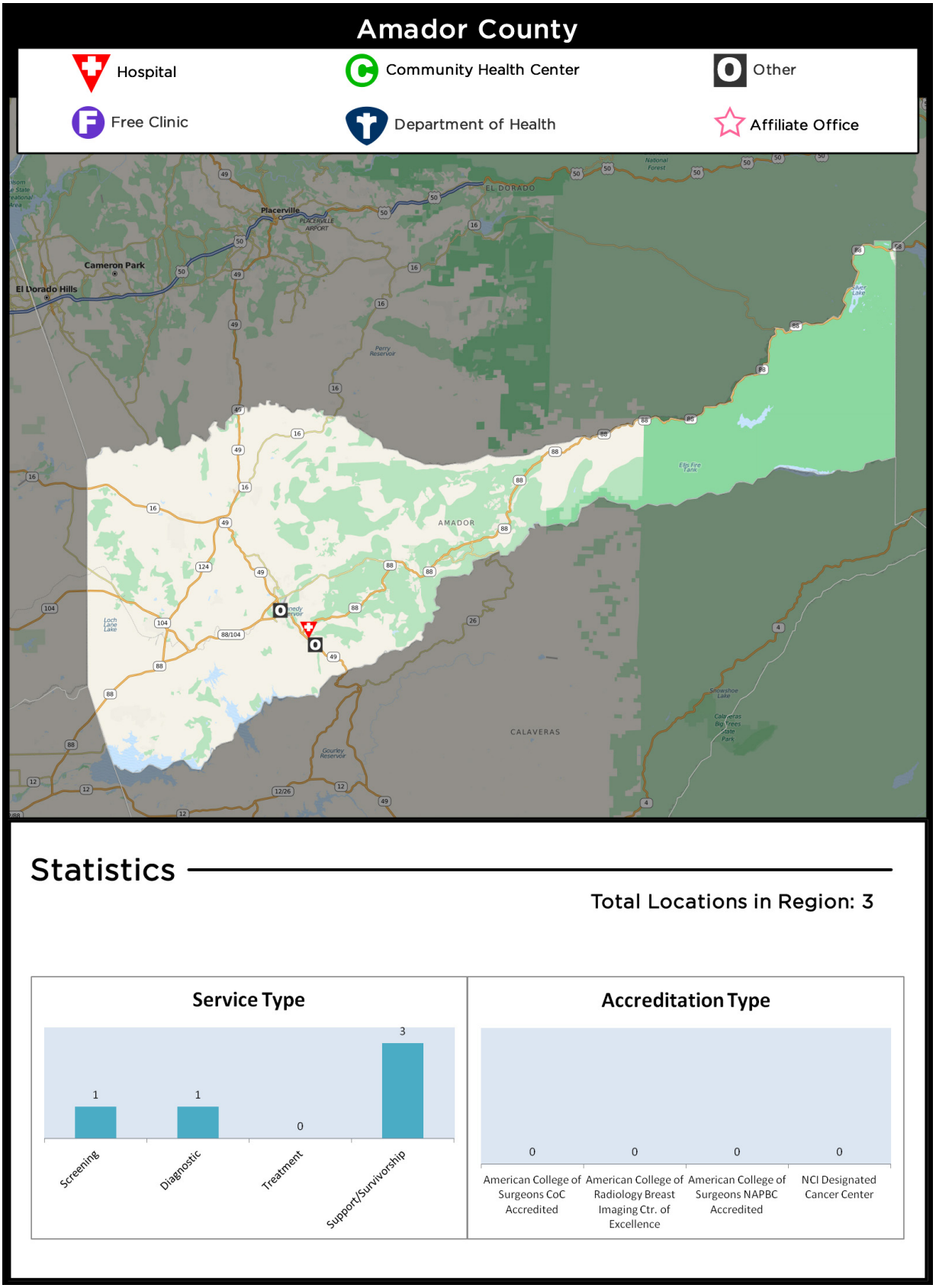

Figure 3.2. Breast cancer services available in Amador County

Solano County: This community has reduced its incidence of late-stage breast cancers, but its rate of decrease is less than that for the Sacramento Valley region as a whole. Solano County has a broad geographic service area and a racially diverse population.

Solano County includes the urban centers of Vacaville, Fairfield, and Vallejo. Geographically, it is the largest of the three priority counties addressed in this report and is located midway between the Sacramento Valley and the San Francisco Bay Area. Two community-based organizations provide support to women seeking mammograms and support during treatment (Figure 3.3):

- *Solano Midnight Sun Foundation* provides scholarships to women who need mammograms for early detection of breast cancer. Solano Midnight Sun Foundation also provides temporary financial assistance to women who have experienced a financial hardship during their cancer treatments and need help paying for basic living expenses.

- *The Patient Navigation and Support Project of the California Health Collaborative* provides practical support and financial assistance to ensure early detection of breast cancer, access to care, and treatment compliance. Financial resources can be offered for transportation to treatment or diagnostic services and support groups, bras and prosthetics, wigs, and head coverings.

Basic women's health screening can be obtained from Planned Parenthood Clinics located in Vacaville, Fairfield, and Vallejo. Breast cancer screening and diagnostic services are available at Sutter Hospital in Vallejo, Solano Diagnostic Imaging in Vacaville, and NorthBay Healthcare in Fairfield. Kaiser facilities in Vacaville, Fairfield, and Vallejo provide surgical treatment for breast cancer, and Sutter Hospital in Vallejo and NorthBay Healthcare in Fairfield provide radiation, surgery, and chemotherapy. The Sutter Cancer Center in Sacramento and Sutter Solano Cancer Center are accredited by the American College of Surgeons. Sutter and North Bay also provide a range of support services, including support groups, counseling, hospice, financial assistance, and nutrition counseling.

Solano County is participating in the Susan G. Komen® Circle of Promise California Initiative *Empowering Black/African-American Women for Breast Healthcare Access*, which is a new initiative focusing on the high death rate of breast cancer among Black/African-American women—particularly those who are uninsured. This two-year project, launched in April 2014, will focus on screening and navigation of care in addition to community organizing and direct education. This initiative is important for Solano County given its large population of Black/African-American women.

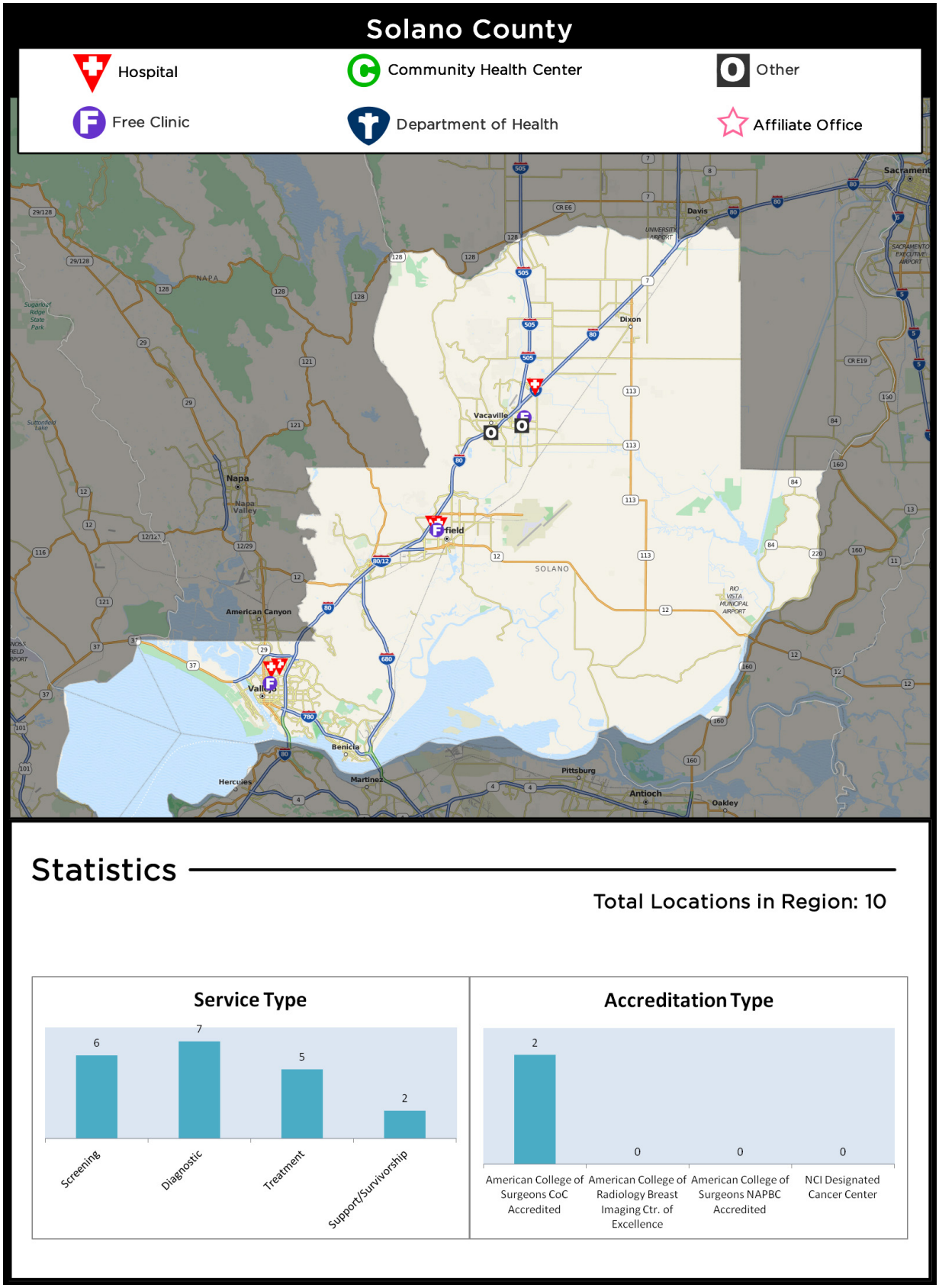

Figure 3.3. Breast cancer services available in Solano County

Yuba County: This community faces an increasing trend in late-stage breast cancer and higher levels of poverty than other counties belonging to Komen Sacramento Valley.

Given the high poverty and low socioeconomic status of Yuba County residents, a modest healthcare safety net exists to provide free or discounted health services (Figure 3.4). These include:

- *Planned Parenthood, Mar Monte,* which provides general women's health screening but no diagnostic services, and

- *Peachtree Healthcare,* which provides general women's health services and screening mammograms but must refer out for diagnostic services.

Local support services for women diagnosed with breast cancer are offered through the following programs:

- *WeCARE*! is offered in Marysville at the Rideout Cancer Center through an affiliation with the UC Davis Comprehensive Cancer Center. This program matches newly diagnosed women with breast cancer survivors who can coach their patients on treatment options, provide information about breast cancer in general, and assist with problem solving and coping strategies.

- *The Patient Navigation and Support Project of the California Health Collaborative* coordinates appointments and referrals and provides navigation for screening, diagnosis, and treatment. Additionally, funding is available to help women with childcare; payment of utility bills and housekeeping services needed during treatment; and wigs, prostheses, and bras.

Three health systems provide treatment for women diagnosed with breast cancer; they are Sutter Medical Foundation, the Rideout Health Center, and the Rideout Cancer Center. The Sutter facilities are located in Yuba City, which is less than two miles from Marysville. Sutter Diagnostic and Outpatient Center provides comprehensive screening and diagnostic services, including MRI and ultrasound. Sutter Medical Foundation can provide diagnostic mammograms and ultrasound as well as surgical and radiologic treatment.

The Rideout Health System has a Cancer Center that has had an affiliation with the UC Davis Health System since 2000. This affiliation has brought radiation, chemotherapy, and clinical trials to the Marysville community. Additionally, telemedicine is used to provide education and grand rounds to physicians at Rideout as well as video-conference consultations between patients and providers in Marysville and cancer specialists at the UC Davis Medical Center in Sacramento. Rideout provides a range of support services, including counseling, meditation, stress management, and grief counseling. Rideout Health System can refer women to Geweke Caring for Women Foundation. The foundation was founded by the Larry Geweke Ford Dealership and provides direct financial assistance for women's treatment-related costs—a valuable service for a community that struggles with poverty.

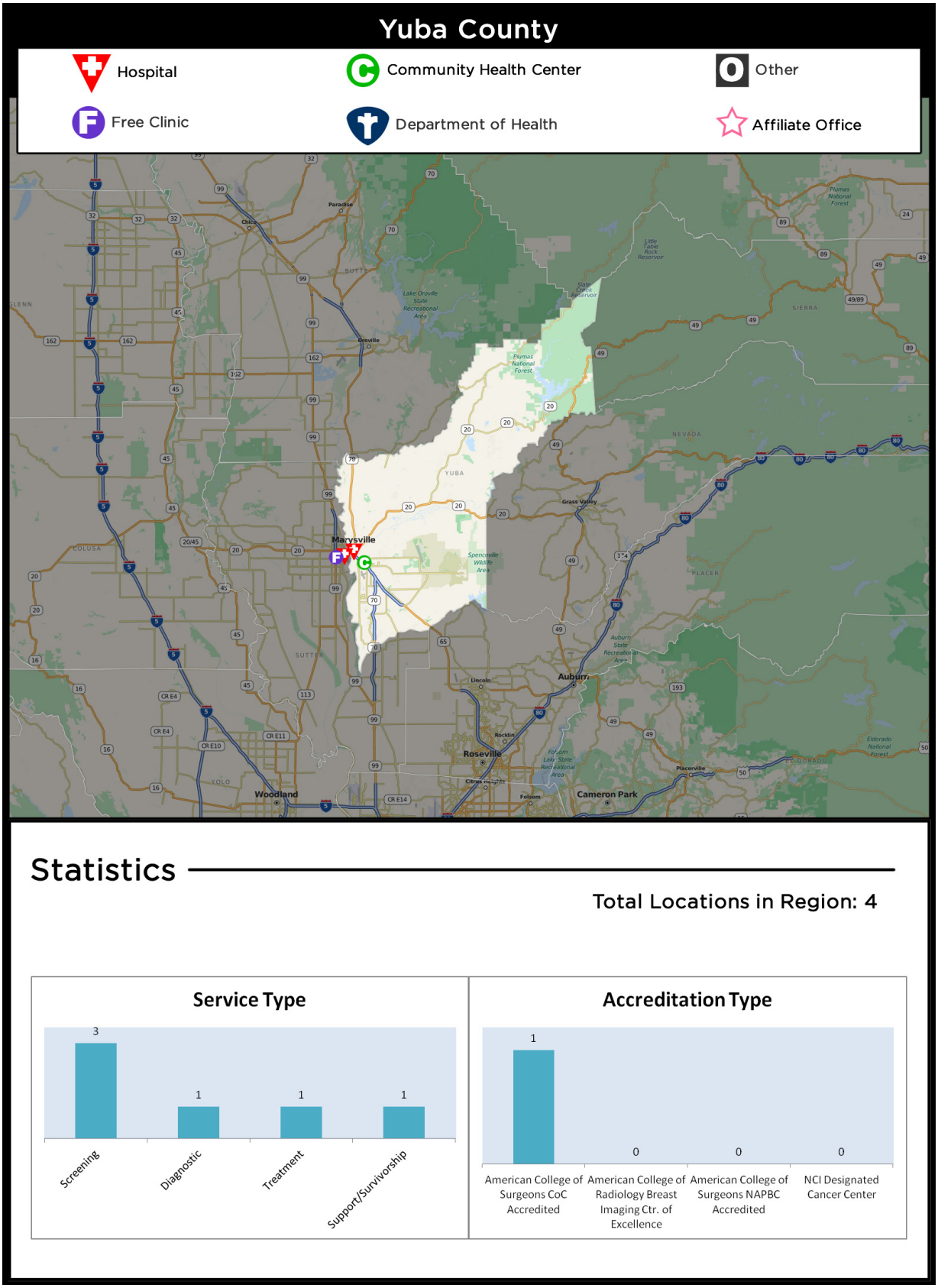

Figure 3.4. Breast cancer services available in Yuba County

Medically underserved women of the Komen Sacramento Valley service area: This population includes Black/African-American, Hispanic/Latina, and Asian women who may live throughout the region. These women may experience cultural biases against breast health and breast cancer treatment, have greater risk for triple-negative breast cancers, be uninsured or underinsured, have low socioeconomic status, and lack access to surgical oncologists and effective adjuvant treatments (e.g. chemotherapy, radiation, hormone therapy) because they live in rural areas.

Black/African-American and Hispanic/Latina women may have difficulty engaging in services that help them access and comply with treatment. Because triple-negative breast cancers are common among women under age 50 and disproportionately affect Hispanic/Latina and Black/African-American women, effort needs to be made to ensure that screening is available to younger women and that identified cancers are treated surgically and with adjuvant therapy that is tailored to the individual's needs. Given the poor prognosis of triple-negative breast cancers, care also needs to be continuous and coordinated between specialty and primary care to ensure the best outcome for women.

Owing to differences in culture, a number of API populations, particularly South Asian and Hmong, may avoid seeking breast cancer screening and treatment. These women tend to be reluctant to discuss this aspect of their health with their care providers due to stigma or the belief that cancer is the unavoidable consequence of personal wrong-doing. These women need culturally appropriate education about breast cancer and access to providers who are sympathetic to the cultural underpinnings of their attitudes and healthcare practices.

Given this profile of medically underserved women in the service area of the Komen Sacramento Valley, a number of community groups have developed programs tailored to education, treatment, and care transitions.

- The *California Health Collaborative in Chico* targets women who are under 40 who are not eligible for government programs and helps patients comply with cancer treatment.

- The *Hmong Cultural Center of Butte County* aims to provide outreach to women age 35 and older in Butte County because Hmong are underserved and lack education about breast health.

- *PeachTree HealthCare* in Marysville works on improving outreach to Hispanic/Latina, Punjabi, and Hmong women who may not seek breast cancer screening for cultural reasons.

- *Sutter Solano Cancer Center* employs navigators to help patients link to advanced diagnostic screening and recommendations for biopsy. About one third of their patients have metastatic breast cancer.

Summary of Health System Strengths and Weaknesses

Amador, Solano, and Yuba Counties have a reasonable representation of breast cancer services based on their geographic size and proximity to large urban centers. One issue that should be explored in the qualitative analysis is how existing resources meet the specific needs of their communities, whether it's serving an older population of patients (Amador), providing support to women who must balance their care needs around issues relating to poverty and unemployment (Yuba), or addressing care preferences in a culturally diverse patient population (Solano). Specific strengths and weaknesses are described in the Summary of the Health Systems Analysis (Table 3.1).

Table 3.1. Summary of Health System Analysis

Priority County	Strengths	Weaknesses
Amador	• Several community resources are available for helping women with support services, including *transportation for treatment* in urban centers outside of Jackson, CA.	• Many women have to seek breast cancer screening outside of Jackson, CA; travel may be difficult for older women and may result in delays in diagnosis and staging of breast cancer.
Solano	• Services provided in Solano County cover the *breast cancer continuum*.	• Solano County encompasses a large area with a racially diverse patient population that may experience *cultural barriers to accessing services*.
Yuba	• Rideout Health System has a *regional affiliation with the UC Davis Health System* and a cancer center that provides diagnostic and treatment services as well as patient support and care navigation. • Rideout Health System can refer women to Geweke Caring for Women Foundation for *direct financial assistance* to cover treatment-related costs.	• Yuba County has a high proportion of residents living in poverty; little is known about *how uninsured or underinsured women access care in this community*.
Medically Underserved Women	• The Hmong Cultural Center of Butte County has recognized the importance of *tailored education* for Hmong women. • California Health Collaborative provides some *financial assistance* to help patients comply with treatment.	• *Education for South Asian women* is lacking. • *Screening for women under age 50* is not widely available, which potentially causes Black/African-American and Hispanic/Latina women to suffer disproportionately from late-stage breast cancers. • For women in high-deductible health plans, breast cancer screening and *treatment may still be unaffordable*.

Although women may need to travel outside of their communities to meet all of their breast health needs, each community has community-based providers who may be able to offer valuable insights about overcoming health system weaknesses, whether it's helping women access services outside their communities, offering financial support for bills and housekeeping, or providing funding for screening mammograms.

Summary of Key Mission Related Partnerships

Komen Sacramento Valley has used its grant-making program to support partnerships that tie to the Affiliate's mission of improving access to care among uninsured or underinsured women. The California Health Collaborative and Planned Parenthood Mar Monte were each funded $50,000 for fiscal year 2014-2015 to enhance safety net services in their communities:

- The *California Health Collaborative*, through its Patient Navigation and Support Project (PNSP), will serve a minimum of five low-income, uninsured, symptomatic patients with financial assistance for diagnostic services (i.e., mammogram, ultrasound, needle biopsy, etc.) and navigation services for supportive resources to ensure compliance with provider recommended diagnostic orders. A minimum of five diagnosed breast cancer patients will also be served with care coordination, emotional support, and financial assistance for practical needs (i.e., transportation, food cards, etc.) to ensure compliance with provider treatment plans. Evaluation of the project will center on surveys that are administered to women after they have accessed services. The expected result of the Project is to provide access and/or increase breast cancer early detection to low-income under-insured individuals who do not qualify for government programs. The Project also expects to provide supportive financial assistance to low-income under-insured individuals to ensure compliance with diagnostic services or breast cancer treatment.

- *Planned Parenthood Mar Monte* (PPMM) expects to refer 119 uninsured women to Radiological Associates of Sacramento for a diagnostic mammogram and ultrasound and 15 women for biopsy. Test results will be communicated back to the PPMM clinic where the patient received her initial clinical breast exam. From these results, 10 women will likely be diagnosed with breast cancer. PPMM will refer these women to Sutter Medical Foundation for appropriate treatment including surgery, radiation, and chemotherapy and/or hormone therapy. To help cover cost of their care at Sutter, PPMM will help enroll patients in the Breast and Cervical Cancer Treatment Program and evaluate their progress by tracking the clinical breast exams, referrals, diagnostic mammograms, ultrasounds, biopsy results, and cancer treatment in PPMM's electronic medical record system. The goal of the project is to find and treat breast cancer in its early stages among young women who are typically affected by a more virulent strain of cancer. In the end, this project will help reduce breast cancer deaths among uninsured women under the age of 40 in the Sacramento region.

Komen Sacramento Valley feels that both of these projects are vitally important to Amador, Solano, and Yuba Counties as the state of California matures in its response to the implementation of the Affordable Care Act (ACA). Both the California Health Collaborative and Planned Parenthood Mar Monte manage services across a number of communities, so the Affiliate may have to guide their focus in Amador, Solano, and Yuba Counties based on the findings of the 2015 Community Profile Report.

Summary of Potential New Partnerships

Three new partnerships will be pursued by Komen Sacramento Valley. Their programs and resources are described below:

- *Rideout Health System in Yuba County* provides a strong complement of diagnostic and treatment services in Marysville/Yuba City and has a regional affiliation with the UC Davis NCI Comprehensive Cancer Center. This relationship will be pursued to explore the successes and challenges of increasing access to formerly uninsured/underinsured women to Rideout Health System who may now have health insurance through the ACA or Medi-Cal expansion.

- Susan G. Komen® Circle of Promise California Initiative *Empowering Black/African-American Women for Breast Healthcare Access* is a California-based two-year initiative jointly funded by Anthem Blue Cross and Komen that will identify evidence-based strategies to reverse the trend in breast cancer death seen in Black/African-American women. Komen Sacramento Valley will address breast cancer disparities among Black/African-American women who are low-income, uninsured, or recipients of Medi-Cal and rarely or never screened. Additionally, it will work with and learn from Black/African-American community leaders to build partnerships that address barriers to access. Interventions may include community organizing, direct education, screening and navigation services, and awareness. Circle of Promise launched in April 2014; its focus is particularly relevant to Solano County given its large population of Blacks/African-Americans.

- The *Sutter and Kaiser Permanente health systems* are currently an untapped resource for Komen Sacramento Valley. With the implementation of the ACA, it will be important to know how these health systems plan to scale breast health services to meet the demand of their new members.

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) supports the provision of clinical breast exams, mammograms, Pap tests, pelvic exams, diagnostic testing for women whose screening test is abnormal, and referrals to treatment. The program is supported by the Centers for Disease Control and Prevention, which provides a federal grant to each state. In California, the NBCCEDP is referred to as Every Woman Counts (EWC) and receives support from general funds and additional support through state tobacco tax revenue. The Breast Cancer Act of 1994 levies a two-cent per pack tax on cigarettes, of which 50 percent goes to EWC. EWC is part of the Department of Healthcare Service's Cancer Detection and Treatment Branch (CDTB) (California Department of Health Services, Every Woman Counts, 2014) and is separate from Medi-Cal (California's Medicaid program). However, the program uses Medi-Cal billing codes. The mission of the EWC is to save lives by preventing and reducing the

devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, with integration of preventive services and special emphasis on the underserved (California Department of Health Services, Every Woman Counts, 2014). In California, EWC only comes into play when all other possible payers, such as California's Low Income Health Program (a Medicaid Demonstration Waiver), are exhausted.

To be eligible for direct services through EWC, women must be: uninsured or underinsured and living at or below 200 percent of federal poverty level; age 21 to 64 for cervical screening; and age 40 to 64 for breast screening. In California, a woman can receive Medicaid services regardless of where she is originally screened as long as she otherwise meets the eligibility requirements for the program. Women in California must also show that they live in California and are not getting services through Medi-Cal or another government-sponsored program (California Department of Health Services, Every Woman Counts, 2014). In California services are provided through regional contractors throughout the state. A 1-800 number is available Monday to Friday from 8:30 am to 5:00 pm in English, Spanish, Mandarin, Cantonese, Korean and Vietnamese, for program eligibility and referrals to services (California Department of Health Services, Every Woman Counts, 2014). Regional contractors can also help to refer individuals to other screening programs, if they are not eligible to EWC.

Treatment is provided to eligible individuals through the Breast and Cervical Cancer Treatment Program (BCCTP). The federal BCCTP provides full-scope Medi-Cal to eligible women who meet all the federal criteria. The state-funded BCCTP only provides cancer treatment and related services to individuals, including men, who do not meet the federal criteria. The State BCCTP program provides no cost breast cancer treatment services for up to 18 continuous months and cervical cancer treatment services for up to 24 continuous months (California Department of Health Services, Breast and Cervical Cancer Treatment Program, 2014). The application work sheet and required documents for the BCCTP program are available in 11 languages, including English, Spanish, Vietnamese, Cambodian, Hmong, Armenian, Cantonese, Korean, Russian, Farsi and Laotian (California Department of Health Services, Breast and Cervical Cancer Treatment Program, 2014).

In the past the Affiliate has provided education about the changes in policy that affect access to NBCCEDP and has worked with local community members and the California Collaborative to advocate for support of maintaining the NBCCEDP in the state of California to ensure access to breast health screening, diagnostic, **and** treatment services for eligible women. The Affiliate will continue to support the NBCCEDP and strengthen relationships at the local and state level to stay abreast of program adjustments and changes that may impact access for breast health services.

The local BCEDP program staff support enrollment of providers into the program to ensure access to services throughout the Sacramento Valley. The Affiliate also works through the Komen California Collaborative Public Policy Committee (KCCPPC), in partnership with other Affiliates throughout the state, to be aware of changes with the state NBCCEDP.

State Comprehensive Cancer Control Coalition
California's Comprehensive Cancer Control plan is a strategic plan to reduce the burden of cancer in the state. This is the state's second comprehensive plan and focuses on cancer control efforts through 2015. The current strategic plan addresses the cancer continuum and includes primary prevention, early detection and screening, treatment, quality of life and end-of-life care, as well as such cross-cutting issues as advocacy, eliminating disparities, research, and surveillance (California Dialogue on Cancer, 2011).

The State Cancer Control plan has two breast cancer objectives:

1. By 2015, increase the prevalence of women 40 years and older who report having both a mammogram and a clinical breast exam (CBE) within the prior two years by 7.5 percent, from a baseline prevalence of 79.1 percent to 85 percent and,
2. By 2015, increase the proportion of early-stage diagnoses of breast cancer among all women by 29 percent, from the baseline proportion of 69 percent to 89 percent (California Dialogue on Cancer, 2011).

Komen Sacramento Valley has been an active member of the California Dialogue on Cancer (CDOC). The CDOC is a comprehensive cancer control coalition and a subset of the California Comprehensive Cancer Control Program (CCCP).

California's Comprehensive Cancer Control Program (CCCP) is housed in the Chronic Disease Surveillance and Research Branch of the California Department of Public Health. CCCP is a Centers for Disease Control and Prevention (CDC) funded program that provides leadership for, and coordination of, California's statewide comprehensive cancer control efforts. Comprehensive cancer control is based on the concept that people and organizations working together to identify problems and develop solutions will lead to better use of limited resources and generation of new resources through new partnerships.

The mission of CCCP is to eliminate the cancer burden in California and achieve health equity in cancer care and survivorship through effective partnerships and efficient collaboration.

The objectives of the CCCP are: 1) to provide a coordinated management and leadership structure within CDPH and other state department cancer and chronic disease surveillance, prevention and control programs; 2) to establish a comprehensive cancer control coalition (also known as the CDOC); 3) to assess the burden of cancer in the state and determine priorities; and 4) to develop and implement a statewide Comprehensive Cancer Control Plan. The Affiliate maintains representation on two workgroups related to California's Comprehensive Cancer Control Plan 2011-2015: Disparities, Access to Care, and Early Detection (DAD) and Advocacy.

Affordable Care Act (ACA)
In 2010, the state of California was the first state in the nation to enact legislation to implement the provisions of the federal ACA, creating Covered California (Covered California, 2014). This healthcare marketplace was established to help Californians choose affordable and quality

healthcare. California also decided to expand its Medi-Cal Program, the state's Medicaid program, and eligibility can also be determined through Covered California (Covered California, 2014). Estimated at *seven* million*,* California's uninsured population is greater than that of any other state (California Healthcare Foundation, 2013). By 2014, about 2.6 million Californians will be able to access financial assistance through Covered California to pay for their health insurance, and 1.4 million will be newly eligible for Medi-Cal (Covered California, 2014). However, a large number of individuals (nearly three million) will remain uninsured in California (California Healthcare Foundation, 2013). Approximately 703,000 will be eligible for Medi-Cal but will not enroll; 959,000 will be undocumented and ineligible for insurance coverage; and 1.4 million will be eligible for coverage through *Covered California* but will not enroll (California Healthcare Foundation, 2014). Of this 1.4 million, 577,000 will be eligible for a subsidy but will not take it; 832,000 will not be eligible for the subsidy (California Healthcare Foundation, 2014).

The ACA, through its marketplace health plans, will cover the following preventive health services specific to breast health without charging the patient a co-payment or co-insurance:

1. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer,
2. Breast Cancer Mammography screenings every one to two years for women over 40, and
3. Breast Cancer Chemoprevention counseling for women at higher risk (Affordable Care Act, 2014).

However, women who remain uninsured, due to ineligibility or opting not to purchase coverage, will not have access to these preventive health services. As a result, the NBCCEDP/EWC program will still be needed to help provide clinical breast exams, mammograms, Pap tests, pelvic exams, diagnostic testing for women with abnormal screening, and referrals to treatment for women (Levy AR, 2014). While the overall number of women eligible for services through NBCCEDP will diminish due to the ACA and Medicaid expansion, a large number of women will remain uninsured and will still need these program services. Funding for the NBCCEDP will only serve about one fifth to one third of those eligible due to limited federal and state appropriations (Levy AR, 2014).

While much excitement has surrounded the ACA and the roll out of the healthcare marketplace, a lot remains unknown in terms of access and utilization. Some have expressed concerns about the availability of healthcare providers to respond to an increase of 30 million insured Americans across the country (Anderson A, 2014). Some studies report a shortfall in both primary care providers and allied health professionals in responding to ACA changes (Anderson A, 2014). While these concerns may be warranted, other efforts are taking place at all levels to ensure collaboration and partnership across providers (i.e., safety net providers, private providers, Medi-Cal providers, hospitals, and health systems) to develop strategies that meet the changing needs of healthcare delivery (Health Resources and Services Administration, 2014).

For Komen Sacramento Valley, there will remain a number of uninsured individuals who need access to NBCCEDP/EWC or Affiliate resources to ensure timely and quality access to breast health services. The Affiliate will continue to work closely with its partners in health and health policy to stay abreast of the breast health needs in the Affiliate service area and respond accordingly in providing support for access to care.

Affiliate's Public Policy Activities
Komen Sacramento Valley has adopted the public policy priorities established by Komen Headquarters that include, but not limited to:

1. Support for expanded federal funding for breast cancer research at the National Institutes of Health and the Department of Defense
2. Support state and federal funding for the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
3. Advocate for policies to improve insurance coverage of breast cancer treatments, including those that would require oral parity, preclude specialty tiers and prevent step therapy protocols
4. Evaluate state and federal policies to reduce or eliminate out-of-pocket costs for medically necessary diagnostic mammography

Komen Sacramento Valley is actively involved in Public Policy activities at the state and local level and currently leads the Komen California Collaborative Public Policy Committee (KCCPPC). The Affiliate stays apprised of key public policy issues in the service area as well as at the state level. Examples of current public policy activities include monthly calls with the (KCCPPC), annual lobby day at the state capitol, and individual meetings with local legislative leaders regarding policies of interest to Komen and its Affiliates. Komen Sacramento Valley also works closely with healthcare providers—safety net providers, hospitals, and health systems—to identify changes in services that may impact access to care for local residents. Komen Sacramento Valley will continue to work with the KCCPPC as well as other local healthcare partners to ensure quality access to information and services for breast health.

In June 2013, the KCCPPC was key in getting the oral chemotherapy bill passed by the Senate Health Committee. The bill was signed into law by Governor Brown in October 2013. Under AB 219, the cost for the pill form of chemotherapy will be no more than $100 per prescription for insured patients, giving Californians affordable access to oral treatment for their cancer.

The Affiliate believes it is important to maintain and strengthen these relationships, as well as to continue to identify new partnerships to ensure quality and timely access to breast health information and services for the Affiliate service area. The Affiliate will continue to strengthen relationships and identify new opportunities where the Affiliate can broaden its partnerships in the community.

Health Systems and Public Policy Analysis Findings

Amador, Solano, and Yuba Counties have been chosen as target communities for the 2015 Community Profile Report based on care gaps related to older age and ability to travel to care (Amador), demographic heterogeneity and possible cultural barriers to services (Solano), and high unemployment requiring a robust safety net (Yuba). In Amador County, most women have to leave their community for advanced diagnostic screening and treatment for diagnosed breast cancers. Although the Rideout Cancer Center in Yuba County has a regional affiliation to the UC Davis NCI Comprehensive Cancer Center, underinsured or uninsured women may present too much demand for the Center's limited charity care program. Lastly, Solano County offers a range of services throughout the cancer continuum, but they are largely provided through private health systems such as Kaiser Permanente and Sutter. More information is needed on how these systems specifically address the needs of Black/African-American women.

To address cancer care in these diverse communities, Komen Sacramento Valley will focus on its existing partnerships with the California Health Coalition and Planned Parenthood Mar Monte. Both organizations provide support and resources for accessing breast health services, and both have established quantifiable care milestones for working with uninsured and underinsured women who need diagnostic services and treatment as grantees of Komen Sacramento Valley's 2014-2105 grant program. New partnerships will be focused on Rideout Health System and the Circle of Promise Initiative for Solano County to assess care gaps and resources needed by socioeconomically disadvantaged women and women representing underserved racial groups, specifically Black/African-American women.

Komen Sacramento Valley is still waiting to see how the rollout and implementation of the ACA influences the care and treatment of women with breast cancer. In the meantime, it will continue to advocate for the EWC program, which remains a critical safety net program that will ensure underinsured or uninsured women receive access to screening, diagnostic testing and treatment as needed.

Komen Sacramento Valley will continue to support Komen Headquarters' national policy goals. As mentioned above, the Affiliate is keenly aware of the importance of protecting funding for EWC and monitoring the ACA and Medi-Cal expansion to ensure access to care for all women. In addition to those two policy goals, Komen Sacramento Valley will engage in advocacy work focused on expanding federal funding for breast cancer research and will work with policymakers in Sacramento and Washington to ensure high priority cancer issues, such as screening, controlling the costs of oral chemotherapy agents and treatments, receive the attention they deserve from elected representatives.

Qualitative Data Sources and Methodology Overview

Methodology. The key focus of the qualitative analysis was to understand how women in rural communities and communities of color access and utilize breast care. Surveys, key informant interviews, and a focus group were used to gather information on over-arching themes that could be explored in the richer context of key informant interviews.

Surveys were chosen for the first stage of data analysis based on their ease of administration and ability to capture information from many people at once. To identify themes relative to breast care access and service utilization, participants attending Komen workshops and meetings were surveyed regarding the communities in which they work and their perceptions of underserved populations, barriers to accessing services, successful community collaborations, strategies for improving services, and the impact of the Affordable Care Act.

Surveys were collected over the past two years at various meetings, including the FY15 Grant Writing and Networking Conference, held August 8, 2014, in Sacramento and the Sister's Circle Brunch, held in Vacaville on June 7, 2014. Organizations new to the Komen Sacramento Valley grant-writing program are required to attend the grant-writing conference, so survey respondents represent a combination of returning and prospective applicants. The Sister's Circle brunch was organized to bring together 30 Black/African-American women from Solano County to discuss breast health in a four-hour social forum.

Survey data were summarized by staff and interns at Komen Sacramento Valley. When multiple respondents from the same county shared an observation, the comment was labeled with the county name and +1, +2, etc. to indicate that more than one person, more than two people, etc. shared the sentiment. Table 4.1 shows which sources of qualitative data were used in the target communities and the themes that emerged from the survey data that were explored in the key informant interviews.

Key informant interviews were conducted with representatives of the target counties when available. To enrich the findings from the target counties and capture regional issues related to the care continuum, proxy key informants in neighboring counties were approached to speak to challenges working with diverse ethnic populations, uninsured/underinsured women, and those needing to travel for breast cancer treatment. A staff member of Komen Sacramento Valley, under direction of the Executive Director, identified the stakeholders selected for key informant interviews and conducted phone interviews in the fall of 2014. Interview notes were recorded in Microsoft Word documents and transmitted electronically to the consultant for data analysis. The consultant conducted a preliminary review of the interview notes in which general impressions of themes were observed and recorded; a second review was used to formally code responses into those themes. The findings were shared with the Executive Director and Affiliate Board of Directors to ensure that the qualitative findings had face validity based on what people knew and understood from working in those communities.

Table 4.1. Sources of qualitative data for target counties

County	Amador	Solano	Yuba
Surveys	Survey of FY15 Grant Writing Conference attendees	Survey of Sister's Circle Brunch attendees	Survey of FY15 Grant Writing Conference attendees
Key Informant Interviews	▪ Office Manager, Amador STARS ▪ Executive Director, Amador Community Foundation ▪ Two staff at Sutter Health, Amador	▪ Nurse Navigator, Sutter ▪ Solano Midnight Sun Foundation ▪ Nurse Navigator, NorthBay Cancer Center ▪ Sutter Radiation Oncology ▪ Solano County Health and Social Services	▪ Services Director, Planned Parenthood ▪ Patient Navigator, Freemont Rideout Health Group, Marysville ▪ Chief Operating Officer, Chief Executive Officer, and Medical Director, Women's Health, Peach Tree Health, Marysville ▪ Harmony Health Medical Clinic
Proxy Key Informant Interview (chosen based on geographic proximity to target county)	▪ CommuniCare, Yolo County ▪ Chap-De, Auburn, Placer County	N/A	▪ Patient in Chico, Butte County ▪ Hmong Cultural Center, Oroville, Butte County ▪ California Healthcare Collaborative, Chico, Butte County
Themes	▪ Treatment compliance ▪ Lack of knowledge about services	▪ Lack of knowledge about services ▪ Transportation ▪ Fear/lack of trust	▪ Outreach to Southeast Asians/minorities in native language ▪ Transportation Help for uninsured/ underinsured

Some of the key informant interviews and a focus group were used to identify the needs of specific racial/ethnic communities. Table 4.2 describes the individuals and groups who participated in qualitative research activities. The Affiliate conducted a focus group in Stanislaus County in 2014 to assess the views of Hispanic/Latina women toward screening, treatment, and outreach. Although Hispanic/Latina women do not make up a significant proportion of women in Amador, Solano, or Yuba County, they make up 25.2 percent of the population of the 19 county service area of the Affiliate and as such are an important population to target.

Table 4.2. Qualitative research focused on ethnic/racial communities

Community	Black/African-American	Asian	Hispanic/Latina
Data Source	Key Informant Interviews	Key Informant Interviews	Focus Group
Stakeholders	Nurse Navigator at Sutter Solano Cancer Center	▪ Chief Operating Officer, Peach Tree Health ▪ Hmong Cultural Center, Oroville	Women living in Stanislaus County (proxy data)
Themes	Extreme poverty and substance abuse make outreach and support for services difficult	Punjabi and Hmong women experience shame and stigma with breast cancer diagnosis	Fear and anxiety prevent women from following up after abnormal mammogram

Sampling. A convenience sample was chosen for both the grant writing and Sister's Circle Brunch audiences. These respondents already had relationships with Komen Sacramento Valley or were interested in developing a relationship with Komen as a grantee. Although the

respondents were largely service providers, women from the community were included as well. In total, 32 respondents completed surveys at grant writing-workshop in August 2014, and 28 respondents completed surveys at the Solano Sister's Circle Brunch in Vacaville. Key informant interviews were conducted over the phone with 18 respondents representing Amador, Solano, and Yuba service providers or medically underserved populations of women. To maintain the anonymity of the survey respondents, no demographic details were collected, which prevents responses from being stratified by key demographic variables such as age or race.

Ethics. Participants completing surveys at the grant-writing conference disclosed their names and the agencies they represented because participation in the conference was a requirement for submitting a grant. Respondents participating in the key informant interviews chose to share their roles and agency affiliations. This was not a requirement of participation. Written consent was not required for phone interviews; by participating in the interviews, the consent of respondents was inferred. Respondents were not required to answer questions they did not want to answer and were told that the purpose of the interview was to understand resources and gaps within/barriers to care and health services provided in the communities of interest. Data have been reported anonymously so that individual respondents cannot be associated with their names. Notes recorded from key informant interviews have been stored in a locked file cabinet in the Komen Sacramento Valley's administrative offices.

Qualitative Data Overview

The themes gathered from the surveys provided a foundation for coding key informant interviews conducted in 2013 and 2014. When the surveys were coded, five key themes emerged: diagnostic services, treatment compliance, lack of insurance, cultural diversity, and transportation.

Combining the surveys and the key informant interviews helped coalesce areas of common concern related to diagnostic services, treatment compliance, cost of care, the needs of culturally diverse women, and transportation to services. Insurance, education, and access to care in rural areas were areas of concern reported in the 2011 Sacramento Valley Community Profile Report.

Qualitative Data Findings

From the survey data collected in August 2014, a number of key themes emerged:

1. Diagnostic services are not widely available in the target communities.
2. Women may not comply with treatment if they have competing health concerns or trouble accessing care.
3. Women will not access services if they cannot afford them.
4. Rural communities have to serve a small number of culturally diverse women (i.e., Mexican American, Hmong, American Indian/Alaskan Native, South Asian) and need materials tailored to each cultural group

5. Women who live in rural communities may not be able to afford travel to urban areas for care.

These findings were corroborated with key informant interviews that were conducted in 2014-2015. A summary of the interviews by county follows:

Amador County

Document Review: The Amador County Assessment for 2014 was used to provide a context for qualitative analysis findings. The report reinforced the fact that Amador County has an aging, socially isolated population, with 48 percent of Amador County residents being age 50 or older. Approximately 13 percent of households live in poverty. The estimate for households without access to a vehicle is estimated at 593, with 190 of those households being located in Jackson. Amador STARS averages 550 trips to cancer treatment annually, and Common Grounds Senior Services, Inc., provides transportation for seniors to doctors' appointments as well as the grocery store, post office, and other community service providers. In 2013, 51,502 individuals received services from the Interfaith Food Bank, including 970 seniors. The food bank provides supplemental food twice a month through its main site and 15 remote sites located throughout the county.

***Sources of Key Informant Interviews*:** 1) Amador Community Foundation, 2) Amador STARS, 3) patient services representative at Sutter Health, and 4) nurse at Sutter Health.

***Findings*:** Sutter Amador Hospital is the only provider of care within a community that relies on low-wage jobs and struggles with poverty. The community is small and spread out. Almost 4,000 people come through the local food bank per month, and people commonly work three to four jobs in service related jobs to make ends meet. Every Woman Counts Program is available but is not accessed frequently. Patients who do not meet criteria for EWC, such as being under the age of 40, may have difficulty accessing services.

Although the ACA has covered more lives in California, barriers to care remain. For example, Sutter contracted with Blue Cross and not the Covered California Blue Cross product. Additionally, different insurance products exist for geographic managed care Medi-Cal, creating additional barriers to receiving services. Specialty clinics in Amador County (i.e., OB/GYN) struggle to keep up with demand. One local OB/GYN retired and sold his practice to a physician who works at Lodi Memorial Hospital, so outpatient visits are offered in Amador, but procedures are performed in Lodi. Sutter provides free mammograms for uninsured women one day a year in October. Radiation is not provided in the community, and only one local oncologist offers chemotherapy part time in the community, making transportation services critical.

The demographic characteristics of the community also affect access. Spanish-speaking women in the community have a need for interpreter services. The community also consists of an older population that is uninterested in technology, does not own a home computer, or cannot travel to the public library for free Internet access. Many elderly residents rely on public

buses, whose schedules are spread out over the day. Amador STARS drives patients to services in Sacramento, Lodi, Stockton, Roseville, Carmichael, and Rancho Cordova – generally most locations within a one-hour drive of Amador.

Community education has been a priority for Amador County but could also be enhanced by other community groups, such as First Five, which is aware of community contacts and forums for outreach and education. Currently, emphasis is on resources for early detection. Although transportation is provided for patients in treatment, reliable transportation is also needed for support groups and events organized for caregivers.

***Strengths*:** Organized transportation services for people needing care outside of the community, strong community relationships (i.e., First Five), free or low-cost mammograms for women who qualify

***Weaknesses*:** Poverty, lack of access for women with Covered California insurance that is not accepted by Sutter Hospital, lack of specialty providers, large population of older women who may need help accessing support groups and caregiver events, limited support for Spanish-speaking women

Solano County

Document Review: The Solano County Community Health Needs Assessment of 2013 was used to identify threats and opportunities to improving breast health across underserved groups of women. In the report, six zip codes in Solano County were identified as having high rates of poverty, low educational attainment, high unemployment, and high rates of being uninsured. The zip code 94590 in Vallejo has a particularly high proportion of households over age 65 living in poverty. The rate for this zip code was 13.0 percent compared to 8.7 percent for the United States. This same zip code has a high rate of families with children living in poverty – 19.5 percent vs. 15.1 percent for the United States. The Needs Assessment identified several factors that constrain women's ability to access breast health services and cancer treatment: 1) lack of access to health education, 2) limited access to follow-up treatment and specialty care, 3) lack of transportation, 4) limited access to medications and prescription drugs, and 5) lack of preventive services and community programs. Qualitative findings from focus groups associated with the Community Health Needs Assessment indicated that many families could not get refills for medications because they could not afford to see the doctor. Others compared healthcare to "a maze," and others found it difficult to obtain referrals for specialty care. All of these factors can affect women's ability to access care and stay engaged in treatment for breast cancer.

***Sources of Key Informant Interviews*:** 1) Solano Midnight Sun Foundation, 2) North Bay Cancer Center, 3) Sutter Radiation Oncology, and 4) Solano County Health and Social Services Department.

***Findings*:** The Sutter Solano Cancer Center provides free mammogram screening in October and in 2014, along with other Sutter Health facilities, reached 395 uninsured women from

Solano to Yuba to Amador counties. The Sutter Health System has four nurse navigators in the region who help patients follow up with diagnostic services and understand their insurance for the next steps in their care. The nurses combined carry a caseload of 50 to 60 patients, with about a third of those having metastatic disease. Solano Cancer Center has a strong relationship with the faith communities, particularly Reverend Carolyn Dyson, who offers a support group called Overflowing Cup. Additionally, the Sisters' Network has a local chapter to support women dealing with breast cancer.

Insured women may still have trouble accessing care. Although NorthBay Cancer Center provides the entire continuum of care from diagnosis and screening to reconstruction, support is extremely limited for women who are underinsured or uninsured. Additionally, if women start treatment being insured but lose their insurance due to changes in employment, there is no way of ensuring compliance with treatment. Although the ACA has helped by providing more insurance to women, many are coming in with later-stage cancers because they deferred screening. One 32-year-old woman paid for a mammogram out of pocket due to her age and learned that she had stage three breast cancer. The Solano Midnight Sun Foundation helps with financial support for care but only up to $5,000, which is only offered to patients who can confirm financial need. A large amount of fundraising, including a Lobster Feed, Railroad Museum tour, wine tastings, and live auctions, are used to raise funds for the foundation. Overhead is very low, and 90 percent of all funds collected go back to Solano County.

Although cancer screening programs are widely advertised in the community, little interest seems to exist in using services. The community doesn't turn out for these events, so the approach may need to be modified. People in Solano County face challenges accessing services and information based on limited health literacy, extreme poverty, support in organizing follow-up care, and competing public health problems, such as substance abuse.

NorthBay promotes an Annual Breast Cancer Day in October. Free mammogram screenings are offered as are breast care events. More information needs to be provided at the time people sign up for insurance – if patients do not have a regular care provider, they will need additional education about the services they need. Other avenues for sharing information about mammograms, health screenings, and resources available are emergency rooms and urgent care centers. Questions about access and prior healthcare utilization can be asked as part of the triage process.

Future needs include improving interpreting services, as half of clients are Spanish speaking, and providing childcare services for women with families. Wait times in county clinics can also be a barrier to establishing ongoing care. County clinics see the largest number of at-risk patients, so a stronger alliance between community care and public health is needed. Additionally, people who need advanced diagnostic procedures, such as biopsies, are unlikely to get the support they need from the Midnight Sun Foundation.

***Strengths*:** Financial support for women who are uninsured/underinsured, free mammograms in October for women who qualify, full range of breast cancer care service, strong outreach in faith-based community for Black/African-American women

***Weaknesses*:** Poverty and substance abuse in segments of the community, lack of interpreting services for Spanish speaking women, no effective means for sharing information about services at the point of care (i.e., emergency room, urgent care), community education not well received, weak link between community care and public health, women presenting with later stage breast cancers because they deferred screening

Yuba County

Document Review: The Rideout Health System Community Benefit Report, 2012-2013, was used to ascertain health priorities and resources for Yuba County. The Rideout Health System serves Yuba and Sutter counties. Income in both counties is lower and the poverty percentage higher than the state-wide average; 12.5 percent of Yuba families live below the poverty level vs. 9.8 percent for the state. Unemployment in the Sutter-Yuba region was 19.5 percent in 2010; the rate for California was 12.4 percent. In 2000, Rideout Health reported that more than 600 patients travelled outside of Yuba-Sutter each year to seek outpatient cancer treatment. Yuba County's rate of cancer deaths exceeds state and national goals for Healthy People 2010.

Rideout Health provided low-cost mammograms in October 2013 and has cancer support groups, peer navigation, and a patient resource center. The Rideout Cancer Center is affiliated with the UC Davis Cancer Care Network, which is a collaboration of hospital-based cancer centers in Northern and Central California. Through the network, the expertise of a National Cancer Institute-designated cancer center is linked to the unique insights of hospital-based community cancer centers. Oncology teams at both sites participate in collaborative care to identify the best diagnostic and treatment approaches for patients. To address the needs of a multicultural population, Rideout Health hosts a booth at the annual Punjabi Festival to reach the East Indian population with culturally appropriate education about breast cancer awareness.

***Sources of Key Informant Interviews*:** 1) Planned Parenthood, 2) Peach Tree Health (i.e., physician, chief executive officer, chief operating officer), 3) Rideout Cancer Center, and 4) Harmony Health Medical Center.

***Findings*:** Although Peach Tree Health, a federally qualified health center, has a full-time OB/GYN who has been an asset for expanding knowledge about breast health, patients are very price sensitive to mammograms and may avoid care if they cannot afford the copay. Almost 80 percent of the population lives below the federal poverty level, and 20 to 25 percent of women do not show up for their appointments at Peach Tree Health. Patients don't pay premiums or pay for missed appointments, so there are no financial disincentives for missing appointments. Many patients are Spanish speaking and lack transportation. Some walk to clinic or come on the bus. Although the ACA has helped the poorest patients, those who are most at risk for deferring care are the working poor and those who have Covered California, which tends to have large out-of-pocket deductibles. Peach Tree Health has a large number of

male providers, and specific segments of the population – Hmong and East Indian – would probably be more comfortable with female providers. These cultures also experience a bias against preventive health and feel the outcome of disease is beyond their control, thus resulting in low compliance with treatment. Harmony Health Medical Clinic also provides comprehensive primary care from cradle to grave and uses the Every Woman Counts Program to help uninsured women connect with breast care services; unfortunately, services do not exist for women who are under 40 who need screening and treatment.

Transportation for women seeking healthcare at Rideout Cancer Center is less of an issue for women who are in wheel chairs or need to use a walker because Medi-Cal reimburses for transportation. Most radiologists are located in Sutter while the hospital is located in Yuba County. This has created a care gap that needs to be closed. Specialty physicians should feel as comfortable discussing breast health for relevant populations as primary care is. Additionally, breast health should be promoted year round, not just in October.

A breast cancer survivor group has been organized by Rideout Health System and consists of 40 survivors who continue to get together once a month at a local restaurant. Free mammograms are provided over three days at Peach Tree Health in the month of October to women who cannot afford them. The Giweke Foundation pays up to $2,000 for medical bills for breast cancer patients experiencing financial hardship. Rideout Cancer Center has worked hard to connect veterans to VA services, which are well coordinated, comprehensive, and include transportation services.

Strengths: Strong primary care advocate for underinsured women, popular breast cancer support groups, financial assistance for women who need treatment, good local connections to VA system, some free services during October

Weaknesses: Cultural barriers to seeking care and complying with treatment, particularly among Hmong and East Indian Women; high levels of poverty in the community; limited patient commitment to keeping appointments; lack of integration between primary and specialty care; no resources to launch public awareness campaign or staff to support it

Specific observations were pulled from the key informant interviews to enrich the discussion of the key themes of access to diagnostic services, treatment compliance, affordability of care, and managing diverse cultural needs.

Key Insights from Racial and Ethnic Communities

From the key informant interviews related to racially and ethnically underserved populations, areas of improvement were identified and substantiated with verbatim comments from respondents. Sources of feedback included focus group participants in Stanislaus County, Auburn, and Butte County.

Treatment Compliance. Accessing all of the care that is needed for effective treatment is difficult and requires coordination and assistance getting to multiple providers for diagnostic

procedures, surgery, radiation, and chemotherapy. Women who have competing priorities at home, little knowledge of how to coordinate their care or financial barriers, may drop out of treatment before it is complete. Ensuring treatment compliance is critical and challenging in rural populations.

The following key insights were identified from focus groups and interviews:

"Fear would prevent me from getting follow up care. I wouldn't tell anyone. It's only my business." (Hispanic/Latina respondent, Stanislaus County)

"Our program at Chapa-De is designed to help serve the underserved population in the Nevada, Placer, and Sierra counties. The main thing we are focusing on is treatment compliance. A lot of our patients have problems with follow-throughs and keeping current with their healthcare." (Chapa-De, Auburn)

***Cultural Diversity*.** Although rural communities of Northern California can be sparsely populated, they may also include small but significant representation from a variety of ethnic and cultural groups who will require tailoring of appropriate health information. Some cultural groups common to the Affiliate's target communities include American Indian/Alaskan Native, Hmong, and Hispanic/Latina women. Although younger members of these ethnic groups may feel comfortable accessing and discussing information from a variety of sources, this may not be true of older women who are less acculturated and more strongly bound to their cultural traditions and beliefs. During key informant interviews, service providers at Peach Tree Health and Rideout Cancer Center said that Hispanic/Latina, Punjabi, and Hmong women were more likely to present in the healthcare system with advanced cancer due to stigma associated with illness and a lack of awareness of the importance of breast cancer screening. Additionally, these providers said that older women in these cultural groups did not understand the association between early treatment for breast cancer and better health outcomes. A related factor is the dearth of culturally appropriate educational materials available to Hmong and Punjabi women in the Marysville area.

The following key insights were identified from interviews:

"We have a huge Punjabi speaking population here and are finding that they have a hard time finding services because they don't present until they're late-stage. We've been trying to work with this population to stop this, but there is not enough education in their community about breast cancer and, at least here, there's a stigma." (Rideout Cancer Center, Marysville)

"Our goal with this project is to increase community awareness about breast cancer and to give [the Hmong] the knowledge that breast cancer does exist and that it is really serious." (Hmong Cultural Center of Butte County, Oroville)

"Culture is also a bit of a barrier. There is some distrust of modern Western medicine in our [American Indian/Alaskan Native] patients." (Chapa-De, Auburn)

Limitations

There are several limitations of note in this qualitative analysis. Collection of survey data was based on a convenience sample. Service providers attending the FY15 Grant Writing and Networking Conference responded to nine questions on successes, challenges, future priorities, and assistance needed from Komen. Although there was some overlap between respondents and the target communities of the Sacramento Valley (i.e., Solano, Yuba, and Amador counties), respondents were more likely to represent population-dense communities where staff, community partnerships, or funding already exist to improve breast cancer outreach and treatment. Additionally, survey data were collected from women attending the Solano County's Sister's Circle Brunch on June 7, 2014. Responses were gathered from 30 participants in five broad areas: barriers, community collaborations, strategies for improving knowledge/education, and needed assistance from Komen. For both the Grant Writing Conference and Sister's Circle Brunch, the survey approach was efficient for reaching a large number of stakeholders at once but it did not allow for the rich contextualization of experience that is traditionally gained through focus groups and informant interviews.

Key informant interviews were gathered over the past two years from Komen Sacramento Valley grantees and breast health community leaders. There is not a large concentration of community providers in Amador, Solano, and Yuba counties; instead, services are more likely to be concentrated in adjacent counties that have the population base to support a robust healthcare infrastructure. As such, interviews from respondents representing neighboring high-population counties have been used to extrapolate information related to the challenges and experiences of women living in the target rural counties. For example, interviewees representing Butte County (population of 222,090) have been used as a proxy for women living in Yuba County (population of 73,340). Interviewees from Sacramento (population of 1.46 million) and San Joaquin (population of 704,379) counties have been used as proxies for the women of Amador County (population of 36,519).

Summary

Despite these limitations, the analysis of the surveys and key informant interviews has yielded four areas of focus that could guide emerging relationships with Amador, Solano, and Yuba counties to improve access and service utilization for women who are beginning care for breast cancer:

1. To strengthen the care continuum for the women of Amador and Yuba counties, evaluate the feasibility of strengthening relationships with Sacramento, San Joaquin, and Butte counties for access to diagnostic services. This should include improving transportation to urban centers for care and treatment through organized shuttle service or through gas cards and vouchers.
2. Introduce care navigators in target communities to assist women with scheduling diagnostic services or treatment with different providers in the CoC.
3. Maintain information and support for Every Woman Counts; although the ACA will help many women find affordable insurance, others may forgo insurance or avoid care if the insurance premium/deductible is too high.

4. Create and market breast information that is appropriate for culturally diverse populations; community health workers who represent the population of interest may be ideal agents for providing socially acceptable outreach to women and developing culturally appropriate health education materials.

Mission Action Plan

Amador County

As reported in the Quantitative Data section of this community profile report, Amador County has an increasing trend regarding late-stage breast cancer and breast cancer death. Amador also has a proportion of women age 65 and older that is higher than the average for the Sacramento Valley Region.

Few screening and diagnostic services exist in Amador County. In fact, Sutter Women's Health Center is the only local ambulatory care provider of screening and diagnostic mammograms and comprehensive women's health services. Many women have to seek diagnostic services and treatment in Stockton, Lodi, or Sacramento, where there is an NCI-designated Comprehensive Cancer Center. For those who are too old to drive or who cannot afford a car, there is a risk of becoming noncompliant with treatment owing to the medical isolation of Amador County. Indeed, in the Amador County Assessment for 2014, it was reported that many households did not have access to a car. Some community-based organizations, such as Amador STARS, are focusing on transportation to care as a core service.

Although the ACA has covered more lives, Sutter Women's Health Center has contracted with Blue Cross and not the Covered California product. Specialty clinics in Amador County for OB/GYN struggle to keep up with demand. Free mammograms are only offered one day a year in October, and radiation services are not provided in the community.

Problem: Quantitative data revealed that Amador County has an increasing late-stage breast cancer rate and breast cancer death. Women age 65 and older need assistance accessing services outside of Amador County.

> ***Priority:*** Develop systems that allow women to access services locally, regardless of insurance status in Amador County.
>
> > *Objective #1:* By 2017, conduct a feasibility analysis on the use of telemedicine to improve access to consultations with oncologists for women who cannot easily travel to care.
> >
> > *Objective #2:* By 2018, survey Amador County women seeking services at different points in the continuum of care who are uninsured/underinsured or who cannot afford their health plan deductible. These efforts will aid in determining what barriers exist to accessing breast healthcare.
> >
> > *Objective #3:* By 2019, consult with Every Woman Counts to determine how services can be bridged for women who are insured but cannot afford services.

Yuba County

According to quantitative data, Yuba County has an increasing trend regarding late-stage breast cancer incidence and has a larger proportion of women who are below 250 percent of the poverty limit, have less than a high school education, and are unemployed relative to the Sacramento Valley Region. Very little is known about how uninsured/underinsured access care in this community. Existing programs have limited support for women under age 40.
In Yuba County, diagnostic services have to be provided through local health systems such as Sutter Medical Foundation and the Rideout Health Center. Planned Parenthood provides women's health services and Peach Tree Health provides screening mammograms with the support of a full time OB/GYN who has helped expand knowledge about breast health. Nonetheless, patients will not come for mammograms if they cannot afford the co-pay, and they will frequently miss scheduled appointments because there is no financial disincentive for doing so.

Other resources for accessing care include the Rideout Health System, which provides telemedicine consultations with cancer specialists at the UC Davis Medical Center and with whom the Sacramento Valley Affiliate may pursue a relationship that could help formerly uninsured/underinsured women access care through the ACA or Medi-Cal expansion.

Planned Parenthood Mar Monte (PPMM) was funded to refer 119 uninsured women to Radiological Associates in Sacramento for diagnostic mammograms and ultrasound and 15 women for biopsy. PPMM will also refer patients to Sutter Medical Foundation for appropriate treatment and help women access the Breast and Cervical Cancer Treatment Program so that they can take advantage of an electronic health record that tracks breast health, cancer screening, diagnostic services, and treatment. This project is specifically designed to find and treat breast cancer in women under the age of 40.

Problem: Quantitative data revealed that Yuba County has an increasing incidence of late-stage breast cancer diagnosis and a high rate of poverty.

> ***Priority:*** Develop systems that allow women to access services locally, regardless of insurance status, in Yuba County.
>
> > *Objective #1:* By 2018, complete a feasibility analysis for creating a hub for directing women to diagnostic and treatment services.
> >
> > *Objective #2:* By 2018, collaborate with healthcare providers to quantify the number of uninsured/underinsured women under age 40 who need breast cancer diagnostic and treatment services.
> >
> > *Objective #3:* By 2019, create a grant funding priority in the Komen Community Grant request for proposals for culturally adaptive programs led by women representing different racial/ethnic backgrounds that addresses barriers to treatment.

Solano County
Quantitative data indicate that Solano County has a breast cancer screening percentage that is higher than the HP2020 goals but has a decreasing trend. The decreasing trend is less than that for the Sacramento Valley Region. The proportion of Black/African-American women living in Solano County is twice as high as the proportion for the Sacramento Valley Region.

Findings from the qualitative analysis indicate that there are several zip codes in Solano County that are remarkable for their high rates of poverty, high unemployment, and high rates of being uninsured. In particular, zip code 94590 has a high proportion of households age 65 and older living in poverty as well as families with children living in poverty. The Solano County Community Needs Assessment indicated that a number of factors limit women's ability to access services, including: 1) lack of access to health education, 2) limited access to follow-up treatment and specialty care, 3) lack of transportation, 4) limited access to medications and prescription drugs, and 5) lack of preventive services. Frequently, women don't understand the services they need to access, referring healthcare to "a maze"; others experience too many barriers to obtaining referrals to specialty care. This prevents women from accessing care and staying engaged in treatment.

NorthBay Cancer Center provides the entire continuum of care from diagnosis and screening to reconstruction, but support is limited for women who are uninsured or underinsured. If women start treatment being insured but then lose their insurance due to changes in employment, there is no way to ensure compliance with treatment.

Problem: According to the Solano County Community Health Needs Assessment of 2013, geographic pockets in Solano County have high rates of poverty and unemployment and limited access to health services that could impact women's ability to access services.

> ***Priority:*** Establish infrastructure to improve breast health within the 94590 zip code and the zip codes surrounding it (i.e., 94591 and 94589).
>
> > *Objective #1:* Continue to lobby health plans, including private insurers and Covered California, for discounted cancer treatment and medications to ensure women achieve greater compliance with their cancer treatments by 2019. These efforts will benefit both Solano County and the entire Komen Sacramento Valley region.
> >
> > *Objective #2:* By 2019, create a grant funding priority in the Komen Community Grant request for proposals for breast health navigator programs, with emphasis on women age 65 and older and medically underserved women who need help accessing medical services, particularly specialist referrals.

Medically Underserved Women

Medically underserved women in the Sacramento Valley Region are more likely to be Hispanic/Latina. According to a study by Bauer et al., Hispanic/Latina women face a 23 percent increased risk of triple-negative breast cancers, meaning negative for estrogen receptor, progesterone receptor, and/or the human epidermal growth factor receptor 2/neu marker. Targeted triple negative treatments do not kill cancer cells that have spread from the original site. Black/African-American women under age 50 are also vulnerable to triple-negative breast cancers. Lastly, Asian and Pacific Islander (API) women born outside of the United States have higher death relative to API born in the United States perhaps due to beliefs and behaviors about health.

Hispanic/Latina and Black/African-American women may need screening prior to the age of 50 despite recommendations of the US Preventative Services Task Force, which advises biennial screening starting at age 50. Special concerns relate to treatment compliance and education about treatment options. Uninsured undocumented women will still need access to the National Breast and Cervical Cancer Early Detection Program, and the Affordable Care Act will need to ensure that its population health goals address the needs of younger women who are diagnosed with breast cancer.

Lastly, because Black/African-American, Hispanic/Latina, and some Asian women represent a variety of complex and diverse cultures, health education needs to be tailored to help them understand the significance of cancer screening and seek and adhere to treatment when breast cancer is diagnosed. Although younger members of these ethnic groups may feel comfortable accessing and discussing information from a variety of sources, this may not be true of older women who are less acculturated and more strongly bound to their cultural traditions and beliefs. Representatives of the Hmong Cultural Center of Butte County and Peach Tree Health emphasized the importance of culturally tailored education in their assessment of needed community resources.

Problem: Medically underserved women experience barriers to breast care services at the younger and older ends of the age spectrum. Women under age 50 are disproportionately affected by triple negative breast cancers, which carry a poor prognosis.

> ***Priority:*** By 2017, complete an assessment of educational resources regarding triple-negative breast cancers and identify six outlets for delivering education to Hispanic/Latina and Black/African-American women who are potentially at risk.
>
> > *Objective #1:* Continue to advocate for public funding of breast cancer screening, diagnosis, and treatment for medically underserved women under age 50 through 2019.
> >
> > *Objective #2:* By 2019, create a grant funding priority in the Komen Community Grant request for proposals to implement a community education pilot that explores different approaches to informing Hmong and/or South Asian women

(i.e., Punjabi) over age 65 about breast cancer, the importance of screening, and approaches for improving treatment compliance among women with low health literacy.

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