

Health Systems and Public Policy Analysis

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 1) that shows how a woman typically moves through the health care 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.

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

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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.

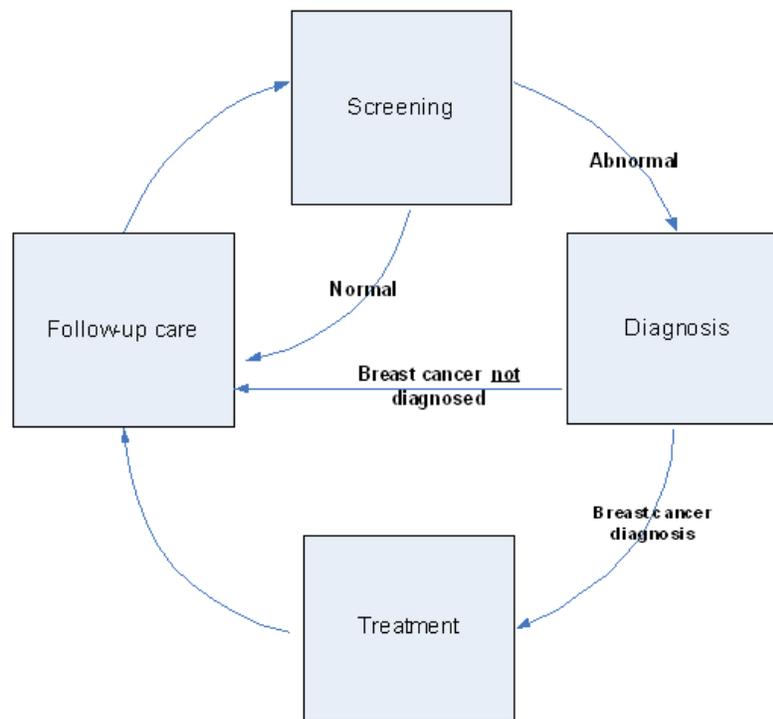


Figure 1. Breast Cancer Continuum of Care

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

Despite being the largest community in Amador County, Jackson, CA, provides limited local breast health care. 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:

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- *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.

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:

- *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 is 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 African American Women for Breast Health Care Access*, which is a new initiative focusing on the high mortality rate of breast cancer among 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 African-American women.

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

Given the high poverty and low socioeconomic status of Yuba County residents, a modest health care safety net exists to provide free or discounted health services. 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.

Medically underserved Women of the Sacramento Valley Affiliate: This population includes African American, Hispanic, 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 because they live in rural areas.

African-American and Hispanic 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 and 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 AAPI 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 health care practices.

Given this profile of medically underserved women in the service area of the Sacramento Valley Affiliate, 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, 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 1).

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Table 1. Summary of Health System Analysis

Priority County	Strengths	Weaknesses
Amador	<ul style="list-style-type: none"> Several community resources are available for helping women with support services, including <i>transportation for treatment</i> in urban centers outside of Jackson, CA. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Services provided in Solano County cover the <i>breast cancer continuum</i>. 	<ul style="list-style-type: none"> Solano County encompasses a large area with a racially diverse patient population that may experience <i>cultural barriers to accessing services</i>.
Yuba	<ul style="list-style-type: none"> Rideout Health System has a <i>regional affiliation with the UC Davis Health System</i> 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 <i>direct financial assistance</i> to cover treatment-related costs. 	<ul style="list-style-type: none"> Yuba County has a high proportion of residents living in poverty; little is known about <i>how uninsured or underinsured women access care in this community</i>.
Medically Underserved Women	<ul style="list-style-type: none"> The Hmong Cultural Center of Butte County has recognized the importance of <i>tailored education</i> for Hmong women. California Health Collaborative provides some <i>financial assistance</i> to help patients comply with treatment. 	<ul style="list-style-type: none"> <i>Education for South Asian women</i> is lacking. <i>Screening for women under age 50</i> is not widely available, which potentially causes African-American and Hispanic women to suffer disproportionately from late-stage breast cancers. For women in high-deductible health plans, breast cancer screening and <i>treatment may still be unaffordable</i>.

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

The Sacramento Valley Affiliate 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 the Mar Monte Planned Parenthood Clinic 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 5 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 5 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.

The Sacramento Valley Affiliate 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 Sacramento 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 the Sacramento Valley Affiliate. Their programs and resources are described below:

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- *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 African American Women for Breast Health Care 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 mortality seen in African-American women. The Sacramento Valley Affiliate will address breast cancer disparities among 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 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 African Americans.
- The *Sutter and Kaiser Permanente health systems* are currently an untapped resource for the Sacramento Valley Affiliate. 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 Health Care 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 women 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

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(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).

The Sacramento Valley Affiliate 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

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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 health care marketplace was established to help Californians choose affordable and quality health care. 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 7 million, California's uninsured population is greater than that of any other state (California Health Care 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 3 million) will remain uninsured in California (California Health Care 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 Health Care 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 Health Care 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 1 to 2 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 health care marketplace, a lot remains unknown in terms of access and utilization. Some have expressed concerns about the availability of health care 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 health care delivery (Health Resources and Services Administration, 2014).

For the Sacramento Valley Affiliate, 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

The Sacramento Valley Affiliate has adopted the public policy priorities established by Komen Headquarters for 2014:

1. Protecting federal and state funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), to ensure all women have access to potentially lifesaving breast cancer screening;
2. Ensuring continued federal investment in cancer research through the National Institutes of Health (NIH), National Cancer Institute (NCI) and Department of Defense (DOD), to discover and deliver the cures;
3. Requiring insurance companies to provide coverage for oral anti-cancer drugs on a basis that is no less favorable than what's already provided for intravenously administered chemotherapy, to protect patients from high out-of-pocket costs; and
4. Expanding Medicaid coverage to ensure the availability of the full-range of breast health services to low-income women, including cancer screening, diagnostics and treatment.

The Sacramento Valley Affiliate is actively involved in Public Policy activities at the state and local level and currently leads the Komen California Policy Collaborative Public Policy Committee (KCCPPC). The Sacramento Valley 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. The Sacramento Valley Affiliate also works closely with our health care providers—safety net providers, hospitals, and health systems—to identify changes in services that may impact access to care for local residents. The Sacramento Valley Affiliate will continue to work with the KCCPPC as well as other local health care partners to ensure quality access to information and services for breast health.

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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 Sacramento Valley 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 Sacramento Valley 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 Health System 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 African-American women.

To address cancer care in these diverse communities, the Sacramento Valley Affiliate 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 the Sacramento Valley Affiliate'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 the Sacramento Valley Affiliate to assess care gaps and resources needed by socioeconomically disadvantaged women and women representing underserved racial groups, specifically African-American women.

The Sacramento Valley Affiliate 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.

The Sacramento Valley Affiliate 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, the Sacramento Valley Affiliate will engage in advocacy work focused on expanding federal funding for breast cancer research and will work with policy makers in Sacramento and Washington to ensure high priority cancer issues, such

as controlling the costs of oral chemotherapy agents, receive the attention they deserve from elected representatives.