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COMMUNITY PROFILE REPORT 2015

SUSAN G. KOMEN®
LOS ANGELES COUNTY

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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® Los Angeles County would like to thank the members of the Community Profile Team, Board of Directors, volunteers, and researchers who participated in the development of this Community Profile.

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Executive Summary

Introduction to the Community Profile Report

Susan G. Komen® Los Angeles County was founded in 1996. Since that time, Komen® Los Angeles County has raised over $10 million to support local breast health programs through community grants program. Since the last community profile in 2011, the Affiliate invested over $1,145,350 in community grants to Los Angeles County hospitals, clinics and non-profit community organizations. In addition to the grants program, the Affiliate offers trainings and leads education and information seminars about breast health, screening and early detection to the community. Komen Los Angeles County has six full time employees and engages consultants as needed (Figure 1). The Affiliate has a ten member Board of Directors and over 250 registered volunteers, including public health interns.

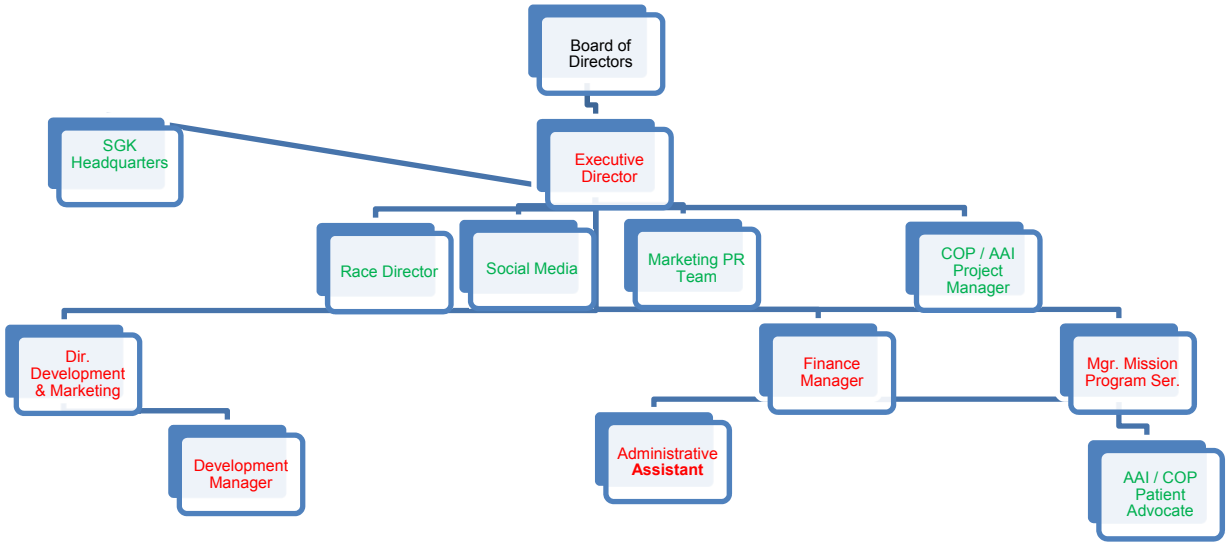

Figure 1. Komen Los Angeles organizational structure

Statistic and Demographic Review

The most current demographics and breast cancer data in Los Angeles was derived from the following data resources: The U.S Census Bureau; Los Angeles County Department of Public Health (DPH); Office of Health Assessment and Epidemiology; Linked 2009 California DPH Death Statistics Master File for Los Angeles County Residence; 2009 California Health Interview Survey (CHIS); Surveillance, Epidemiology and Results (SEER) Program; 2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, 2014 Susan G Komen Los Angeles County Key Informant Interviews and the 2015 Susan G Komen Los Angeles County Community Surveys.

Purpose of the Report and Methodology

The purpose of the Community Profile is to present an overview of the state of breast cancer in Los Angeles County, and to provide a road map for granting priorities, program planning and

service delivery for the Affiliate and for the entire Los Angeles County breast health and breast cancer community.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Los Angeles County is home to approximately 10,116,705 people according to the US Census Bureau, making it the most populated county in the nation. LA County is divided into eight Service Planning Areas (SPA's) that help health care professionals distinguish between the different health needs and services of that region (Figure 2). These SPA's include SPA 1-Antelope Valley, SPA 2-San Fernando Valley , SPA 3-San Gabriel Valley, SPA 4-Metro LA, SPA 5-West LA, SPA 6-South LA, SPA East LA and finally SPA 8 -South Bay.

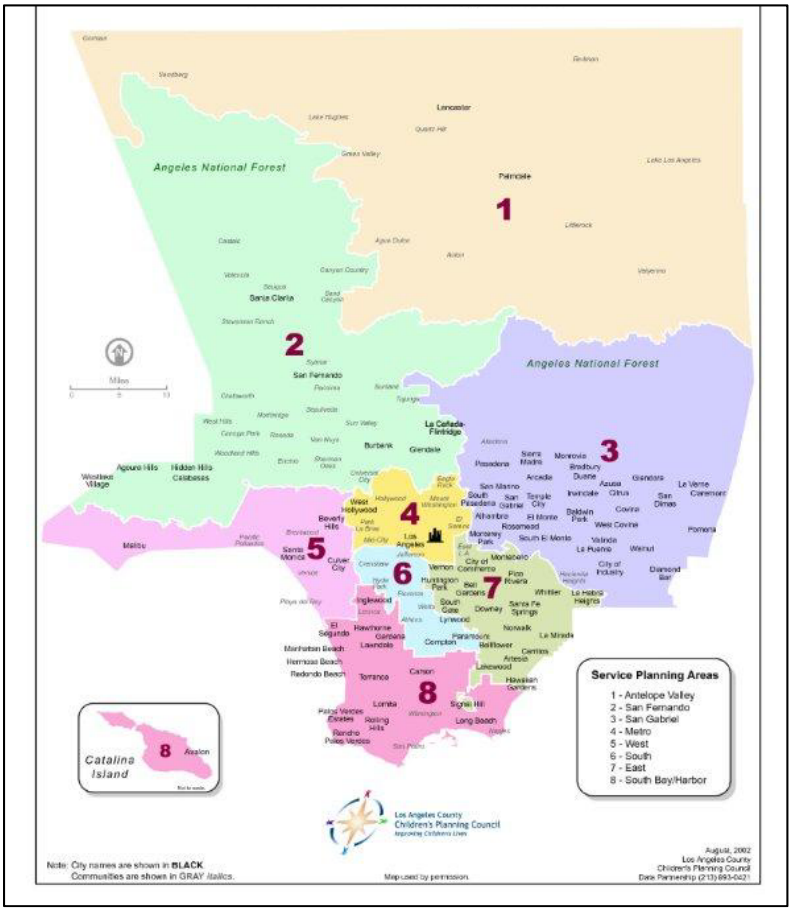

Figure 2. Los Angeles County Service Planning Areas

Los Angeles County is comprised of an extremely diverse population with many cultures and ethnicities. Nearly 50 percent of the entire population of LA County is Hispanic/Latino. SPA's 7, 6 and 4 have even higher Hispanic/Latino populations at over 50 percent and the smallest white population at less than 25 percent. SPA 6 has the largest proportion of Black/African-Americans at 25.9 percent. SPA 5 has a Hispanic/Latino population of less than 20 percent and has a much larger white population than the rest of the county at 61.5 percent. English was not the primary language spoken at home for 56.8 percent adults in Los Angeles County and 35.1

percent of adults were born outside of the US. SPA 5 also has the smallest proportion of people over 40 at 36 percent. SPA 4 has the highest percentage of those over 40 years of age at 52.6 percent. SPA 5 has the highest percentage of those who did not graduate high school, those living in poverty, those that are unemployed, those that are uninsured and those that do not mostly speak English in the home. SPA 6 has the largest percentage of those that did not graduate high school, of those living in poverty, of those that do not speak English at home and those that are uninsured.

On average, there are over 1,000 breast cancer deaths a year in Los Angeles County. This equates to 21.3 deaths per 100,000 females in LA County as a whole. Although breast cancer deaths are evident throughout the county, there are variations of breast cancer death rates between SPA's. Breast cancer death rates in SPA 6 and 8 are subsequently higher than of LA County as a whole. SPA 6 has the highest breast cancer death rate at 28.5 deaths per every 100,000 females followed by SPA 8 with 23.3 deaths per 100,000 females. Breast cancer rates in SPA 2 and 4 are subsequently lower than in LA County as a whole. SPA 4 has the lowest breast cancer death rate at 14.6 deaths per every 100,000 females followed by SPA 2 with 19.2 deaths per every 100,000 females. On average, there are over 13,000 years of potential life lost (YPLL) to breast cancer in LA County every year. SPA's 2, 3 and 8 have the largest YPPL. SPA 2 sees a total of 3,014.4 YYPL annually followed by SPA 3 at 2,392.2 YPPL.

One of the most effective ways of decreasing breast cancer death rates in LA County is to promote early detection and breast cancer screenings for women over 40 years of age. In LA County, far more woman have received a mammogram in the last two years than not. 80 percent of women over 40 in LA County have received a mammogram in the last two years while 8.6 percent had never had a mammogram in their life. No SPA's breast cancer screening percentage was significantly higher or lower than that of the county as a whole. SPA 5 had the best screening record with the largest percentage of women receiving mammograms at 83.8 percent and the smallest percentage of women never having a mammogram at 4.3 percent. SPA 4 had the worst screening record with the smallest percentage of women receiving mammograms in the last two years at 69.5 percent and the largest percentage of woman who received a mammogram over two years ago at 19.6 percent. Women in SPA 3 were most likely to have never had a mammogram at 11.5 percent. The main reason indicated by women for not receiving a mammogram was the expense of the mammogram or not having insurance. This supports the need for education and awareness of programs that have no cost. 40 percent of women stated their reason for not receiving a mammogram in the last two years as "other".

Selection of Target Population

The target communities that were selected by Komen Los Angeles County to focus their breast health efforts on are as follows:

- SPA 4- Metro LA
- SPA 6- South LA

Reason for SPA 4- Metro LA Selection:

- High rate of late-stage breast cancer diagnosis

- Poor breast cancer screening record
- Large proportion of Hispanic/Latinos, Black/African-Americans and Asians
- Large proportion of older residents
- Poor socio- economic indicators including education, poverty and lack of insurance

Reason for SPA 6- South LA Selection:

- High breast cancer death rates
- Poor breast cancer screening record
- Large proportion of Black/African-Americans and Hispanic/Latinos
- Poor socio-economic indicators including education, poverty and lack of insurance

Health Systems and Public Policy Analysis

Continuum of Care

Los Angeles County has a number of health care providers across the continuum of care. Many health organizations in LA County provide breast screening, diagnostic and treatment services. LA County has 178 providers that are a part of Every Woman Counts Network (EWC) providing screening services to uninsured or underinsured women. The county has 50 organizations that provide treatment services with many community based organizations providing support, navigation and diagnostic services. The county prides itself on providing high quality care, ensuring that their health care providers and health care worker are educated, qualified, licensed and board certified.

SPA 4 Continuum of Care

SPA 4 is home to numerous screening sights. It has more health organizations per capita than the rest of LA County. There are 27 FDA approved mammogram sites and 38 EWC providers. SPA 2 has 122 organizations supplying screening services, 75 community health centers, 18 hospitals, 12 Title X centers and 19 support and survivorship organizations. Although SPA 4 contains a number of facilities providing breast screenings and other diagnostic services, many free or low cost, there still exists high rates of late-stage diagnosis and poor breast screenings records for this area. Individuals are not utilizing the services being provided in SPA 4 indicating barriers to receiving services other than lack of resources. These barriers may include a lack of knowledge of the availability of these services as well as a lack of education on the importance of breast health.

SPA 6 Continuum of Care

SPA 6 has a reasonable number of organizations providing screening services. It has more organizations providing screening services per capita than LA County as a whole. Although SPA 6 has an adequate number of breast screening services, there is concern over the quality of these sites. There are far fewer FDA approved mammogram sites per capita in SPA 6 than in LA County. There are also too few diagnostic and treatment services with fewer hospitals providing diagnostic and treatment services per capita than the rest of the county. In fact, there is not one organization in SPA 6 that provides breast cancer treatment. Not one of the

diagnostic, treatment or screening organizations is accredited. This area also contains very few support services and only three culturally tailored support groups throughout the entire SPA.

Public Policy Implications

The introduction of the Affordable Care Act (ACA) as well as Covered California in 2010 aimed to bridge the gap between the uninsured and access to affordable, quality health care. Medi-Cal also extended their coverage program to include those individuals at lower levels of the poverty line. As a result of this increase in the health market, the percent of those without health insurance in California was cut in half. The State of California had the highest expansion of coverage in the nation. Although the number of insured California residents rose dramatically, there was still concern for those who may still be slipping through the cracks. California has the greatest number of uninsured individuals in the nation with seven million uninsured. A number of people still found themselves without coverage due to things like the expense and not qualifying for coverage because of their undocumented status. Access and utilization of care was also an issue. The availability of services or resources does not always equate to the utilization of those services. There was also concern about the availability of health care providers and health care workers because of the rapid growth of those who were receiving coverage and needed to be seen.

The Affiliate hopes to see an increase in collaboration and partnerships between providers to ensure that the needs of this new health care delivery system are met. The Affiliate plans on continuing to stay on top of public policy activities to learn best practices and lessons learned about breast health to educate providers and other health care workers in the target communities.

Conclusion

SPA 6 and 4 have very similar breast health outcomes. Both had high rates if late-stage diagnosis as well as low screening percentages. Although their health outcomes resemble one another, they have very different health care systems. SPA 4 has numerous services across the continuum of care while SPA 6 has very few services and zero treatment resources. Access to breast health services may be a motivating factor in SPA 6 due to the lack of organizations, hospitals, clinics and other health facilities' ability to provide available services. Because the Affiliate is seeing similar health outcomes in SPA 4 even though they have an abundance of services throughout the area, the assumption is that there is something else besides access that is a motivating factor for poor screening results, perhaps education or knowledge of those available resources.

Efforts in SPA 4 will focus on outreach and educating community members about the availability and utilization of their services. SPA 6 will focus on offering more diagnostic and treatment services for their community members. Although there are more individuals with health care coverage in California than ever before, there are still women left without coverage or who do not utilize the services provided for them. The Affiliate responsibility is to then understand why these disparities exist and use those findings to change the health outcomes of those most effected by breast cancer in the target communities.

Qualitative Data: Ensuring Community Input

To better understand the strengths, challenges and opportunities to improve breast health outcomes, Susan G Komen Los Angeles (SGKLA) collected qualitative data from health care providers as well as community members. The data was then collected and analyzed using HARC, a community based health and wellness research system. SGKLA chose to collect their findings using Key Informant interviews and Surveys. A total of 12 health care provider interviews were conducted and a total of 116 community surveys were collected.
Key informant interviews noted the abundance of barriers facing target populations seeking breast health resources, especially access to care and knowledge. Noted was the fear and confusion many individuals from target populations have about the health care system. These individuals often lack breast health education and are not aware of the importance of screenings. They do not have access to care, do not know where to attain care and do not know who in the community to turn to for answers. Key informants also emphasized the need for outreach efforts and how these need to be culturally tailored. They noted that ethnic minorities, who have higher instances of breast cancer rates than their White counterparts, need to feel comfortable seeking care.

Survey respondents from the community emphasized the need for better access to care. Barriers like transportation, lack of availability of services in their communities and the availability of these services on the weekends was noted by numerous respondents. Closer proximity of those services and better transportation were noted by many. Additionally, fear was also noted as a barrier to care. Individuals in the target population identified fears of over diagnosis and deportation as barriers to seeking care. Also mentioned was the fact that immigrants and those who are low income are less likely to receive screenings. Another consistent theme was the lack of breast health knowledge and where to find resources and receive services. Survivors also noted challenges during their diagnosis including fear, loneliness and lack of information. These challenges stressed the need for support services.

Conclusion

Access to care and knowledge of available resources seems to be common barriers noted by community members as well as health care professionals. Not only are individuals finding it difficult to seek out resources, they often do not have the means to access those resources. Outreach that targets those high risk communities may help to lessen the burden of these individuals seeking resources on their own. Providing access to services that are readily available as well as culturally competent may help to reduce the fear and mistrust expressed by many ethnic minorities regarding health care providers. Overall, the findings from the community highlighted the need for better access to health care and knowledge of not only breast health and its importance, but of how and where to receive services.

Mission Action Plan

Susan G. Komen Los Angeles intends to continue focusing efforts on increasing access to each phase of the continuum of care, and partnering with breast health leaders in LA County (hospitals, clinics, and community-based organizations) to help patients navigate the health care system. The ultimate goal of these efforts is to improve breast cancer outcomes, reduce health disparities in Black/African-American women and overall breast cancer death.
Based on results from this Community Profile, an action plan with four (4) priorities was developed for the next two years. The timeline to complete the four priorities will be April 1, 2015 to March 31, 2017.

PRIORITY 1- **Increase the number of breast health resources, screening, diagnostic and treatment services for those uninsured and underserved living in the target communities of Los Angeles County.**

- *Objective 1: By May 2017, fund a minimum of 15 Community Grant Programs to increase diagnostic services, patients' navigation and social support outreach.*

- *Objective 2: By May 2017, require that all Community Grant Program grantees make collaborative partnerships to fulfill the continuum of care cycle for patients.*

PRIORITY 2- Increase the education of breast health services to reduce cultural competency barriers amongst underserved and uninsured Black/African-American and Hispanic/Latina women in the target communities of Los Angeles County.

- *Objective 1: By the end of July 2016, host a minimum of two (2) training workshops focused on breast health and cultural awareness for new Unidas en Rosa Ambassadors who are willing to be community champions, and breast health advocates (Promotoras)*

- *Objective 2: By March 31, 2017, Establish a minimum of 20 new partnerships with community or faith-based organizations in Los Angeles Country Service Planning (SPA) areas 4 (Metro LA) , 6 (South Central LA) and 8 (Greater Long Beach) to increase culturally competent messaging, provider competency, community knowledge, and Susan G. Komen breast health screening recommendations.*

- *Objective 3: By August 2016, refine and expand the "Train-the-Trainer" curriculum for a minimum of 50 Black/African-American female Ambassadors to promote mammography screenings in the Black/African-American community.*

- *Objective 4: By Dec. 2017, seek to decrease late screening and death rates by increasing funding of programs that provide comprehensive case management/patient navigation services for organizations that serve Black/African-American women.*

PRIORITY 3- Build community partnerships to increase access to the continuum of breast care and patient navigation within the selected target communities.

- *Objective 1: By May 2017, Establish partnerships and develop a minimum of 20 written Memorandum of Understanding. (MOU) or contracts with local community organizations, Affiliate grantees and health systems to create continuity between referral, screening, diagnosis and treatment throughout the Los Angeles County service area.*

- *Objective 2: By May 2017, convene one (1) meeting of current and past Affiliate funded grantees and other stakeholders to discuss best practices for breast health services and access to care.*

PRIORITY 4- Build volunteer capacity and organizational support in Los Angeles County Service Planning Areas (SPA).

- *Objective 1: By March 2017, increase the number of community volunteers to support the implementation of 2015 Community Profile Mission Initiatives by 35 percent.*

- *Objective 2: By April 2018, increase the number of Komen Community Grants that show measureable impact within a 12-24 month period.*

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

Introduction

Affiliate History

It all started with a promise. In 1980, Susan G. Komen fought breast cancer with her heart, body and soul. Throughout her diagnosis, treatments, and endless days in the hospital, Susan spent her time thinking of ways to make life better for other women battling breast cancer instead of worrying about her own situation. Moved by Susan's compassion for others and commitment to making a difference, Nancy G. Brinker promised her sister Susan that she would do everything in her power to end breast cancer. Though Susan lost her battle with the disease, her legacy lives on through the work of Susan G. Komen®, the organization Nancy started in her honor.

In 1982, that promise became the Susan G. Komen organization and the beginning of a global movement. What was started with $200 and a shoebox full of potential donor names has now grown into the world's largest nonprofit source of funding for the fight against breast cancer. To date, Susan G. Komen has invested more than $2.5 billion in groundbreaking research, community health outreach, advocacy and programs in more than 30 countries. Komen's promise is to: *save lives and end breast cancer* forever by empowering people, ensuring quality care for all and energizing science to find the cures. Across the country, that promise is upheld by a network of over 100 local Affiliate offices.

At the heart of each Affiliate is a person or group of people who, like Susan G. Komen, wanted to make a difference. On February 18, 1996, the first Susan G. Komen Race for the Cure® was held in Los Angeles County. Over 4,000 people participated in that first Race for the Cure. In July of 1996, the Komen Los Angeles County chapter was incorporated as a Komen Affiliate. Over the past fifteen years, Komen Los Angeles County has raised over $8.9 million to provide community-based grants to local organizations that provide breast cancer education and outreach, diagnostic services and supportive services. The Affiliate raises funds through events such as the Susan G. Komen Los Angeles Race for the Cure. Twenty-five percent of the funds raised in Los Angeles County are allocated to fund national breast cancer research programs. A major focus of Komen Los Angeles County is to help uninsured and underinsured women and men who have symptoms of breast cancer and are facing barriers to accessing health care, particularly women and men under 40.

During 2013-2014, Komen Los Angeles County awarded over $295,205.00 to fund twelve (12) grantee organizations to conduct community screening, diagnostic, treatment, and education services. During 2014-2015, the Affiliate invested over $334,541.00 in community grants to fourteen (14) Los Angeles County hospitals, clinics and non-profit community organizations. In addition to providing community grants, the Affiliate also engages in targeted education and outreach initiatives throughout Los Angeles County.

For example, the Affiliate organized an educational campaign through a faith-based initiative focused on three priority populations: Black/African-American women, Hispanic/Latina women and survivors of metastatic breast cancer:

- *Circle of Promise (COP).* Circle of Promise is a breast cancer resource and awareness program that further engages Black/African-American women and men in the fight against breast cancer. Collectively, initiatives under Circle of Promise seek to motivate and empower the Black/African-American community by mobilizing women and men to get active about their breast health and involved in the larger community, encouraging others to do the same. The initiative – the first of its kind in California – will enable Komen to coordinate and deliver the following program elements: community organizing, direct education, screening and navigation services and awareness. Komen Los Angeles County is proud to be a part of the Susan G. Komen California statewide Circle of Promise Initiative to address the breast health care disparities among Black/African-American women. Breast cancer is the most common cancer in this community. While incidence rates are lower, Black/African-American women suffer significantly higher death rates; 41 percent higher than their White counterparts. Komen LA County, together with six other Affiliates in California (San Francisco Bay Area, Sacramento Valley, Central Valley, Orange County, the Inland Empire and San Diego County) is working to address breast cancer disparities at both the system and individual levels. The California statewide initiative is made possible in part by a grant from the Anthem Blue Cross Foundation, LLC. The initiative enables Komen LA County to coordinate and deliver partnerships and resources that assist Black/African-American women most in need.

- *Worship in Pink (WIP).* Worship in Pink is a collaborative effort between local faith-based organizations and Susan G. Komen Los Angeles County. The goal of the program is to increase awareness and educate the community about breast health through Black/African-American churches. Faith-based organizations choose representatives to be “Worship in Pink Ambassadors.” These Faith-Based Breast Health Ambassadors attend a train-the-trainer session, receive a certificate of completion and then organize a breast health awareness event at their host faith-based organizations during Breast Cancer Action Month each October. WIP provides them with tools, information, and resources at the trainings. In 2014, 66 Worship in Pink Ambassadors were trained to host an event; 5,000 people received breast health through Ambassador hosted events and 30 Worship in Pink events were hosted at over 20 faith-based organizations.

- *Unidas en Rosa (Latina Breast Health Outreach).* Hispanics/Latinas living in Los Angeles County have lower rates of mammography than other women, which may contribute to this group’s higher than average breast cancer death rate (17.1 deaths per 100,000 cases). In efforts to address this disparity, Komen Los Angeles County implemented Unidas en Rosa –a culturally competent outreach and education program created to motivate Hispanics/Latinas to seek breast health information and screening services in order to reduce late-stage diagnosis. Unidas en Rosa served as an

expansion of a pilot program originally conducted and evaluated in 2012 known as the Downtown Los Angeles Latina Breast Health Program. Since 2012, the Downtown Los Angeles Latina Breast Health Program has expanded to Unidas en Rosa and consisted of three community education and outreach components for cancer prevention and early detection: 1) culturally-sensitive, faith-based education sessions; 2) a train-the-trainer program educating Promotoras in health communication and breast health basics; and 3) Promotora-hosted breast health events in Los Angeles County. The Latina Health Initiative delivers breast health information throughout Los Angeles County. Through outreach at health education events, Hispanic/Latina women are recruited to attend more focused breast cancer education sessions. Last year in 2014, more than 200 Hispanic/Latina women received breast health education and 110 women were navigated to breast health services.

- *Metastatic Breast Cancer Initiative (MBC).* Metastatic breast cancer (also called stage IV or advanced breast cancer) has spread beyond the breast to other organs in the body. Although metastatic breast cancer has spread to another part of the body, it is still considered and treated as breast cancer. Some women have metastatic breast cancer when they are first diagnosed, but this is not common in the United States (five percent of diagnoses). Most women with metastatic cancer develop it when the cancer returns at some point after their initial breast cancer diagnosis and treatment. With an estimated 150,000 women currently living with metastatic breast cancer in the United States, Komen LA County has been dedicated to understanding and addressing the needs of this growing group. Since 2013, Komen LA County has hosted a series of educational events called Living with Metastatic Breast Cancer. The series is an annual event that provides a forum for much needed discussion to address metastatic breast cancer subtypes, treatment options, current research, clinical trials, supportive care and, access to care, nutrition, how to navigate the system from an advocate/patient perspective; and work/disability/finances.

Affiliate Organizational Structure

Komen Los Angeles County is staffed by six full time employees and is supported by a board of nine (9) active directors, volunteer committees (including Race for the Cure, Public Policy, Grants, Volunteers, Outreach and Education, Marketing and Communication, and Fundraising), and over 249 registered volunteers (Figure 1.1). The Affiliate also hosts a robust public health internship program for undergraduates and graduate students. The Affiliate newsletter is distributed to almost 40,500 individuals in Los Angeles County, annually.

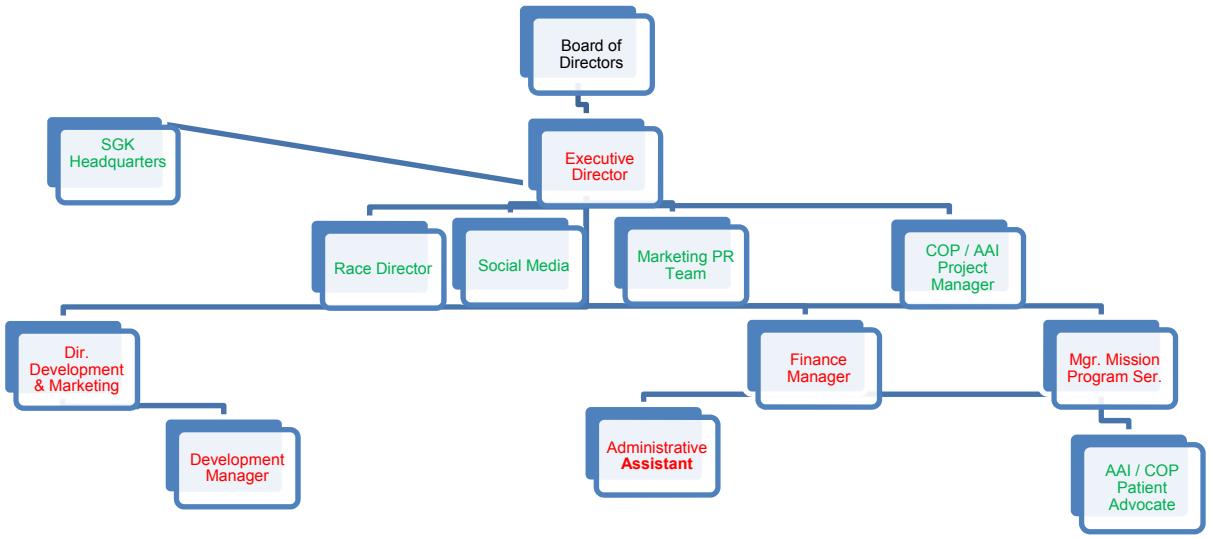

Figure 1.1. Komen Los Angeles organizational structure

Affiliate Service Area

Due to the large size of LA County (4,300 square miles), the Los Angeles Department of Public Health has divided the county into eight geographic Service Planning Areas (SPA) areas. These distinct regions allow the Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. Currently, Los Angeles County has 88 incorporated cities and many unincorporated areas; however the City of Long Beach and the City of Pasadena are not served by the Los Angeles County Department of Public Health, as each of these cities has its own health department.

The Los Angeles County Department of Public Health divides Los Angeles County into eight geographic Service Planning Areas (SPAs). The Affiliate has utilized these SPAs and the research that has been conducted on these SPAs, to guide grantmaking and other education and outreach efforts: SPA 1 – Antelope Valley; SPA 2 – San Fernando Valley; SPA 3 – San Gabriel Valley; SPA 4 – Metro Los Angeles; SPA 5 – West Los Angeles; SPA 6 – South Los Angeles; SPA 7 – East Los Angeles; SPA 8 – South Bay (Figure 1.2).

With an estimated 10,017,068 residents, Los Angeles County is the most populous county in California and in the United States. While such rapidly growing counties boosted their populations by four percent or more, Los Angeles County grew less than 0.7 percent in population between July 2012 and July 2013, according to the new estimates by the newly released US Census Bureau reports.

Females represent 50.7 percent of the population and 49.3 percent is male. Los Angeles County has an extremely diverse population; the race and ethnicity breakdown for adults in Los Angeles County is as follows: 41.7 percent are non-Latino White, of which, 71.5 percent reported only one race; 48.3 percent are Hispanic/Latino; 9.2 percent are Black/African-American; 1.5 percent are American Indian/Alaska Native; 14.6 percent are Asian; and 0.4 percent are Native Hawaiian/Other Pacific Islander. Only 2.9 percent identified themselves as having two or more races. According to the U.S. Bureau of Labor Statistics, the unemployment percentage in Los Angeles County was 13.2 percent in July 2011, a slight rise from 2010, when it was 12.7 percent. The state of California has the fifth highest percentage of unemployment in the country, with an unemployment percentage of 6.9 percent as of December 2014. While this percentage is still higher than the U.S. national average of 5.6 percent, the percentage has declined from 13.2 percent in 2011.

In California, Los Angeles County has the largest total number of uninsured residents, with 2.2 million nonelderly adults and children with no health insurance.

Furthermore, over 30 percent of those uninsured remain at or below 200 percent of the Federal Poverty Level (FPL). Often, loss of employment means loss in health benefits, which can seriously undermine the wellbeing of Los Angeles County residents. Although Los Angeles County provides some programs and services to uninsured individuals, many are unaware of these services and thus, outreach and education is needed to spread the word about how to access existing resources.

With the implementation of the Patient Protection and Affordable Care Act of 2010 (ACA), the numbers of uninsured residents in California will be reduced, although a substantial number will be left behind. However in 2012, California had greatest number of uninsured residents of any state, seven million, and the seventh largest percentage of uninsured under 65 in the country. Many of the state's uninsured are employed, however the percentage of residents who receive coverage through their jobs has declined dramatically, dropping from 63 percent in 1988 to 54 percent in 2012. While public insurance has mostly offset this gap, one in five remains uninsured.

Despite high numbers of uninsured individuals and continued presence of language and access to care barriers, Los Angeles County is a county rich with health care resources. Los Angeles County is home to three National Cancer Institute-designated Comprehensive Cancer Centers: The City of Hope Cancer Research and Hospital Center; the University of California at Los Angeles Jonsson Comprehensive Cancer Center; and the USC/Norris Comprehensive Cancer Center. In addition, there are American College of Surgeons-designated cancer centers, community cancer centers and community clinics providing care to people in Los Angeles County.

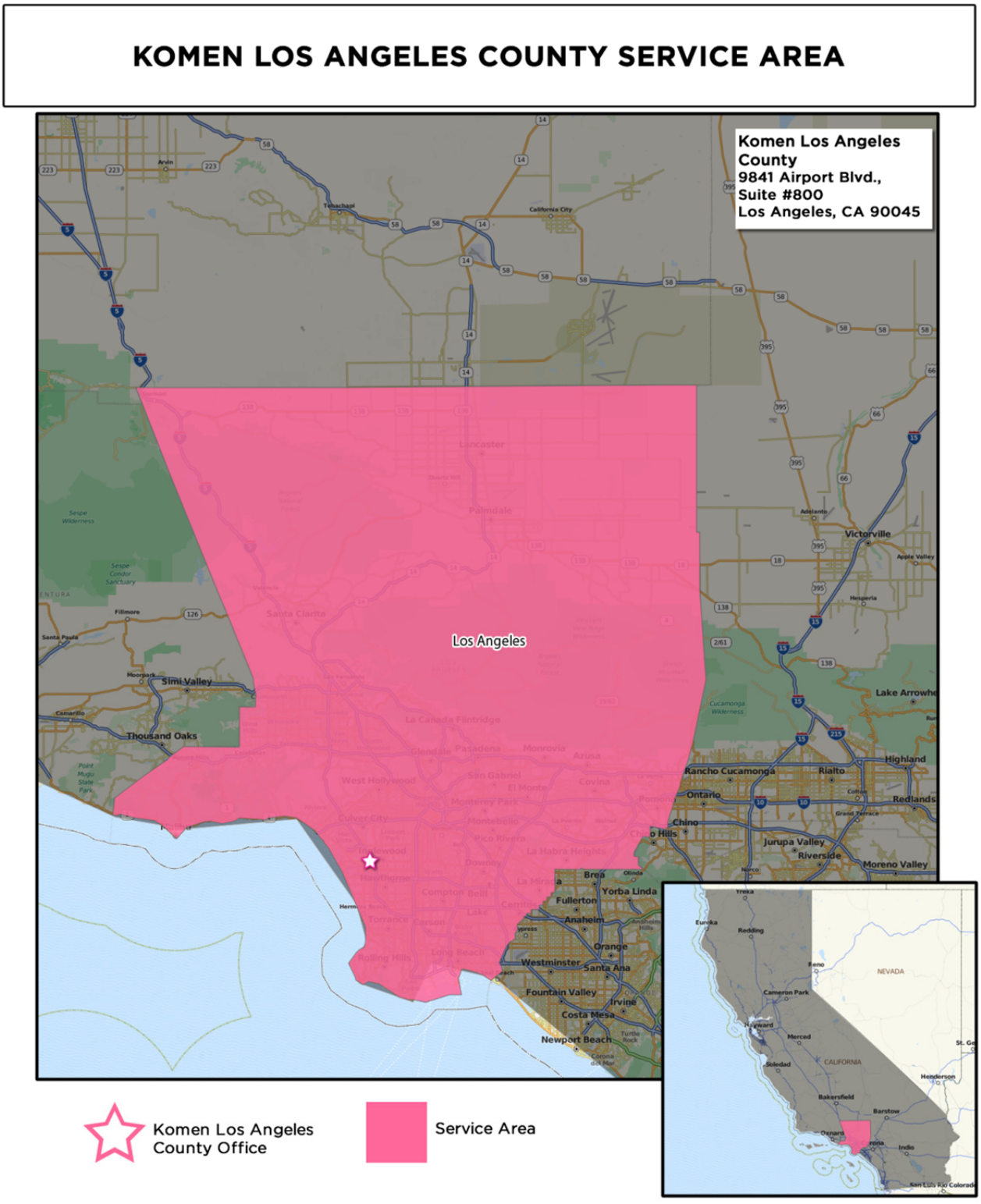

Figure 1.2. Susan G. Komen Los Angeles County service area

Purpose of the Community Profile Report

The purpose of the Community Profile is to provide an overview of the state of breast cancer in Los Angeles County, and to inform program planning and service delivery not only for the Affiliate, but for the entire Los Angeles County breast health and breast cancer community. The Community Profile prioritizes the Affiliate's fundraising, marketing and mission efforts, and provides a road map for the next four years. The Community Profile also provides clarity on the Affiliate priority populations, programmatic objectives, and granting priorities.

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Quantitative Data Report

Introduction

The purpose of the quantitative data report for Susan G. Komen Los Angeles County 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 Los Angeles County'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 Los Angeles County Service Area (Los Angeles County – CA)	4,945,937	5,775	116.0	-0.1%	1,112	22.0	-2.2%	2,161	43.3	-1.1%
White	3,584,246	4,223	120.0	-0.1%	807	22.4	NA	1,569	44.5	-0.8%
Black/African-American	516,135	655	124.3	-0.1%	184	34.8	NA	287	54.4	-2.1%
American Indian/Alaska Native (AIAN)	76,854	11	18.0	-14.3%	4	9.4	NA	3	4.8	NA
Asian Pacific Islander (API)	768,702	833	94.7	0.7%	118	13.2	NA	287	32.5	-0.6%
Non-Hispanic/ Latina	2,648,355	4,399	132.6	0.5%	867	24.8	NA	1,563	47.6	-0.4%
Hispanic/ Latina	2,297,582	1,376	82.7	-1.4%	244	15.6	NA	598	34.8	-2.5%

*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 Los Angeles County service area was lower than that observed in the US as a whole and the incidence trend was similar to the US as a whole. The incidence rate of the Affiliate service area was significantly lower 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 slightly higher 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.

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 Los Angeles County service area was similar to that observed in the US as a whole and the death rate trend was lower than that of the US as a whole. The death rate and death rate trend of the Affiliate service area were 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, lower among APIs than Whites, and lower among AIANs than Whites. The death rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

Late-stage incidence rates and trends summary

Overall, the breast cancer late-stage incidence rate and trend in the Komen Los Angeles County service area were similar to that observed in the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for 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.

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 Los Angeles County Service Area (Los Angeles County – CA)	854	697	82.9%	79.4%-85.8%
White	698	562	77.9%	73.7%-81.5%
Black/African-American	85	74	90.9%	80.5%-96.0%
AIAN	28	21	87.8%	61.3%-97.1%
API	37	36	98.7%	88.8%-99.9%
Hispanic/ Latina	227	180	76.4%	69.0%-82.5%
Non-Hispanic/ Latina	627	517	86.3%	82.6%-89.3%

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 Los Angeles County 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 and Whites, significantly higher among APIs than Whites, and not significantly different among AIANs and Whites. The screening proportion among Hispanics/Latinas was **significantly lower** than among Non-Hispanics/Latinas.

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 Los Angeles County Service Area (Los Angeles County – CA)	72.1 %	10.2 %	1.7 %	15.9 %	52.5 %	47.5 %	44.7 %	30.5 %	12.6 %
76.1a - Canyon Country/ Santa Clarita West/ Saugus	69.6%	5.2%	1.1%	14.9%	78.9%	21.1%	46.9%	28.2%	9.8%
76.1b - Newhall/ Santa Clarita East/ Valencia	63.3%	5.7%	1.4%	11.0%	62.5%	37.5%	42.1%	26.1%	9.5%
76.2 - Castaic/ Val Verde	70.2%	4.7%	1.7%	12.3%	71.9%	28.1%	44.0%	25.0%	6.8%
77.1a - Palmdale Central	46.4%	16.7%	1.9%	4.8%	39.5%	60.5%	36.3%	21.8%	7.1%
77.1b - Desert View Highlands/ Lancaster West/ Palmdale Northwest/ Quartz Hill	58.3%	16.2%	2.0%	7.9%	68.2%	31.8%	44.5%	28.7%	10.2%
77.1c - Lancaster Central/ Palmdale North Central	44.3%	23.9%	2.2%	4.5%	53.0%	47.0%	36.6%	23.5%	9.0%
77.2 - Lake Los Angeles	56.9%	12.0%	2.7%	3.0%	51.2%	48.8%	38.5%	25.2%	8.8%
77.3 - Juniper Hills/ Littlerock/ Longview/ Pearblossom/ Valyermo	63.1%	7.1%	2.5%	2.5%	47.2%	52.8%	46.5%	31.5%	11.4%
77.4 - Acton/ Ravenna	83.9%	2.4%	2.3%	3.4%	80.3%	19.7%	59.6%	39.8%	11.6%
77.5 - Elizabeth Lake/ Gorman/ Green Valley/ Lake Hughes/ Leona Valley/ Neenach	69.6%	11.0%	2.0%	7.7%	76.4%	23.6%	49.3%	33.1%	12.5%
78.1 - Avalon	63.7%	1.0%	1.1%	2.7%	47.5%	52.5%	46.9%	33.8%	10.9%
78.2a - Echo Park/ Hollywood North Central/ Silverlake South	64.0%	4.5%	1.4%	15.0%	67.9%	32.1%	44.4%	29.8%	13.1%
78.2aa - Bel Air/ Beverly Glen/ Beverly Hills/ Brentwood/ Malibu/ Pacific Palisades/ Santa Monica Northwest/ Topanga	87.3%	1.8%	0.6%	8.6%	94.6%	5.4%	59.8%	44.2%	20.1%
78.2aaa - Watts/ Willowbrook	25.6%	30.3%	1.3%	0.9%	30.7%	69.3%	31.1%	19.0%	6.6%
78.2aaaa - Harbor Gateway South/ Lomita/ Torrance East Central	43.4%	7.0%	1.3%	30.4%	64.0%	36.0%	48.9%	33.8%	14.5%
78.2b - Pico-Union	33.1%	6.8%	1.8%	17.3%	29.9%	70.1%	37.1%	24.7%	10.0%
78.2bb - North Hollywood Central and North	52.7%	5.2%	1.3%	7.8%	37.6%	62.4%	39.0%	25.1%	9.3%
78.2bbb - Compton East	28.5%	25.7%	1.2%	1.6%	27.1%	72.9%	32.2%	19.5%	6.9%
78.2bbbb - Gardena West/ Hawthorne	28.2%	35.9%	1.4%	11.2%	53.9%	46.1%	39.6%	25.0%	8.9%
78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South	53.4%	1.2%	1.5%	2.2%	5.9%	94.1%	35.6%	22.9%	9.1%
78.2cc - Van Nuys Central	56.8%	5.7%	1.3%	7.6%	43.1%	56.9%	41.4%	26.6%	10.0%

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
78.2ccc - Huntington Park/ South Gate West/ Walnut Park	49.9%	1.1%	1.5%	1.0%	3.1%	96.9%	34.2%	21.2%	7.3%
78.2cccc - Chatsworth	59.2%	5.4%	1.0%	22.5%	74.1%	25.9%	53.0%	37.6%	15.6%
78.2d - City Terrace East/ East Los Angeles	49.6%	0.8%	1.6%	1.9%	3.4%	96.6%	35.8%	23.5%	10.2%
78.2dd - Burbank South/ Eagle Rock/ Glendale Northwest	63.8%	2.2%	1.0%	20.7%	71.2%	28.8%	52.9%	37.8%	16.4%
78.2ddd - Bell Southwest/ Cudahy/ Vernon	52.3%	1.0%	1.4%	1.0%	4.6%	95.4%	33.2%	20.3%	7.3%
78.2dddd - Arcadia Southeast/ San Gabriel North	34.7%	1.4%	0.9%	53.3%	75.8%	24.2%	54.4%	38.8%	17.2%
78.2e - Country Club Park/ Koreatown/ Mid-City East	26.6%	8.4%	1.3%	39.9%	57.7%	42.3%	43.3%	28.8%	10.9%
78.2ee - Atwater Village/ Glendale Central/ Glendale Southwest/ Griffith Park	67.7%	2.4%	0.7%	20.8%	80.1%	19.9%	52.0%	37.3%	17.5%
78.2eee - Downey Northeast	57.0%	4.3%	1.2%	8.8%	30.4%	69.6%	42.2%	28.0%	11.9%
78.2eeee - Alhambra/ El Sereno South/ San Gabriel Central	27.6%	2.1%	1.2%	54.4%	64.4%	35.6%	50.8%	35.7%	15.7%
78.2f - Hollywood Hills/ Hollywood West/ Mount Olympus/ West Hollywood	81.8%	5.0%	1.1%	7.9%	88.8%	11.2%	44.7%	31.5%	16.1%
78.2ff - Glassell Park/ Glendale Southeast/ Silverlake North	55.5%	2.4%	1.1%	21.1%	57.9%	42.1%	47.7%	33.1%	14.6%
78.2fff - Firestone/ Florence South	35.2%	18.8%	1.4%	0.7%	19.1%	80.9%	32.0%	19.5%	7.1%
78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake	33.9%	9.3%	2.1%	22.7%	42.1%	57.9%	38.8%	27.2%	13.6%
78.2g - Hollywood South Central/ Inner Sunset	45.7%	4.4%	1.6%	17.1%	43.8%	56.2%	43.3%	29.4%	12.1%
78.2gg - Angeles National Forest West/ Kagel Canyon/ Lake View Terrace/ San Fernando East/ Sylmar	51.6%	4.6%	1.7%	5.5%	25.6%	74.4%	40.1%	26.1%	9.8%
78.2ggg - South Central Northeast	29.6%	19.2%	1.7%	0.7%	19.6%	80.4%	31.6%	18.8%	6.6%
78.2gggg - Altadena East/ Angeles National Forest East/ Azusa North/ Duarte North/ Glendora/ Pasadena East	68.4%	7.8%	1.5%	13.9%	74.7%	25.3%	53.7%	38.1%	16.2%
78.2h - Boyle Heights Central/ City Terrace West	49.0%	1.1%	1.6%	1.6%	3.3%	96.7%	34.7%	22.3%	9.5%
78.2hh - Granada Hills/ Mission Hills/ Porter Ranch	62.8%	4.5%	0.9%	22.3%	75.9%	24.1%	54.7%	39.6%	17.6%

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
78.2hhh - Altadena West/ Pasadena Northwest	45.2%	21.1%	2.0%	10.1%	54.6%	45.4%	44.9%	30.7%	13.1%
78.2hhhh - Canoga Park Northeast/ Winnetka	48.5%	5.1%	1.4%	14.2%	39.4%	60.6%	39.2%	24.8%	9.4%
78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills	43.5%	2.4%	2.0%	15.0%	24.2%	75.8%	40.6%	27.2%	11.1%
78.2ii - Reseda South/ Van Nuys Southwest	64.3%	6.7%	1.2%	13.6%	71.4%	28.6%	47.6%	33.2%	15.3%
78.2iii - North Long Beach	30.9%	22.1%	1.6%	14.7%	44.1%	55.9%	35.5%	21.9%	7.3%
78.2iiii - Gardena Southeast/ Harbor Gateway Central/ Lawndale South/ Moneta/ Redondo Beach North/ Torrance North	40.0%	9.9%	1.3%	31.7%	65.4%	34.6%	48.3%	33.0%	14.4%
78.2j - Baldwin Hills/ Culver City South/ Fox Hills/ Ladera Heights/ Marina del Rey/ View Park/ Windsor Hills	51.7%	29.0%	1.4%	13.0%	86.9%	13.1%	53.2%	37.8%	17.0%
78.2jj - Sherman Oaks/ Studio City/ Valley Village	78.8%	6.2%	1.1%	8.8%	86.9%	13.1%	49.3%	33.6%	14.1%
78.2jjj - Long Beach West Central	31.8%	16.7%	1.8%	16.8%	43.2%	56.8%	32.6%	19.3%	6.1%
78.2jjjj - Norwalk/ Studebaker	49.1%	5.0%	1.8%	13.8%	29.9%	70.1%	41.4%	27.9%	11.4%
78.2k - South Central Northwest	16.5%	53.7%	1.5%	1.5%	55.8%	44.2%	44.3%	29.9%	11.7%
78.2kk - North Hills/ Northridge North	50.0%	6.4%	1.3%	17.5%	49.7%	50.3%	41.7%	28.1%	11.6%
78.2kkk - Belmont Shore/ Long Beach East/ Long Beach Shoreline/ Los Altos/ Naples	71.7%	7.2%	1.6%	11.4%	79.0%	21.0%	50.3%	34.8%	14.2%
78.2kkkk - Santa Monica Central/ Sawtelle/ West Los Angeles	68.4%	4.4%	1.1%	18.5%	82.9%	17.1%	46.4%	32.6%	15.6%
78.2l - Exposition Park/ Leimert Park	26.3%	28.4%	1.6%	5.9%	37.9%	62.1%	36.1%	23.5%	9.3%
78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West	44.8%	2.5%	1.4%	8.6%	17.0%	83.0%	36.9%	23.8%	9.2%
78.2lll - Bixby Knolls/ Long Beach Central	45.8%	16.7%	1.8%	19.6%	68.1%	31.9%	43.6%	29.0%	11.4%
78.2m - Bellflower/ Paramount South	42.5%	14.6%	1.6%	12.0%	42.3%	57.7%	39.0%	25.1%	9.5%
78.2mm - Pasadena South/ San Marino/ South Pasadena	56.2%	4.7%	1.1%	31.0%	80.3%	19.7%	52.6%	37.5%	16.7%
78.2mmm - Downtown Southeast/ Florence North	36.7%	12.7%	1.9%	4.8%	23.5%	76.5%	32.7%	19.8%	7.1%
78.2n - Cerritos/ Hawaiian Gardens	53.3%	8.6%	1.6%	21.7%	65.5%	34.5%	47.9%	32.7%	13.4%

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
78.2nn - Montebello North/ Monterey Park/ South San Gabriel	27.6%	1.1%	1.0%	55.5%	63.3%	36.7%	55.1%	41.3%	20.9%
78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams	23.7%	37.7%	1.7%	3.8%	43.6%	56.4%	42.3%	28.2%	11.4%
78.2o - Miraleste/ Palo Verdes Estates/ Portuguese Bend/ Rancho Palos Verdes/ Rolling Hills/ San Pedro West	65.7%	4.3%	1.3%	22.5%	82.2%	17.8%	59.9%	43.5%	20.8%
78.2oo - El Monte/ Five Points	39.5%	1.1%	1.5%	23.3%	27.2%	72.8%	38.7%	25.1%	9.7%
78.2ooo - Lynwood South/ Paramount North	39.3%	12.2%	1.1%	2.3%	16.0%	84.0%	32.2%	19.1%	6.0%
78.2p - Long Beach Port/ San Pedro East/ Wilmington	44.9%	7.5%	2.0%	9.2%	27.0%	73.0%	38.1%	24.9%	9.6%
78.2pp - Hacienda Heights/ Industry Central	34.5%	1.8%	1.0%	47.1%	61.7%	38.3%	52.5%	37.7%	15.2%
78.2ppp - Pacoima East/ Sun Valley West	46.5%	5.0%	1.5%	6.3%	21.1%	78.9%	37.5%	24.0%	9.0%
78.2q - Del Aire/ Inglewood West/ Los Angeles International Airport	47.9%	19.3%	1.5%	9.1%	55.1%	44.9%	43.6%	28.0%	10.5%
78.2qq - Asuza/ Charter Oak/ Covina	60.9%	3.9%	2.0%	10.9%	43.0%	57.0%	43.9%	29.4%	12.0%
78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West	24.4%	0.7%	1.1%	54.3%	58.1%	41.9%	47.0%	32.4%	13.3%
78.2r - Inglewood East/ Lennox	25.0%	35.8%	1.4%	2.3%	38.9%	61.1%	41.3%	27.2%	10.7%
78.2rr - Glendale Northeast/ La Canada-Flintridge/ La Crescenta/ Montrose/ Sunland/ Tujunga/ Verdugo City	69.4%	1.6%	1.0%	21.3%	82.8%	17.2%	55.0%	38.1%	14.7%
78.2rrr - La Mirada/ Santa Fe Springs South	42.0%	4.6%	1.2%	41.0%	71.7%	28.3%	51.9%	37.7%	17.1%
78.2s - South Central Southwest	20.6%	43.2%	1.3%	0.9%	44.0%	56.0%	36.4%	22.8%	8.3%
78.2ss - Pomona East and South	47.2%	6.9%	2.1%	7.7%	22.0%	78.0%	34.7%	21.6%	8.0%
78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East	51.8%	3.5%	1.3%	3.6%	14.6%	85.4%	37.9%	24.7%	9.5%
78.2t - Hermosa Beach/ Lawndale North/ Manhattan Beach/ Redondo Beach North	74.7%	4.0%	1.0%	13.3%	81.5%	18.5%	47.1%	29.6%	10.8%
78.2tt - Claremont/ La Verne/ Pomona Northwest/ San Dimas	69.0%	6.2%	1.7%	12.5%	69.5%	30.5%	52.4%	38.5%	17.5%
78.2ttt - Burbank North/ North Hollywood South	72.3%	4.5%	1.2%	13.3%	76.8%	23.2%	48.6%	32.5%	14.4%

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
78.2u - Redondo Beach Central and South/ Torrance West Central	63.7%	3.0%	1.0%	28.5%	88.1%	11.9%	53.7%	36.3%	16.1%
78.2uu - La Habra Heights/ Whittier	64.8%	1.7%	1.9%	6.2%	36.8%	63.2%	45.9%	31.9%	14.1%
78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North	20.8%	43.2%	1.3%	4.6%	49.0%	51.0%	41.4%	27.6%	12.1%
78.2v - Carson/ Compton West/ Rancho Dominguez	23.9%	22.8%	1.4%	31.0%	59.8%	40.2%	48.0%	34.1%	15.0%
78.2vv - Los Nietos/ Santa Fe Springs Northeast	60.0%	2.2%	2.0%	5.5%	25.1%	74.9%	41.7%	27.8%	11.7%
78.2vvv - Diamond Bar/ Industry East/ Phillips Ranch/ Pomona West/ Walnut	33.3%	5.3%	0.9%	51.3%	75.0%	25.0%	52.0%	36.2%	12.3%
78.2w - Century City/ Cheviot Hills/ Rancho Park/ West Los Angeles/ Westwood	72.1%	3.3%	0.6%	20.8%	92.3%	7.7%	43.0%	31.7%	16.1%
78.2ww - Pico Rivera/ Santa Fe Springs Northwest	58.8%	1.3%	2.0%	3.4%	10.9%	89.1%	44.1%	30.8%	14.2%
78.2www - Valinda/ West Covina	44.3%	4.5%	1.6%	23.2%	39.5%	60.5%	45.1%	30.9%	12.9%
78.2x - Hancock Park/ Mid-City West/ Park La Brea	59.9%	15.1%	1.3%	14.3%	80.9%	19.1%	44.1%	30.5%	13.9%
78.2xx - Agoura Hills/ Calabasas/ Hidden Hills/ West Hills/ Westlake	81.0%	2.8%	0.9%	11.4%	89.5%	10.5%	56.8%	39.4%	15.5%
78.2xxx - Arcadia Central and Northeast/ Bradbury/ Monrovia/ Sierra Madre	50.6%	4.7%	1.3%	31.4%	71.9%	28.1%	52.7%	36.1%	15.1%
78.2y - Culver City North/ Palms	58.1%	7.8%	1.4%	22.6%	77.6%	22.4%	45.3%	31.1%	12.8%
78.2yy - Encino/ Tarzana/ Warner Center/ Woodland Hills	82.6%	4.0%	0.6%	9.9%	91.6%	8.4%	58.4%	43.2%	21.0%
78.2yyy - Bassett/ Industry West/ La Puente	48.8%	1.8%	1.5%	12.2%	18.5%	81.5%	40.7%	27.4%	11.2%
78.2z - Mar Vista/ Ocean Park/ Santa Monica South/ Venice	67.4%	6.6%	1.9%	9.6%	69.8%	30.2%	44.7%	29.2%	12.0%
78.2zz - Northridge South/ Reseda North	50.3%	5.1%	1.4%	13.5%	43.3%	56.7%	42.6%	28.0%	11.0%
78.2zzz - Baldwin Park/ Irwindale	47.0%	3.2%	1.7%	14.1%	26.6%	73.4%	41.5%	28.0%	11.3%

US, state, and county data are for 2011; MSSA data are for 2010.
Data are in the percentage of women in the population.
Source: US Census Bureau – Population Estimates and Census 2010.

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 Los Angeles County Service Area (Los Angeles County – CA)	23.9 %	16.3 %	42.6 %	9.8 %	35.6 %	15.1 %	0.6 %	24.3 %	26.5 %
76.1a - Canyon Country/ Santa Clarita West/ Saugus	7.9%	5.0%	NA	8.5%	17.9%	4.3%	2.8%	0.0%	8.7%
76.1b - Newhall/ Santa Clarita East/ Valencia	15.9%	10.9%	NA	10.1%	24.2%	8.0%	1.9%	0.0%	16.5%
76.2 - Castaic/ Val Verde	9.9%	8.6%	NA	8.8%	17.0%	4.3%	19.2%	0.0%	10.7%
77.1a - Palmdale Central	30.1%	19.9%	NA	15.4%	26.5%	11.2%	1.4%	0.0%	20.6%
77.1b - Desert View Highlands/ Lancaster West/ Palmdale Northwest/ Quartz Hill	14.4%	14.3%	NA	10.2%	14.9%	4.3%	0.0%	0.0%	13.0%
77.1c - Lancaster Central/ Palmdale North Central	26.6%	27.4%	NA	16.1%	16.3%	9.2%	0.7%	0.0%	18.9%
77.2 - Lake Los Angeles	29.7%	23.3%	NA	14.0%	12.7%	8.2%	17.6%	35.4%	18.8%
77.3 - Juniper Hills/ Littlerock/ Longview/ Pearblossom/ Valyermo	31.7%	13.9%	NA	11.5%	20.4%	8.4%	27.5%	100.0%	20.1%
77.4 - Acton/ Ravenna	7.5%	8.4%	NA	10.1%	8.8%	1.3%	100.0%	0.0%	10.0%
77.5 - Elizabeth Lake/ Gorman/ Green Valley/ Lake Hughes/ Leona Valley/ Neenach	8.2%	6.0%	NA	8.2%	10.3%	2.6%	36.9%	0.0%	8.4%
78.1 - Avalon	23.9%	14.2%	NA	9.2%	31.6%	10.7%	10.8%	0.0%	34.9%
78.2a - Echo Park/ Hollywood North Central/ Silverlake South	15.9%	19.2%	NA	11.2%	39.3%	17.6%	0.0%	0.0%	26.6%
78.2aa - Bel Air/ Beverly Glen/ Beverly Hills/ Brentwood/ Malibu/ Pacific Palisades/ Santa Monica Northwest/ Topanga	2.4%	4.9%	NA	7.3%	21.2%	2.2%	6.2%	0.0%	3.9%
78.2aaa - Watts/ Willowbrook	47.3%	34.7%	NA	15.0%	32.1%	15.0%	0.0%	83.2%	27.6%
78.2aaaa - Harbor Gateway South/ Lomita/ Torrance East Central	16.2%	12.1%	NA	10.2%	34.1%	15.1%	0.0%	3.1%	18.4%
78.2b - Pico-Union	47.7%	36.2%	NA	12.7%	59.1%	49.8%	0.0%	98.2%	45.0%
78.2bb - North Hollywood Central and North	32.2%	21.1%	NA	14.3%	47.6%	23.2%	0.0%	58.7%	32.7%
78.2bbb - Compton East	46.5%	28.1%	NA	16.9%	33.7%	16.6%	0.0%	73.8%	28.8%
78.2bbbb - Gardena West/ Hawthorne	24.3%	18.2%	NA	10.7%	33.5%	14.0%	0.0%	57.6%	25.0%

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)*
78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South	48.8%	22.4%	NA	11.6%	40.7%	25.1%	0.0%	0.0%	33.5%
78.2cc - Van Nuys Central	29.5%	24.9%	NA	11.5%	48.9%	26.4%	0.0%	92.4%	31.8%
78.2ccc - Huntington Park/ South Gate West/ Walnut Park	55.2%	24.5%	NA	13.7%	48.2%	31.2%	0.0%	1.7%	35.3%
78.2cccc - Chatsworth	12.2%	10.2%	NA	9.3%	34.1%	8.9%	0.0%	0.0%	15.0%
78.2d - City Terrace East/ East Los Angeles	55.3%	27.4%	NA	12.5%	43.0%	31.8%	0.0%	12.1%	37.4%
78.2dd - Burbank South/ Eagle Rock/ Glendale Northwest	14.9%	11.8%	NA	9.6%	41.8%	16.0%	0.3%	0.0%	16.0%
78.2ddd - Bell Southwest/ Cudahy/ Vernon	58.4%	27.3%	NA	12.9%	47.4%	34.8%	0.0%	0.0%	38.8%
78.2dddd - Arcadia Southeast/ San Gabriel North	15.5%	8.6%	NA	7.5%	45.5%	18.0%	0.0%	0.0%	15.1%
78.2e - Country Club Park/ Koreatown/ Mid-City East	25.5%	21.7%	NA	12.0%	59.6%	37.4%	0.0%	25.8%	41.1%
78.2ee - Atwater Village/ Glendale Central/ Glendale Southwest/ Griffith Park	16.0%	13.4%	NA	11.2%	56.6%	25.6%	0.0%	0.0%	20.2%
78.2eee - Downey Northeast	23.1%	11.9%	NA	10.3%	36.8%	13.5%	0.0%	0.0%	22.9%
78.2eeee - Alhambra/ El Sereno South/ San Gabriel Central	23.0%	14.1%	NA	8.4%	51.9%	25.0%	0.0%	4.0%	20.8%
78.2f - Hollywood Hills/ Hollywood West/ Mount Olympus/ West Hollywood	5.7%	15.6%	NA	9.9%	28.8%	11.2%	0.0%	0.0%	18.1%
78.2ff - Glassell Park/ Glendale Southeast/ Silverlake North	26.1%	20.0%	NA	11.3%	51.0%	25.9%	0.0%	83.8%	25.5%
78.2fff - Firestone/ Florence South	56.4%	33.8%	NA	12.1%	41.0%	25.4%	0.0%	87.1%	33.4%
78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake	42.7%	35.4%	NA	11.4%	52.6%	39.7%	0.0%	81.0%	39.3%
78.2g - Hollywood South Central/ Inner Sunset	31.8%	26.3%	NA	13.7%	53.9%	34.6%	0.0%	4.0%	38.3%
78.2gg - Angeles National Forest West/ Kagel Canyon/ Lake View Terrace/ San Fernando East/ Sylmar	32.9%	16.2%	NA	11.1%	35.1%	10.5%	0.4%	0.0%	22.5%
78.2ggg - South Central Northeast	56.3%	36.6%	NA	12.6%	45.4%	27.2%	0.0%	82.8%	38.3%

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)*
78.2gggg - Altadena East/ Angeles National Forest East/ Azusa North/ Duarte North/ Glendora/ Pasadena East	9.1%	6.7%	NA	8.7%	20.4%	3.9%	1.2%	0.0%	10.2%
78.2h - Boyle Heights Central/ City Terrace West	55.0%	30.1%	NA	14.3%	47.1%	34.4%	0.0%	64.9%	36.0%
78.2hh - Granada Hills/ Mission Hills/ Porter Ranch	9.9%	8.1%	NA	9.8%	34.5%	5.9%	0.5%	0.0%	13.7%
78.2hhh - Altadena West/ Pasadena Northwest	24.2%	16.0%	NA	11.8%	31.4%	11.2%	0.0%	0.0%	23.4%
78.2hhhh - Canoga Park Northeast/ Winnetka	30.8%	20.6%	NA	9.7%	48.1%	24.3%	0.0%	0.0%	28.9%
78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills	41.0%	23.3%	NA	13.9%	42.8%	23.2%	0.0%	100.0%	28.7%
78.2ii - Reseda South/ Van Nuys Southwest	12.5%	11.9%	NA	10.0%	38.6%	11.4%	0.0%	0.0%	18.3%
78.2iii - North Long Beach	32.5%	22.3%	NA	15.5%	30.5%	12.3%	0.0%	45.0%	23.8%
78.2iiii - Gardena Southeast/ Harbor Gateway Central/ Lawndale South/ Moneta/ Redondo Beach North/ Torrance North	14.1%	11.8%	NA	10.0%	31.1%	12.9%	0.0%	0.0%	18.0%
78.2j - Baldwin Hills/ Culver City South/ Fox Hills/ Ladera Heights/ Marina del Rey/ View Park/ Windsor Hills	4.8%	8.5%	NA	8.8%	17.8%	3.2%	0.0%	0.0%	10.6%
78.2jj - Sherman Oaks/ Studio City/ Valley Village	5.2%	8.9%	NA	11.2%	23.2%	4.9%	0.0%	2.8%	14.7%
78.2jjj - Long Beach West Central	38.0%	33.9%	NA	15.3%	37.3%	18.2%	0.0%	45.9%	27.5%
78.2jjjj - Norwalk/ Studebaker	27.6%	12.3%	NA	11.9%	35.9%	13.5%	0.0%	0.0%	22.9%
78.2k - South Central Northwest	28.7%	23.8%	NA	14.0%	26.8%	10.0%	0.0%	100.0%	27.6%
78.2kk - North Hills/ Northridge North	22.3%	17.9%	NA	11.1%	40.4%	14.7%	0.0%	0.0%	22.7%
78.2kkk - Belmont Shore/ Long Beach East/ Long Beach Shoreline/ Los Altos/ Naples	6.8%	10.5%	NA	7.8%	14.4%	3.0%	0.0%	11.2%	11.4%
78.2kkkk - Santa Monica Central/ Sawtelle/ West Los Angeles	7.5%	12.2%	NA	8.4%	29.5%	8.3%	0.0%	0.0%	13.2%
78.2l - Exposition Park/ Leimert Park	45.5%	37.1%	NA	13.6%	39.0%	20.9%	0.0%	87.3%	33.1%
78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West	45.0%	22.6%	NA	12.4%	47.9%	24.7%	0.0%	97.5%	30.7%

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)*
78.2lll - Bixby Knolls/ Long Beach Central	14.2%	14.7%	NA	10.3%	23.7%	7.0%	0.0%	14.4%	15.9%
78.2m - Bellflower/ Paramount South	27.0%	17.7%	NA	10.1%	31.5%	12.6%	0.0%	0.0%	23.9%
78.2mm - Pasadena South/ San Marino/ South Pasadena	5.5%	8.1%	NA	7.6%	28.9%	7.7%	0.0%	14.2%	10.2%
78.2mmm - Downtown Southeast/ Florence North	52.9%	41.5%	NA	13.0%	44.4%	23.9%	0.0%	100.0%	38.6%
78.2n - Cerritos/ Hawaiian Gardens	15.4%	9.4%	NA	8.6%	26.0%	7.3%	0.0%	0.0%	15.3%
78.2nn - Montebello North/ Monterey Park/ South San Gabriel	20.5%	11.7%	NA	8.9%	46.1%	22.6%	0.0%	0.0%	15.8%
78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams	34.9%	27.6%	NA	13.8%	37.1%	16.3%	0.0%	76.6%	31.7%
78.2o - Miraleste/ Palo Verdes Estates/ Portuguese Bend/ Rancho Palos Verdes/ Rolling Hills/ San Pedro West	6.1%	5.7%	NA	6.2%	23.0%	5.8%	0.0%	0.0%	7.6%
78.2oo - El Monte/ Five Points	47.0%	24.2%	NA	13.6%	51.0%	29.5%	0.0%	0.0%	31.7%
78.2ooo - Lynwood South/ Paramount North	47.8%	20.8%	NA	13.6%	39.5%	20.0%	0.0%	79.2%	32.3%
78.2p - Long Beach Port/ San Pedro East/ Wilmington	37.0%	25.5%	NA	14.7%	35.6%	17.9%	0.0%	68.8%	25.5%
78.2pp - Hacienda Heights/ Industry Central	13.4%	8.6%	NA	6.9%	47.1%	19.6%	0.0%	0.0%	19.3%
78.2ppp - Pacoima East/ Sun Valley West	41.8%	20.4%	NA	13.0%	44.9%	20.6%	0.0%	68.0%	29.6%
78.2q - Del Aire/ Inglewood West/ Los Angeles International Airport	19.0%	14.3%	NA	9.1%	27.3%	9.1%	0.0%	0.0%	20.0%
78.2qq - Asuza/ Charter Oak/ Covina	18.5%	12.9%	NA	10.7%	25.3%	7.4%	0.0%	0.0%	18.2%
78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West	41.2%	20.0%	NA	12.0%	58.8%	33.9%	0.0%	76.7%	31.0%
78.2r - Inglewood East/ Lennox	34.2%	24.3%	NA	12.0%	32.0%	14.5%	0.0%	81.3%	28.6%
78.2rr - Glendale Northeast/ La Canada-Flintridge/ La Crescenta/ Montrose/ Sunland/ Tujunga/ Verdugo City	9.8%	8.6%	NA	8.1%	35.3%	10.5%	0.1%	0.0%	14.8%
78.2rrr - La Mirada/ Santa Fe Springs South	12.4%	7.1%	NA	8.0%	36.5%	13.4%	0.0%	0.0%	14.3%

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)*
78.2s - South Central Southwest	40.6%	33.2%	NA	15.0%	30.6%	14.4%	0.0%	87.2%	31.2%
78.2ss - Pomona East and South	40.8%	23.3%	NA	12.8%	37.4%	18.1%	0.0%	100.0%	28.6%
78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East	36.8%	19.0%	NA	13.1%	38.2%	18.1%	0.0%	0.0%	24.2%
78.2t - Hermosa Beach/ Lawndale North/ Manhattan Beach/ Redondo Beach North	6.9%	5.5%	NA	6.3%	18.1%	3.9%	0.0%	0.0%	10.9%
78.2tt - Claremont/ La Verne/ Pomona Northwest/ San Dimas	9.1%	8.3%	NA	9.7%	18.3%	4.0%	0.2%	0.0%	10.9%
78.2ttt - Burbank North/ North Hollywood South	10.7%	9.6%	NA	9.1%	32.0%	9.9%	0.0%	0.0%	14.9%
78.2u - Redondo Beach Central and South/ Torrance West Central	4.9%	7.1%	NA	6.9%	27.7%	9.0%	0.0%	0.0%	11.0%
78.2uu - La Habra Heights/ Whittier	16.3%	10.5%	NA	8.7%	19.5%	6.4%	0.0%	0.0%	14.0%
78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North	32.3%	21.0%	NA	13.7%	28.4%	13.2%	0.0%	100.0%	24.1%
78.2v - Carson/ Compton West/ Rancho Dominguez	21.1%	10.7%	NA	13.4%	35.4%	9.3%	0.0%	12.4%	17.2%
78.2vv - Los Nietos/ Santa Fe Springs Northeast	26.7%	10.8%	NA	9.7%	24.8%	10.2%	0.0%	0.0%	21.0%
78.2vvv - Diamond Bar/ Industry East/ Phillips Ranch/ Pomona West/ Walnut	9.6%	6.1%	NA	8.5%	41.3%	11.7%	0.0%	0.0%	12.6%
78.2w - Century City/ Cheviot Hills/ Rancho Park/ West Los Angeles/ Westwood	4.2%	15.8%	NA	8.8%	28.0%	7.7%	0.0%	0.0%	8.1%
78.2ww - Pico Rivera/ Santa Fe Springs Northwest	31.7%	12.6%	NA	11.0%	32.1%	14.0%	0.0%	0.0%	23.7%
78.2www - Valinda/ West Covina	21.6%	10.6%	NA	11.6%	35.3%	10.9%	0.0%	0.0%	20.1%
78.2x - Hancock Park/ Mid-City West/ Park La Brea	9.6%	12.7%	NA	9.7%	28.2%	9.2%	0.0%	0.0%	16.4%
78.2xx - Agoura Hills/ Calabasas/ Hidden Hills/ West Hills/ Westlake	4.5%	6.5%	NA	8.4%	21.2%	3.3%	6.7%	0.0%	7.9%
78.2xxx - Arcadia Central and Northeast/ Bradbury/ Monrovia/ Sierra Madre	10.9%	10.1%	NA	7.0%	34.7%	10.4%	0.2%	0.0%	15.5%
78.2y - Culver City North/ Palms	8.4%	11.5%	NA	8.0%	30.9%	8.4%	0.0%	0.0%	15.1%

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)*
78.2yy - Encino/ Tarzana/ Warner Center/ Woodland Hills	4.5%	7.8%	NA	8.0%	30.8%	6.6%	0.0%	0.0%	9.8%
78.2yyy - Bassett/ Industry West/ La Puente	37.2%	13.0%	NA	10.7%	40.8%	15.8%	0.0%	0.0%	25.8%
78.2z - Mar Vista/ Ocean Park/ Santa Monica South/ Venice	11.6%	15.7%	NA	11.0%	27.0%	7.7%	0.0%	9.2%	19.8%
78.2zz - Northridge South/ Reseda North	27.8%	18.5%	NA	11.5%	45.1%	18.4%	0.0%	0.0%	28.2%
78.2zzz - Baldwin Park/ Irwindale	35.0%	14.0%	NA	12.5%	40.2%	13.4%	0.0%	0.0%	24.1%

* Health Insurance coverage data for MSSAs are for all ages.
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 and American Community Survey (ACS) for 2008-2012.
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 and 2008-2012.

Population characteristics summary

Proportionately, the Komen Los Angeles County service area has a substantially smaller White female population than the US as a whole, a slightly 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 substantially lower than and income level is slightly lower than those of the US as a whole. There is a slightly larger percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially larger percentage of people who are foreign born and a substantially larger percentage of people who are linguistically isolated. There is a substantially smaller percentage of people living in rural areas, a substantially larger percentage of people without health insurance, and a slightly larger percentage of people living in medically underserved areas.

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

- 77.1a - Palmdale Central
- 77.1b - Desert View Highlands/ Lancaster West/ Palmdale Northwest/ Quartz Hill
- 77.1c - Lancaster Central/ Palmdale North Central
- 78.2aaa - Watts/ Willowbrook
- 78.2bbb - Compton East
- 78.2bbbb - Gardena West/ Hawthorne
- 78.2fff - Firestone/ Florence South
- 78.2ggg - South Central Northeast

- 78.2hhh - Altadena West/ Pasadena Northwest
- 78.2iii - North Long Beach
- 78.2j - Baldwin Hills/ Culver City South/ Fox Hills/ Ladera Heights/ Marina del Rey/ View Park/ Windsor Hills
- 78.2jjj - Long Beach West Central
- 78.2k - South Central Northwest
- 78.2l - Exposition Park/ Leimert Park
- 78.2lll - Bixby Knolls/ Long Beach Central
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams
- 78.2q - Del Aire/ Inglewood West/ Los Angeles International Airport
- 78.2r - Inglewood East/ Lennox
- 78.2s - South Central Southwest
- 78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North
- 78.2v - Carson/ Compton West/ Rancho Dominguez

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

- 78.2aaaa - Harbor Gateway South/ Lomita/ Torrance East Central
- 78.2cccc - Chatsworth
- 78.2dd - Burbank South/ Eagle Rock/ Glendale Northwest
- 78.2dddd - Arcadia Southeast/ San Gabriel North
- 78.2e - Country Club Park/ Koreatown/ Mid-City East
- 78.2ee - Atwater Village/ Glendale Central/ Glendale Southwest/ Griffith Park
- 78.2eeee - Alhambra/ El Sereno South/ San Gabriel Central
- 78.2ff - Glassell Park/ Glendale Southeast/ Silverlake North
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2hh - Granada Hills/ Mission Hills/ Porter Ranch
- 78.2iiii - Gardena Southeast/ Harbor Gateway Central/ Lawndale South/ Moneta/ Redondo Beach North/ Torrance North
- 78.2lll - Bixby Knolls/ Long Beach Central
- 78.2mm - Pasadena South/ San Marino/ South Pasadena
- 78.2n - Cerritos/ Hawaiian Gardens
- 78.2nn - Montebello North/ Monterey Park/ South San Gabriel
- 78.2o - Miraleste/ Palo Verdes Estates/ Portuguese Bend/ Rancho Palos Verdes/ Rolling Hills/ San Pedro West
- 78.2oo - El Monte/ Five Points
- 78.2pp - Hacienda Heights/ Industry Central
- 78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West
- 78.2rr - Glendale Northeast/ La Canada-Flintridge/ La Crescenta/ Montrose/ Sunland/ Tujunga/ Verdugo City
- 78.2rrr - La Mirada/ Santa Fe Springs South
- 78.2u - Redondo Beach Central and South/ Torrance West Central
- 78.2v - Carson/ Compton West/ Rancho Dominguez

- 78.2vvv - Diamond Bar/ Industry East/ Phillips Ranch/ Pomona West/ Walnut
- 78.2w - Century City/ Cheviot Hills/ Rancho Park/ West Los Angeles/ Westwood
- 78.2www - Valinda/ West Covina
- 78.2xxx - Arcadia Central and Northeast/ Bradbury/ Monrovia/ Sierra Madre
- 78.2y - Culver City North/ Palms

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

- 77.1a - Palmdale Central
- 77.3 - Juniper Hills/ Littlerock/ Longview/ Pearblossom/ Valyermo
- 78.1 - Avalon
- 78.2aaa - Watts/ Willowbrook
- 78.2b - Pico-Union
- 78.2bb - North Hollywood Central and North
- 78.2bbb - Compton East
- 78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South
- 78.2cc - Van Nuys Central
- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2d - City Terrace East/ East Los Angeles
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2eee - Downey Northeast
- 78.2fff - Firestone/ Florence South
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2gg - Angeles National Forest West/ Kagel Canyon/ Lake View Terrace/ San Fernando East/ Sylmar
- 78.2ggg - South Central Northeast
- 78.2h - Boyle Heights Central/ City Terrace West
- 78.2hhhh - Canoga Park Northeast/ Winnetka
- 78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills
- 78.2iii - North Long Beach
- 78.2jjj - Long Beach West Central
- 78.2jjjj - Norwalk/ Studebaker
- 78.2l - Exposition Park/ Leimert Park
- 78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West
- 78.2m - Bellflower/ Paramount South
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams
- 78.2oo - El Monte/ Five Points
- 78.2ooo - Lynwood South/ Paramount North
- 78.2p - Long Beach Port/ San Pedro East/ Wilmington
- 78.2ppp - Pacoima East/ Sun Valley West
- 78.2qq - Asuza/ Charter Oak/ Covina

- 78.2r - Inglewood East/ Lennox
- 78.2s - South Central Southwest
- 78.2ss - Pomona East and South
- 78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East
- 78.2uu - La Habra Heights/ Whittier
- 78.2vv - Los Nietos/ Santa Fe Springs Northeast
- 78.2ww - Pico Rivera/ Santa Fe Springs Northwest
- 78.2www - Valinda/ West Covina
- 78.2yyy - Bassett/ Industry West/ La Puente
- 78.2zz - Northridge South/ Reseda North
- 78.2zzz - Baldwin Park/ Irwindale

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

- 78.2aa - Bel Air/ Beverly Glen/ Beverly Hills/ Brentwood/ Malibu/ Pacific Palisades/ Santa Monica Northwest/ Topanga
- 78.2hh - Granada Hills/ Mission Hills/ Porter Ranch
- 78.2nn - Montebello North/ Monterey Park/ South San Gabriel
- 78.2o - Miraleste/ Palo Verdes Estates/ Portuguese Bend/ Rancho Palos Verdes/ Rolling Hills/ San Pedro West
- 78.2yy - Encino/ Tarzana/ Warner Center/ Woodland Hills

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

- 77.1a - Palmdale Central
- 77.2 - Lake Los Angeles
- 77.3 - Juniper Hills/ Littlerock/ Longview/ Pearblossom/ Valyermo
- 78.2aaa - Watts/ Willowbrook
- 78.2b - Pico-Union
- 78.2bb - North Hollywood Central and North
- 78.2bbb - Compton East
- 78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South
- 78.2cc - Van Nuys Central
- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2d - City Terrace East/ East Los Angeles
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2fff - Firestone/ Florence South
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2gg - Angeles National Forest West/ Kagel Canyon/ Lake View Terrace/ San Fernando East/ Sylmar
- 78.2ggg - South Central Northeast
- 78.2h - Boyle Heights Central/ City Terrace West

- 78.2hhhh - Canoga Park Northeast/ Winnetka
- 78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills
- 78.2iii - North Long Beach
- 78.2jjj - Long Beach West Central
- 78.2l - Exposition Park/ Leimert Park
- 78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams
- 78.2oo - El Monte/ Five Points
- 78.2ooo - Lynwood South/ Paramount North
- 78.2p - Long Beach Port/ San Pedro East/ Wilmington
- 78.2ppp - Pacoima East/ Sun Valley West
- 78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West
- 78.2r - Inglewood East/ Lennox
- 78.2s - South Central Southwest
- 78.2ss - Pomona East and South
- 78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East
- 78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North
- 78.2ww - Pico Rivera/ Santa Fe Springs Northwest
- 78.2yyy - Bassett/ Industry West/ La Puente
- 78.2zzz - Baldwin Park/ Irwindale

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

- 77.1c - Lancaster Central/ Palmdale North Central
- 77.2 - Lake Los Angeles
- 78.2aaa - Watts/ Willowbrook
- 78.2b - Pico-Union
- 78.2bbb - Compton East
- 78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South
- 78.2cc - Van Nuys Central
- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2d - City Terrace East/ East Los Angeles
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2e - Country Club Park/ Koreatown/ Mid-City East
- 78.2fff - Firestone/ Florence South
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2ggg - South Central Northeast
- 78.2h - Boyle Heights Central/ City Terrace West
- 78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills
- 78.2iii - North Long Beach
- 78.2jjj - Long Beach West Central

- 78.2k - South Central Northwest
- 78.2l - Exposition Park/ Leimert Park
- 78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams
- 78.2oo - El Monte/ Five Points
- 78.2p - Long Beach Port/ San Pedro East/ Wilmington
- 78.2r - Inglewood East/ Lennox
- 78.2s - South Central Southwest
- 78.2ss - Pomona East and South

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

- 77.1a - Palmdale Central
- 77.1c - Lancaster Central/ Palmdale North Central
- 77.2 - Lake Los Angeles
- 78.2aaa - Watts/ Willowbrook
- 78.2bb - North Hollywood Central and North
- 78.2bbb - Compton East
- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2h - Boyle Heights Central/ City Terrace West
- 78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills
- 78.2iii - North Long Beach
- 78.2jjj - Long Beach West Central
- 78.2k - South Central Northwest
- 78.2l - Exposition Park/ Leimert Park
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams
- 78.2oo - El Monte/ Five Points
- 78.2ooo - Lynwood South/ Paramount North
- 78.2p - Long Beach Port/ San Pedro East/ Wilmington
- 78.2ppp - Pacoima East/ Sun Valley West
- 78.2s - South Central Southwest
- 78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East
- 78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North
- 78.2v - Carson/ Compton West/ Rancho Dominguez

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

- 78.2b - Pico-Union
- 78.2bb - North Hollywood Central and North
- 78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South
- 78.2cc - Van Nuys Central

- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2d - City Terrace East/ East Los Angeles
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2e - Country Club Park/ Koreatown/ Mid-City East
- 78.2ee - Atwater Village/ Glendale Central/ Glendale Southwest/ Griffith Park
- 78.2eeee - Alhambra/ El Sereno South/ San Gabriel Central
- 78.2ff - Glassell Park/ Glendale Southeast/ Silverlake North
- 78.2fff - Firestone/ Florence South
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2ggg - South Central Northeast
- 78.2h - Boyle Heights Central/ City Terrace West
- 78.2hhhh - Canoga Park Northeast/ Winnetka
- 78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills
- 78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nn - Montebello North/ Monterey Park/ South San Gabriel
- 78.2oo - El Monte/ Five Points
- 78.2pp - Hacienda Heights/ Industry Central
- 78.2ppp - Pacoima East/ Sun Valley West
- 78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West
- 78.2zz - Northridge South/ Reseda North

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

- 78.1 - Avalon
- 78.2b - Pico-Union
- 78.2bb - North Hollywood Central and North
- 78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South
- 78.2cc - Van Nuys Central
- 78.2ccc - Huntington Park/ South Gate West/ Walnut Park
- 78.2d - City Terrace East/ East Los Angeles
- 78.2ddd - Bell Southwest/ Cudahy/ Vernon
- 78.2e - Country Club Park/ Koreatown/ Mid-City East
- 78.2fff - Firestone/ Florence South
- 78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake
- 78.2g - Hollywood South Central/ Inner Sunset
- 78.2ggg - South Central Northeast
- 78.2h - Boyle Heights Central/ City Terrace West
- 78.2l - Exposition Park/ Leimert Park
- 78.2mmm - Downtown Southeast/ Florence North
- 78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams

- 78.2oo - El Monte/ Five Points
- 78.2ooo - Lynwood South/ Paramount North

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 Los Angeles County 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 health care 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 Los Angeles County service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
Los Angeles County - CA	Medium Low	3 years	5 years	
76.2 - Castaic/ Val Verde	NA	NA	NA	Rural
77.1a - Palmdale Central	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, employment
77.1b - Desert View Highlands/ Lancaster West/ Palmdale Northwest/ Quartz Hill	NA	NA	NA	%Black/African-American
77.1c - Lancaster Central/ Palmdale North Central	NA	NA	NA	%Black/African-American, poverty, employment
77.2 - Lake Los Angeles	NA	NA	NA	Education, poverty, employment, rural, medically underserved
77.3 - Juniper Hills/ Littlerock/ Longview/ Pearblossom/ Valyermo	NA	NA	NA	%Hispanic/Latina, education, rural, medically underserved
77.4 - Acton/ Ravenna	NA	NA	NA	Rural
77.5 - Elizabeth Lake/ Gorman/ Green Valley/ Lake Hughes/ Leona Valley/ Neenach	NA	NA	NA	Rural
78.1 - Avalon	NA	NA	NA	%Hispanic/Latina, rural, insurance
78.2aa - Bel Air/ Beverly Glen/ Beverly Hills/ Brentwood/ Malibu/ Pacific Palisades/ Santa Monica Northwest/ Topanga	NA	NA	NA	Older, rural
78.2aaaa - Harbor Gateway South/ Lomita/ Torrance East Central	NA	NA	NA	%API

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2b - Pico-Union	NA	NA	NA	%Hispanic/Latina, education, poverty, foreign, language, insurance, medically underserved
78.2bb - North Hollywood Central and North	NA	NA	NA	%Hispanic/Latina, education, employment, foreign, language, insurance, medically underserved
78.2bbb - Compton East	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, medically underserved
78.2bbbb - Gardena West/ Hawthorne	NA	NA	NA	%Black/African-American, medically underserved
78.2c - Bell Northeast/ Bell Gardens/ Commerce/ Maywood/ Montebello South	NA	NA	NA	%Hispanic/Latina, education, poverty, foreign, language, insurance
78.2cc - Van Nuys Central	NA	NA	NA	%Hispanic/Latina, education, poverty, foreign, language, insurance, medically underserved
78.2ccc - Huntington Park/ South Gate West/ Walnut Park	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance
78.2cccc - Chatsworth	NA	NA	NA	%API
78.2d - City Terrace East/ East Los Angeles	NA	NA	NA	%Hispanic/Latina, education, poverty, foreign, language, insurance
78.2dd - Burbank South/ Eagle Rock/ Glendale Northwest	NA	NA	NA	%API, foreign
78.2ddd - Bell Southwest/ Cudahy/ Vernon	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance
78.2dddd - Arcadia Southeast/ San Gabriel North	NA	NA	NA	%API, foreign
78.2e - Country Club Park/ Koreatown/ Mid-City East	NA	NA	NA	%API, poverty, foreign, language, insurance
78.2ee - Atwater Village/ Glendale Central/ Glendale Southwest/ Griffith Park	NA	NA	NA	%API, foreign, language
78.2eee - Downey Northeast	NA	NA	NA	%Hispanic/Latina

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2eeee - Alhambra/ El Sereno South/ San Gabriel Central	NA	NA	NA	%API, foreign, language
78.2ff - Glassell Park/ Glendale Southeast/ Silverlake North	NA	NA	NA	%API, foreign, language, medically underserved
78.2fff - Firestone/ Florence South/ Watts	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, language, insurance, medically underserved
78.2ffff - Boyle Heights Northwest/ Chinatown/ Downtown Northwest/ Little Tokyo/ Westlake	NA	NA	NA	%API, %Hispanic/Latina, education, poverty, foreign, language, insurance, medically underserved
78.2g - Hollywood South Central/ Inner Sunset	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance
78.2gg - Angeles National Forest West/ Kagel Canyon/ Lake View Terrace/ San Fernando East/ Sylmar	NA	NA	NA	%Hispanic/Latina, education
78.2ggg - South Central Northeast	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, foreign, language, insurance, medically underserved
78.2h - Boyle Heights Central/ City Terrace West	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
78.2hh - Granada Hills/ Mission Hills/ Porter Ranch	NA	NA	NA	%API, older
78.2hhh - Altadena West/ Pasadena Northwest	NA	NA	NA	%Black/African-American
78.2hhhh - Canoga Park Northeast/ Winnetka	NA	NA	NA	%Hispanic/Latina, education, foreign, language
78.2i - El Sereno North/ Highland Park/ Montecito Heights/ Monterey Hills	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, medically underserved
78.2iii - North Long Beach	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, medically underserved

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2iiii - Gardena Southeast/ Harbor Gateway Central/ Lawndale South/ Moneta/ Redondo Beach North/ Torrance North	NA	NA	NA	%API
78.2j - Baldwin Hills/ Culver City South/ Fox Hills/ Ladera Heights/ Marina del Rey/ View Park/ Windsor Hills	NA	NA	NA	%Black/African-American
78.2jjj - Long Beach West Central	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, language, medically underserved
78.2jjjj - Norwalk/ Studebaker	NA	NA	NA	%Hispanic/Latina
78.2k - South Central Northwest	NA	NA	NA	%Black/African-American, poverty, employment, medically underserved
78.2l - Exposition Park/ Leimert Park	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, language, insurance, medically underserved
78.2ll - Arleta/ Pacoima West/ Panorama City/ San Fernando West	NA	NA	NA	%Hispanic/Latina, education, poverty, foreign, language, medically underserved
78.2lll - Bixby Knolls/ Long Beach Central	NA	NA	NA	%Black/African-American, %API
78.2m - Bellflower/ Paramount South	NA	NA	NA	%Hispanic/Latina
78.2mm - Pasadena South/ San Marino/ South Pasadena	NA	NA	NA	%API
78.2mmm - Downtown Southeast/ Florence North	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, foreign, language, insurance, medically underserved
78.2n - Cerritos/ Hawaiian Gardens	NA	NA	NA	%API
78.2nn - Montebello North/ Monterey Park/ South San Gabriel	NA	NA	NA	%API, older, foreign, language

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2nnn - Crenshaw/ Culver City East/ Mid-City South/ West Adams	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, insurance, medically underserved
78.2o - Miraleste/ Palo Verdes Estates/ Portuguese Bend/ Rancho Palos Verdes/ Rolling Hills/ San Pedro West	NA	NA	NA	%API, older
78.2oo - El Monte/ Five Points	NA	NA	NA	%API, %Hispanic/Latina, education, poverty, employment, foreign, language, insurance
78.2ooo - Paramount North/ Willowbrook	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, language, medically underserved
78.2p - Long Beach Port/ San Pedro East/ Wilmington	NA	NA	NA	%Hispanic/Latina, education, poverty, employment, medically underserved
78.2pp - Hacienda Heights/ Industry Central	NA	NA	NA	%API, foreign, language
78.2ppp - Pacoima East/ Sun Valley West	NA	NA	NA	%Hispanic/Latina, education, employment, foreign, language, medically underserved
78.2q - Del Aire/ Inglewood West/ Los Angeles International Airport	NA	NA	NA	%Black/African-American
78.2qq - Asuza/ Charter Oak/ Covina	NA	NA	NA	%Hispanic/Latina
78.2qqq - Rosemead/ San Gabriel South/ South El Monte West/ Temple City West	NA	NA	NA	%API, education, foreign, language, medically underserved
78.2r - Inglewood East/ Lennox	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, medically underserved

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2rr - Glendale Northeast/ La Canada-Flintridge/ La Crescenta/ Montrose/ Sunland/ Tujunga/ Verdugo City	NA	NA	NA	%API
78.2rrr - La Mirada/ Santa Fe Springs South	NA	NA	NA	%API
78.2s - South Central Southwest	NA	NA	NA	%Black/African-American, %Hispanic/Latina, education, poverty, employment, insurance, medically underserved
78.2ss - Pomona East and South	NA	NA	NA	%Hispanic/Latina, education, poverty, language, medically underserved
78.2sss - Downey Southwest/ Lynwood North Central/ South Gate East	NA	NA	NA	%Hispanic/Latina, education, employment
78.2u - Redondo Beach Central and South/ Torrance West Central	NA	NA	NA	%API
78.2uu - La Habra Heights/ Whittier	NA	NA	NA	%Hispanic/Latina
78.2uuu - Athens/ Gardena Northeast/ Harbor Gateway North	NA	NA	NA	%Black/African-American, education, employment, medically underserved
78.2v - Carson/ Compton West/ Rancho Dominguez	NA	NA	NA	%Black/African-American, %API, employment
78.2vv - Los Nietos/ Santa Fe Springs Northeast	NA	NA	NA	%Hispanic/Latina
78.2vvv - Diamond Bar/ Industry East/ Phillips Ranch/ Pomona West/ Walnut	NA	NA	NA	%API, foreign
78.2w - Century City/ Cheviot Hills/ Rancho Park/ West Los Angeles/ Westwood	NA	NA	NA	%API
78.2ww - Pico Rivera/ Santa Fe Springs Northwest	NA	NA	NA	%Hispanic/Latina, education
78.2www - Valinda/ West Covina	NA	NA	NA	%API, %Hispanic/Latina

Population Group	Priority	Predicted Time to Achieve Death Rate Target	Predicted Time to Achieve Late-stage Incidence Target	Key Population Characteristics
78.2xx - Agoura Hills/ Calabasas/ Hidden Hills/ West Hills/ Westlake	NA	NA	NA	Rural
78.2xxx - Arcadia Central and Northeast/ Bradbury/ Monrovia/ Sierra Madre	NA	NA	NA	%API
78.2y - Culver City North/ Palms	NA	NA	NA	%API
78.2yy - Encino/ Tarzana/ Warner Center/ Woodland Hills	NA	NA	NA	Older
78.2yyy - Bassett/ Industry West/ La Puente	NA	NA	NA	%Hispanic/Latina, education, foreign
78.2zz - Northridge South/ Reseda North	NA	NA	NA	%Hispanic/Latina, foreign, language
78.2zzz - Baldwin Park/ Irwindale	NA	NA	NA	%Hispanic/Latina, education

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

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

Medium low priority areas

The Komen Los Angeles County service area (Los Angeles County) is in the medium low priority category. Los Angeles County is expected to take three years to reach the death rate HP2020 target and five years to reach the late-stage incidence rate HP2020 target.

Additional Quantitative Data Exploration

Komen Los Angeles County Service Area, Los Angeles County, is a large and heavily populated area. It encompasses 4,300 square miles and is home to over 10 million people.

Due to the large size of Los Angeles County (LA County), it has been divided into eight geographic areas or Service Planning Areas (SPAs) (Figure 2.1). These distinct regions allow public service and health agencies to better plan, develop, and provide more relevant services targeted to the specific health needs of the residents in these different areas.

The SPAs include:

- SPA1 - Antelope Valley
- SPA 2 - San Fernando
- SPA 3 - San Gabriel
- SPA 4 - Metro
- SPA 5 - West
- SPA 6 - South
- SPA 7 - East
- SPA 8 - South Bay

Figure 2.1. Los Angeles SPAs

For this report and for planning at the Komen LA County, SPAs are a more useful tool than Medical Service Study Areas (MSSA). There are one-hundred MSSAs within LA County and dividing the County into this many different study areas often dilutes rather than illuminates patterns in health and health care. For these reasons, this report will review quanittative data in LA County by SPAs.

Death rates

The death rate data source is:

- Age-adjusted death rate data come from the Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology, Linked 2009 California DPH Death Statistic Master File for Los Angeles County Residence.

Years of Potential Life Lost
Years of potential life lost (YPPL) in the context of this report measures the years that people might have lived had they not died prematurely due to breast cancer. YPPL is calculated by subtracting age at time of death from 75, which is the average age of death.

YPLL offers one way to quantify the impact breast cancer has on a community. The YPLL data source is:

- YPLL data come from the Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov).

Mammography screening
Mammography screening percentage is calculated from two pieces of information:

- The number of women living in an area who are over 40 years old.
- The number of these women who actually had a mammogram.

The number of women who had a mammogram is divided by the number who should have had one. The screening data source is:

- Mammogram screening, and reasons for not receiving a mammogram data come from the 2009 California Health Interview Survey (CHIS).

Demographic and socioeconomic measures
This report includes basic information about the women in each SPA (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live.

Demographic measures in this report include:

- Age
- Race
- Ethnicity (whether or not a woman is Hispanic/Latina – can be of any race)

Socioeconomic measures for each SPA include:

- Education level
- Income
- Unemployment
- Immigration (how many of the people living in an area were born in another country)
- Main language spoken at home
- Health insurance status

The demographic and socioeconomic sources of data are:

- Population, age, race, and ethnicity data come from the 2009 California Health Interview Survey (CHIS).
- Education level, income, unemployment, immigration, language, and health insurance data come from the 2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

Breast Cancer Death Counts and Rates, and YPLL

Breast cancer death rates and years of potential life lost are shown in Table 2.8 for:

- Komen Los Angeles County Service Area (Los Angeles County – CA)
- Each SPA

The rates in Table 2.8 are shown as age-adjusted and are per 100,000 females from 2005 to 2009. In addition, Table 2.8 shows:

- Size of the female population in 2009
- Average number of breast cancer deaths from 2005 to 2009
- Average of YPLL for 2005 to 2009

Table 2.8. Female breast cancer death counts and rates, and years of potential life lost

Geographic region	Female Population	# of Deaths (Annual Average)	Age-Adjusted Death Rate/ 100,000	YPLL (Annual Average)
LA County	5,136,000	1,108.8	21.3	13,255.2
SPA 1	170,000	32.8	22.2	488.6
SPA 2	1,081,000	249.8	19.2	3,014.4
SPA 3	938,000	203.6	21.8	2,392.2
SPA 4	591,000	108.2	14.6	1,280.2
SPA 5	352,000	92.4	22.2	988.8
SPA 6	505,000	109.6	28.5	1,445.2
SPA 7	631,000	132.8	23.0	1,570.4
SPA 8	867,000	179.6	23.3	2,075.4

Data are for years 2005-2009.
Rates are in cases or deaths per 100,000.
Source of population data: UCLA Center for Health Policy Research – California Health Interview Survey.
Source of death count and YPLL data: CDC – NCHS death data in SEER*Stat.
Source of death rate: LACDPH – Linked 2009 California DPH Death Statistic Master File.

Conclusions: Breast Cancer Death Counts and Rates, and YPLL

On average, there are just over one-thousand breast cancer deaths in LA County every year representing a death rate of 21.3 deaths per 100,000 females. There is some substantial variation in age-adjusted breast cancer death rates between SPAs. Breast cancer death rates in SPAs 6 and 8 are substantially higher than in LA County as a whole. There are two SPAs in LA County – SPA 2 and SPA 4 – that have death rates lower than the Healthy People 2020 goal and LA County as a whole.

On average, there are a total of 13,255 person years lost to breast cancer in LA County every year. SPAs 2, 3, and 8 had the largest YPLL; this is reflective of large populations and, in the case of SPA 8, a high death rate rather than a young average age at death.

Breast Cancer Screening

Mammogram Screening

CHIS asked women respondents a series of questions regarding their mammogram screening history. One of these questions was:

- "How long ago did you have your most recent mammogram?"
- With the possible explanation of "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."

Table 2.9 includes responses to this question for:

- Komen LA County service area (LA County)
- Each SPA

The percentages in Table 2.9 are based on the number of women over 40 responding to the question. The data have been weighted to account for differences between the women who were interviewed and all the women in the area.

Table 2.9. Mammogram screening history among females over 40 years old

Geographic region	Mammogram screening history					
	Two years or less		More than two years ago		Never had a mammogram	
LA County	79.3%	(76.9 - 81.7)	12.1%	(10.2 - 14.0)	8.6%	(6.9 - 10.3)
SPA 1	75.6%	(68.3 - 82.9)	14.8%	(8.7 - 20.9)	9.6%	(4.9 - 14.3)
SPA 2	82.9%	(78.9 - 86.9)	9.2%	(7.0 - 11.3)	7.9%	(4.4 - 11.5)
SPA 3	77.1%	(70.7 - 83.5)	11.4%	(8.0 - 14.8)	11.5%	(5.3 - 17.6)
SPA 4	69.5%	(59.1 - 80.0)	19.6%	(8.9 - 30.4)	10.8%	(6.2 - 15.4)
SPA 5	83.8%	(78.0 - 89.6)	11.9%	(7.2 - 16.7)	4.3%*	(1.6 - 6.9)
SPA 6	78.7%	(72.3 - 85.1)	12.3%	(7.4 - 17.1)	9.0%	(4.3 - 13.8)
SPA 7	82.1%	(76.7 - 87.6)	10.1%	(6.3 - 13.9)	7.8%	(4.1 - 11.4)
SPA 8	81.0%	(76.6 - 85.4)	12.1%	(8.3 - 15.8)	6.9%	(4.3 - 9.5)

Data are for year 2009.
Source of data: UCLA Center for Health Policy Research – California Health Interview Survey.
* Represents data that is unstable

Another question in the series about mammograms that CHIS asked women respondents was:

- "What is the ONE most important reason why you have NEVER had a mammogram/NOT had a mammogram in the past two years?"

Table 2.10 includes responses to this question for:

- Komen LA County service area (LA County)
- Each SPA

The percentages in Table 2.10 are based on the number of women over 40 responding to the question. The data have been weighted to account for differences between the women who were interviewed and all the women in the area. Because almost all of the SPA specific data is unstable and conclusions cannot be drawn from them, these data were not included.

Table 2.10. Main reason for not having a mammogram in LA County

Main reason for not having mammogram								
No reason	Didn't know it was needed	Doctor didn't tell it was needed	Haven't had problems	Put it off/ laziness	Expensive / no insurance	Painful/ Embarrassing	Too young	Other
5.1%	2.4%	4.7%	4.5%	13.1%	16.9%	9.3%	3.0%	41.1%
(2.1 - 8.2)*	(0.5 - 4.3)	(1.1 - 8.3)	(1.2 - 7.7)	(7.4 - 18.7)	(8.5 - 25.2)	(4.2 - 14.4)	(0.4 - 5.6)	(27.5 - 54.8)

Data are for year 2009.
Source of data: UCLA Center for Health Policy Research – California Health Interview Survey.
* Represents data that is unstable

Conclusions: Breast Cancer Screening

In LA County, far more women have received a mammogram in the last two years than have not; nearly 80 percent of women over 40 have received a mammogram within the previous two years while only 8.6 percent have never received a mammogram. While there is much variation between the SPAs, no SPA's percentage is significantly different from that of the County as a whole. In general SPA 5 appears to have the best screening record with the largest percent of women receiving mammograms and the smallest percent never having had a mammogram. In contrast, SPA 4 appears to have the worst screening record with the smallest percent of women receiving a mammogram in the last two years and the largest percentage of women receiving a mammogram more than two years ago. Women in SPA 3 were most likely to have never had a mammogram screening.

The main named reason for not receiving a mammogram among women over 40 in LA County was the expense of a mammogram or not having insurance. However, it is important to note that over 40 percent of respondents stated that the main reason for not having a mammogram was not named and was some 'other' reason.

Population Characteristics

Race, ethnicity, and age data for LA County and each of the SPAs are presented in Table 2.11.

Table 2.11 shows:

- Ethnicity percentages for Hispanics/Latinos (of any race)
- Race percentages for five groups:
  - White (non-Latino)
  - Black/African-American (non-Latino)
  - American Indian and Alaska Native (non-Latino)
  - Asian (non-Latino)
  - Native Hawaiian and Pacific Islander (non-Latino)
  - Two or More Races (non-Latino)
- Percent of population that is over the age of 40

Table 2.11. Population characteristics – demographics

Geographic region	Hispanic/ Latino	White	Black/ African-American	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or More Races	% Over 40
LA County	48.3%	27.9%	8.4%	0.3%	13.1%	0.2%	1.9%	40.9%
SPA 1	44.0%	32.2%	11.1%	1.6%*	4.8%*	1.5%*	4.9%*	42.0%
SPA 2	41.6%	40.5%	4.2%	0.2%*	11.1%	0.2%*	2.2%*	46.5%
SPA 3	43.7%	25.2%	4.3%	0.1%*	25.3%	-	1.4%*	42.2%
SPA 4	55.8%	20.3%	8.5%	-	13.6%	-	1.7%*	52.6%
SPA 5	18.6%	61.5%	5.7%	-	10.5%	0.1%*	3.5%	36.0%
SPA 6	67.1%	1.5%*	25.9%	0.1%*	3.9%*	0.1%*	1.4%	40.9%
SPA 7	72.6%	15.5%	3.0%*	0.5%*	7.3%	0.3%*	0.8%*	43.7%
SPA 8	36.8%	33.0%	12.6%	0.5%*	14.7%	0.3%*	2.2%	43.0%

Data are for year 2009.
Source of data: UCLA Center for Health Policy Research – California Health Interview Survey.
* Represents data that is unstable

Socioeconomic data for LA County and each of the SPAs are presented in Table 2.12.
Table 2.12 shows:

- Percent of adults with less than a high school education
- Percent of population with household incomes less than 100 percent Federal Poverty Level
- Percent of adults who are unemployed (and not looking for work)
- Percent of adults who were not born in the US
- Percent of adults who do not speak mostly English at home
- Percent of adults ages 18-64 years who are uninsured

Table 2.12. Population characteristics – socioeconomics

Geographic Region	< High School Education	< 100% FPL	Unemployed	Foreign Born	Linguistically Isolated	Uninsured
LA County	23.2%	18.0%	13.5%	45.9%	39.3%	28.5%
SPA 1	25.0%	21.1%	16.9%	27.3%	23.2%	19.5%
SPA 2	19.1%	15.0%	13.3%	45.0%	34.0%	27.0%
SPA 3	24.1%	13.4%	14.1%	51.3%	45.4%	26.9%
SPA 4	27.6%	25.0%	15.0%	55.1%	48.4%	35.5%
SPA 5	6.7%	12.9%	7.8%	31.4%	16.6%	12.7%
SPA 6	38.3%	31.1%	15.5%	50.2%	53.5%	38.2%
SPA 7	27.5%	15.5%	13.5%	49.6%	47.6%	32.4%
SPA 8	18.9%	17.2%	12.8%	39.1%	31.5%	26.7%

Data are for year 2011.
Source of data: 2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

Conclusions: Population Characteristics

LA County has a large Hispanic/Latino population at nearly 50 percent. SPAs 7, 6, and 4 have even larger Hispanic/Latino populations at over 50 percent. In general, SPAs 6, 7, and 4 have smaller White population at less than 25 percent. SPA 6 has the largest proportion of Black/African-Americans. SPA 4 also has the largest percentage of those over the age of 40.

In contrast, SPA 5's population is less than 20 percent Hispanic/Latino. In general, SPA 5 has a much larger White population than the rest of the County. SPA 5 also has the smallest proportion of people over the age of 40.

In general, there are three SPAs that stand out from the others along these socioeconomic measures – SPAs 4, 5, and 6. SPA 5 consistently shows the smallest percentages for each socioeconomic measure save the percentage of those born outside of the US. SPA 5 has the smallest percent of those that did not graduate high school, of those living in poverty, of those that are unemployed, of those that do not mostly speak English at home, and of those that are uninsured. In contrast, SPAs 4 and 6 often show the two largest percentages for most of the socioeconomic measures. SPA 6 has the largest percentage of those that did not graduate high school, of those living in poverty, of those that do not mostly speak English at home, and of those that are uninsured. SPA 4 has the second largest percentage of those that did not graduate high school, of those living in poverty, of those that do not mostly speak English at home, of those that are uninsured, and of those born outside of the US.

These socioeconomic measures influence the population's ability to access appropriate medical and preventative care. The great differences in these measures between SPAs indicates substantial social disparities.

Summary of Data Sources

Table 2.13. Data sources and years

Data Item	Source	Years
Population, age, race, and ethnicity	California Health Interview Survey. CHIS 2009. Los Angeles, CA: UCLA Center for Health Policy Research, January 2013.	2009
Death and Years of Potential Life Lost	Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database	2005 - 2010
Age Adjusted Death Rate	Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology, Linked 2009 California DPH Death Statistic Master File for Los Angeles County Residence.	2009
Education, Foreign Born, Language, Unemployed, Poverty, Uninsured	2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.	2011

Data Limitations

The quantitative data in this report have been gathered from credible sources and uses the most current data available at the time.

Recent data

The most recent data available were used but, for cancer death, these data are still several years behind. The most recent breast cancer death data available at time of data collection were from 2005-2010.

Multiple cancer data sources

Because the data sets used for the SPA analysis differed from those used in the MSSA analysis, there are minor differences in the values of the data. However, such minor variation should not have a substantial effect.

Specific groups of people

Data is not available on some groups such as some racial and ethnic subgroups and those with metastatic breast cancer. Census data is often too broad to capture smaller racial and ethnic subgroups. Coding of breast cancer in the cancer registry does not accurately capture current stage. Stage of cancer is recorded at time of initial diagnosis and is not re-coded if a cancer progresses.

Inter-dependent statistics

The various types of breast cancer data in this report are inter-dependent. Caution is needed in drawing conclusions about the causes of changes in breast cancer statistics.

It is important to consider possible time delay between a favorable change in one statistic such as screening and the impact being reflected in other statistics such as the death rate. There can take 10 to 20 years for favorable changes in breast cancer control activities to be reflected in death rates.

Missing factors
There are many factors that impact breast cancer risk and survival that are not included in this report. For some of these factors, quantitative data are not available and for others, there is not space to report on all relevant variables.

Selection of Target Communities

Priority Areas
In order to be the most efficient stewards of resources, Komen LA County has selected two target communities within the service area. The Affiliate will focus strategic efforts on these target communities over the course of the next four years. Target communities are those communities which have cumulative key indicators showing an increased chance of vulnerable populations likely at risk for experiencing gaps in breast health services and/or barriers in access to care.

When selecting target communities, the Affiliate reviewed breast cancer death rates, screening percentages, demographic and socioeconomic factors to identify those regions that are experiencing the deepest breast cancer disparities. Additional key indicators the Affiliate reviewed when selecting target areas included, but were not limited to:

- Death rates
- Below average screening percentages
- Residents living below poverty level
- Residents living without health insurance
- Unemployment percentages
- Residents who are linguistically isolated and/or foreign born

The selected target communities are:

- SPA 4 – Metro
- SPA 6 – South LA

SPA 4 – Metro
SPA 4 is a densely populated area with 591,000 female residents. While the age-adjusted death rate is very low with 14.6 deaths per 1000,000 women, SPA 4 has higher rates of late-stage diagnoses than other SPAs (APHA, 2012). Annually, SPA 4 loses about 108 residents to breast cancer and sees 1,280.2 years of potential life lost to breast cancer.

SPA 4 appears to have the worst screening record of any SPA with the smallest percent of women receiving a mammogram in the last two years and the largest percentage of women receiving a mammogram more than two years ago. The main named reason for not receiving a mammogram among women over 40 in LA County was the expense of a mammogram or not having insurance.

SPA 4 is a diverse area. When compared to the County as a whole, SPA 4 has a larger proportion of Hispanics/Latinos, Black/African-Americans, Asians, and residents over the age of

40. The high proportion of Black/African-Americans is important because late-stage incidence rates in Black/African-Americans are higher than among Whites and Black/African-Americans are more likely to die from breast cancer than Whites.

On all socioeconomic measures reported above, SPA 4 shows higher percentages than LA County as a whole. SPA 4 has the second largest percentage of those that did not graduate high school, of those living in poverty, of those that do not mostly speak English at home, of those that are uninsured, and of those born outside of the US. All these socioeconomic indicators suggest that the residents of SPA 4 are experiencing substantial social disparities which likely create barriers to accessing care.

In sum, SPA 4 has been identified as a high priority area due to:

- High rate of late-stage diagnoses of breast cancer
- Poor breast cancer screening record
- Large proportion of Hispanic/Latinos, Black/African-Americans, and Asians
- Large proportion of older residents
- Poor socioeconomic indicators including education, poverty, and lack of insurance

Based on above data regarding demographic and socioeconomic characteristics of SPA 4, it appears many residents would benefit from local services that are no- or reduced-cost, culturally sensitive, and easily accessible. The actual availability of these services will be reviewed in a health systems analysis.

SPA 6 – South LA

SPA 6 is a densely populated area with 505,000 female residents. The age-adjusted death rate in SPA 6 is higher than any other region (at 28.5 deaths per 100,000 women). Annually, SPA 6 losses about 110 residents to breast cancer and sees 1,445.2 years of potential life lost to breast cancer.

When compared to LA County as a whole, a smaller proportion of women in SPA 6 have received a mammogram in the last two years, and a larger proportion have received a mammogram more than two years ago or have never received a mammogram.
When compared to the County as a whole, SPA 6 has a larger proportion of Hispanic/Latinos and Black/African-Americans. Together Hispanic/Latinos and Black/African-Americans make up about 93 percent of this SPA's population. SPA 6 has a larger proportion of Black/African-Americans than any other SPA. This is substantial due to the high death rates Black/African-American women experience from breast cancer when compared to other races.

On all socioeconomic measures reported above, SPA 6 shows higher percentages than LA County as a whole. When compared to all other SPAs, SPA 6 has the largest percentage of those that did not graduate high school, of those living in poverty, of those that do not mostly speak English at home, and of those that are uninsured.

These socioeconomic measures influence the population's ability to access appropriate medical and preventative care. These high percentages of poor socioeconomic indicators suggest that SPA 6 is experiencing substantial social disparities.

In sum, SPA 6 has been identified as a high priority area due to:

- High breast cancer death rate
- Poor breast cancer screening record
- Large proportion of Black/African-Americans and Hispanic/Latinos
- Poor socioeconomic indicators including education, poverty, and lack of insurance

The health systems analysis component of this report will take a deeper look at the available breast health services in the area. With the high death rate, it is important to gain a clear understanding of how accessible breast health services are in the region.

Health Systems Analysis Data Sources

The health system analysis was completed from a review of publicly available data sources in Los Angeles (LA) County. The following are the resources used to complete the health systems analysis:

- Food and Drug Administration (FDA) certified Mammography Centers
- The National Association of County and City Health Officials Directory of Local Health Departments (including the LA County Health Department and the city health departments of Long Beach, Vernon, and Pasadena)
- The National Association of Free and Charitable Clinics Directory
- The Health Resources and Services Administration Directory of Community Health Centers
- The Medicare registered hospital's database
- Every Women Counts Providers
- Community Based Organizations providing breast health support services (including Komen LA County grantees)
- Quality of Care (Certifications and Accreditations) resources websites for College of Surgeons, College of Radiology Centers of Excellence, College of Surgeons for National Accreditation Program for Breast Centers, and National Cancer Institute Designated Centers
- Census data for targeted communities
- Quantitative Data section (above)

The data from the resources noted above, were collected for the Affiliate's two target communities – Service Planning Areas (SPAs) 4 and 6. As described in the Quantitative Data section above, SPA 4 represents the LA Metro area and SPA 6 represents South LA.

The following information was collected for each breast health resource included in this analysis:

- Organization name
- Organization type
- Address
- SPA
- Contact phone number
- Screening services provided (including mobile mammography, clinical breast exams (CBE), screening mammography, and/or patient navigation)
- Diagnostic services provided (including diagnostic mammography, ultra-sound, biopsy, MRI, and/or patient navigation)
- Treatment services provided (including chemo- therapy, radiation, surgery, reconstruction, and/or patient navigation)

- Support/Survivorship services provided (support groups, side effect management, individual counseling/ psychotherapy, exercise/ nutrition programs, complementary therapies, financial assistance, end-of-life care, and/or legal services)
- Quality of Care indicators (including American College of Surgeons CoC accredited, American College of Radiology Breast Imaging Ctr. of Excellence, American College of Surgeons NAPBC accredited, and/or NCI designated cancer center)

Additional information on local resources such as community-based organizations, and social support resources were included following the framework of the cancer continuum of care (see below) to identify any potential assets and/or gaps in breast health services within the Affiliate's service area.

Health Systems Overview

The breast cancer continuum of care (continuum) models how one should move through the health system from screening and diagnostic services to treatment and follow-up care (Figure 3.1). The continuum model can be used to: 1) assess why some individuals never enter or delay entry into the continuum; 2) uncover gaps in service availability; 3) identify barriers to services utilization; and finally 4) determine how to best address those gaps and barriers. The continuum consists of the following elements: education, screening, diagnosis, treatment and follow-up care, and can also include survivorship, and/or end-of-life care. For the best outcomes, patients should move through the continuum quickly and seamlessly.

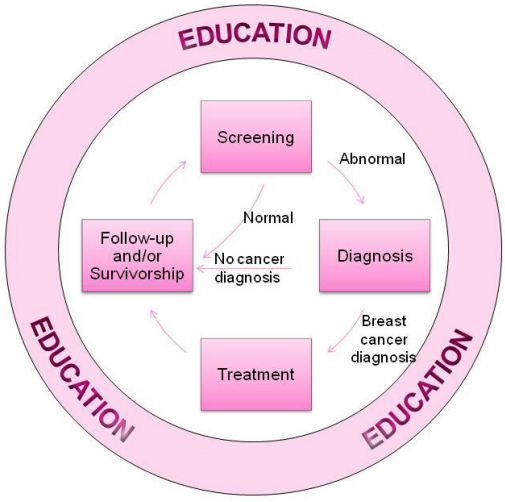

Figure 3.1. Breast Cancer Continuum of Care (CoC)

Screening

Breast cancer screening is often the point of entry into the continuum of care. Because screening tests can detect cancer early, when it's most treatable, getting screened for breast cancer is the best way for women to lower their risk of dying from the disease. Screening services may include clinical breast exams and screening mammograms. If a screening reveals no abnormalities, the patient should continue to the follow-up phase of the continuum.

Diagnosis

If symptoms are identified or if a screening produces an abnormal finding, diagnostic tests may be ordered. Timely diagnostic tests are important. Diagnostic services may include diagnostic mammograms, ultrasounds, biopsies, and magnetic resonance imaging (MRIs). If further testing reveals that the abnormality is not cancer, the women should continue the follow-up phase and follow screening guidelines.

Treatment
If breast cancer is diagnosed, the treatment phase will follow. As breast cancer is a heterogeneous disease, each patient's treatment plan will differ. Treatment may include chemo-therapy, radiation, and surgery.

Follow-up and/or Survivorship
Follow-up and/or survivorship care follows screening, diagnosis, and treatment. If no cancer is detected, this phase will include regular screening and follow-up visits with a health care provider. If cancer is detected and treatment pursued, this phase may include regular screening, management of side effects, and social and psychosocial support services. Furthermore, a woman may need support to continue breast health screenings, make recommended lifestyle changes, cope with stress and fear, and may require assistance with long- term care.

Education
Health education is essential at every point in the continuum. Education is needed to get people into the continuum, to ensure that they remain in the continuum, and to encourage compliance while moving through the continuum.

While the continuum model shows that follow-up and survivorship come after treatment ends, they commonly occur at the same time. Follow-up and survivorship may include things like financial assistance, symptom management, and reproductive services.

There are often delays in moving from one point of the continuum to another that can contribute to poorer outcomes. Also, many people face barriers to entering or staying in the continuum; such barriers may 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 and patient advocacy can address many of these barriers and help a woman progress through the continuum more efficiently.

Health Systems Analysis
The Affiliate's service area (LA County) has providers across the continuum that serves the community. The following reflects an overview of services across the continuum:

- Screening/Patient Navigation: Family PACT, Every Woman Counts (EWC), community clinics, health departments, hospitals, and community-based organizations
- Diagnostic/Patient Navigation: EWC, community clinics, health departments, hospitals, imaging centers, and community-based organizations
- Treatment/Patient Navigation: Breast and Cervical Cancer Treatment Program (BCCTP) providers, health departments, hospitals, and community-based organizations
- Other Social Support Services: health departments, community clinics, hospitals, and community-based organizations
- Follow-Up Care and Survivorship: community clinics, health departments, hospitals, and community-based organizations

Table 3.1 displays summary health system measures which are shown as both counts and per capita (per 100,000 females). These measures include:

- FDA Mammogram Centers includes centers that have been approved by the FDA
- EWC Providers includes all sites accepting EWC patients
- Continuum of Care (COC) Organizations supplied by Susan G. Komen:
    - Community Health Center includes community based organizations that provide primary care regardless of ability to pay (Federally Qualified Health Centers (FQHCs) and FQHC look-alikes)
    - Hospitals includes public or private, for-profit or non-profit medical centers
    - Title X Centers – Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services
    - Organizations supplying breast cancer screening services
    - Organizations supplying breast cancer diagnostic services
    - Organizations supplying breast cancer treatment services
    - Organizations accredited by the American College of Surgeons, American College of Radiology for Breast Imaging Centers, American College of Surgeons National Accreditation for Program for Breast Centers (NAPBC) and a NCI Designated Cancer Center – these accreditations are indicators of a high quality of care

In addition, Table 3.1 shows the female population in each geographical area of interest.

Table 3.1. Population and health system summary measures (counts and per capita) for LA County, SPA 4, and SPA 6

	LA County		SPA 4		SPA 6	
	Count	**Per Capita**	**Count**	**Per Capita**	**Count**	**Per Capita**
Female Population	5,136,000		591,000		505,000	
FDA Mammo Centers	203	4.0	27	4.6	8	1.6
EWC Providers	178	3.5	38	6.4	19	3.8
COC	527	10.3	122	20.6	56	11.1
Comm Health Centers	227	4.4	75	12.7	39	7.7
Hospitals	85	1.7	18	3.0	1	0.2
Title X Centers	70	1.4	12	2.0	11	2.2
Screening	527	10.3	122	20.6	56	11.1
Diagnostic	216	4.2	32	5.4	8	1.6
Treatment	50	1.0	11	1.9	0	0
Accreditation	50	1.0	10	1.7	0	0

Data are for years 2005-2014.
Per capita measures are given as organizations per 100,000.
Source of population data: UCLA Center for Health Policy Research – California Health Interview Survey.
Source of FDA Mammogram Center data: Food and Drug Administration – Mammography Center website.
Source of EWC Provider data: Every Women Counts – California Department of Health Services website.
Source of COC, Community Health Centers, Hospitals, Title X Centers, Screening, Diagnostic, Treatment, and Accreditation: Susan G. Komen – 2014 California Health System Analysis.

Table 3.1 shows clearly that there are many organizations in LA County providing breast screening, diagnostic, and treatment services. LA County has 178 providers that are part of the EWC network, which helps create access to screening, and diagnostic services for women who are uninsured or under-insured. In addition, the county has many organizations (fifty) that supply treatment services. The detailed data (not shown here) also includes many community-based organizations that provide social support services, such as patient navigation, legal services, interpretation services, and support groups across the County. Lastly, LA County has providers certified by the American College of Surgeons, American College of Radiology for Breast Imaging Centers, American College of Surgeons National Accreditation for Program for Breast Centers (NAPBC) and a NCI Designated Cancer Center, which are indicators of a high quality of care.

SPA 4 – Metro

With twenty-seven FDA approved mammogram sites, thirty-eight EWC providers, and 122 organizations supplying screening services, SPA 4 seems to be home to many screening sites (Figure 3.2). SPA 4 is home to many community health centers (seventy-five), hospitals (eighteen), and Title X Centers (twelve) all of which supply breast cancer screening, diagnostic, treatment, and/or support services. In fact, SPA 4 has more organizations offering diagnostic services and treatment services per capita than LA County as a whole. In addition, SPA 4 is home to nineteen support and survivorship organizations that supply support groups, side effect management, nutrition programs, end-of-life care, and legal services. It seems clear that SPA 4 has a robust health system; for every measure provided in Table 3.1, SPA 4 shows more health organizations per capita than the rest of LA County.

As described in the Quantitative Data section, SPA 4 has a high rate of late-stage diagnoses of breast cancer, and a poor breast cancer screening record. The data considered here suggests that the causes of these poor outcomes may not be because of any lack in availability of health services across the continuum of care. However, just because services are available does not indicate that they are utilized. Possible barriers to utilization of the health system in SPA 4 must be explored.

Komen LA County works to develop and maintain key partnerships throughout the continuum of care to improve access to breast health services in SPA 4. The following are examples of some existing partnerships:

- Many local hospitals including St. Vincent Medical Center, California Hospital Medical Center, White Memorial Medical Center, and USC/Kenneth Norris Jr. Cancer Hospital which is a comprehensive cancer center
- Consulates located in SPA 4, most notably the General Consulate of Mexico
- Many local clinics including the Saban Community Clinic and the KHEIR Center
- The University of Southern California has been a long time partner of Komen LA County and its health sciences campus is located in SPA 4
- Komen LA County sits on a local coalition called ACCESS for LA which includes key stakeholders including a representative from the County Public Health Department

- Many local support organizations including the Cancer Legal Resource Center which offers free legal services, Project Angel Food which delivers free meals to those going through cancer treatment, and PALS for Health which offers interpretation services
- Komen LA County sits on the local coalition called the Comprehensive Cancer Control Coalition for SPA 4 (C4-SPA4) which includes community and faith organizations, government officials, businesses, foundations, hospitals, universities, and community clinics
- Komen LA County's train-the-trainer program targeting Spanish-speaking women, called Unidas en Rosa, has created numerous partnerships between Komen and local faith-based organizations including the Los Angeles-Lincoln Heights Spanish SDA Church and Our Lady of Guadalupe Church
- Many local businesses including Northgate Gonzalez Markets and McCormick & Schmicks
- Community-based organizations that provide education and screening linkages including the California Health Collaborative

Komen LA County will continue to identify and develop key strategic partners to make available access to breast health services, to increase timely utilization of these services, and to effectively meet the needs of SPA 4.

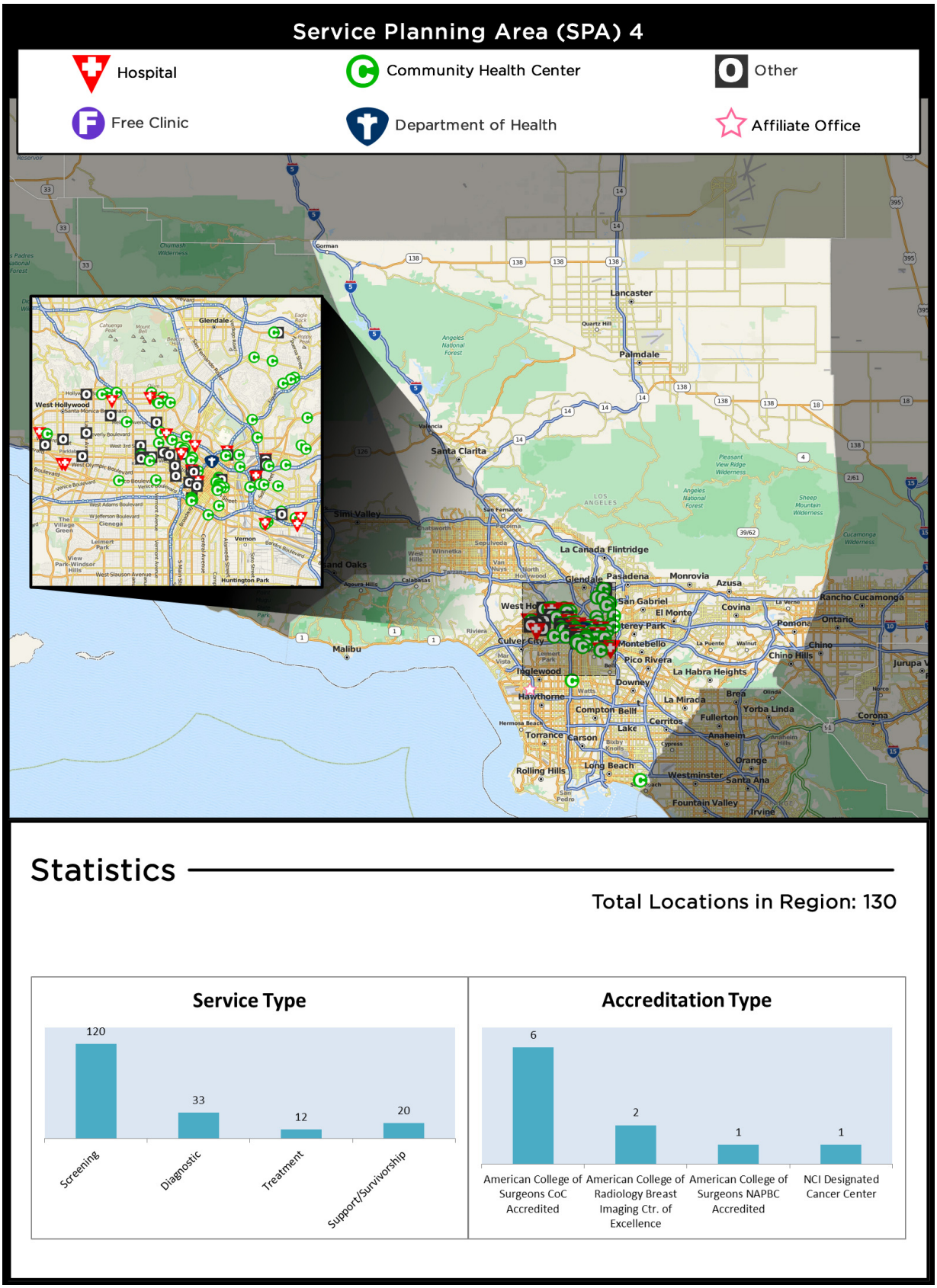

Figure 3.2. Breast cancer services available in Service Planning Area 4

SPA 6 – South LA

SPA 6 seems to have a reasonable number of organizations providing screening services; Table 3.1 indicates that SPA 6 has more organizations providing screening services per capita than LA County as a whole (Figure 3.3). However, as there are far fewer FDA approved mammogram sites per capita in SPA 6 than in the rest of the County, there may be some reason for concern over the relative quality of these screening sites. Table 3.1 shows some evidence that there may be too few diagnostic and treatment services in SPA 6. SPA 6 has fewer hospitals, organizations supplying diagnostic services, and organizations supplying treatment per capita than the rest of the County. In fact, there is not one organization in SPA 6 supplying breast cancer treatment. Furthermore, none of the organizations supplying screening, diagnostic, or treatment services have any of the four accreditations tracked here. There are a few support resources located in SPA 6 including three culturally tailored support groups.

As described in the Quantitative Data section, SPA 6 has a high breast cancer death rate, and a poor breast cancer screening record. While the causes for these poor outcomes are likely complex and diverse, one such cause may be the lack of services across the cancer continuum of care particularly diagnostic and treatment services. However, more exploration of access and utilization of care in SPA 6 is needed to determine the causes of the observed poor breast cancer outcomes.

Komen LA County strives to develop and maintain key partnerships throughout the continuum of care to improve access to breast health services in SPA 6. The following are examples of some existing partnerships:

- Many local clinics including T.H.E. Clinic Inc. and the UMMA Clinic
- Local public officials including local LA City Council Member, Curen Prince
- Many local support organizations including Sisters Breast Cancer Survivors Network, and Celebrate Life Cancer Ministry
- Local universities such as Charles Drew University and the University of Southern California
- Local physicians including Dr. Roberto Vargas who is currently implementing a patient navigation program and wellness center to reduce disparities in cancer care in SPA 6
- Komen LA County's Unidas en Rosa program has created numerous partnerships between Komen and local faith-based organizations including the Our Lady Victory Church
- Komen LA County's Worship in Pink program has created numerous partnerships between Komen and local faith-based organizations including FAME Church, Mt. Hebron Missionary Baptist Church, Bethlehem Temple Church, and Central Baptist Church
- Komen LA County partners closely with the mobile mammogram unit from Watts Health care Corporation to host mobile mammography events around SPA 6
- Komen LA County has worked with the six other Affiliates in California to develop an Black/African-American Initiative to address breast health disparities of Black/African-Americans in California; local efforts focus on SPA 4 and SPA8
- Komen LA County has successfully established a coalition, known as the Komen Community Partnership, comprised of leaders and advocates of the Black/African-

American community to guide the Affiliate's mission-related work and identify effective strategies for awareness-building, education, outreach, and linkage to breast health screening services; the coalition's efforts focus on SPA 6 and SPA 8
- Many local businesses including Northgate Gonzalez Markets
- Community-based organizations that provide education and screening linkages including the California Health Collaborative

Komen LA County intends to identify new and strengthen existing partnerships in SPA 6 to increase the availability of needed health services across the continuum particularly diagnostic and treatment services.

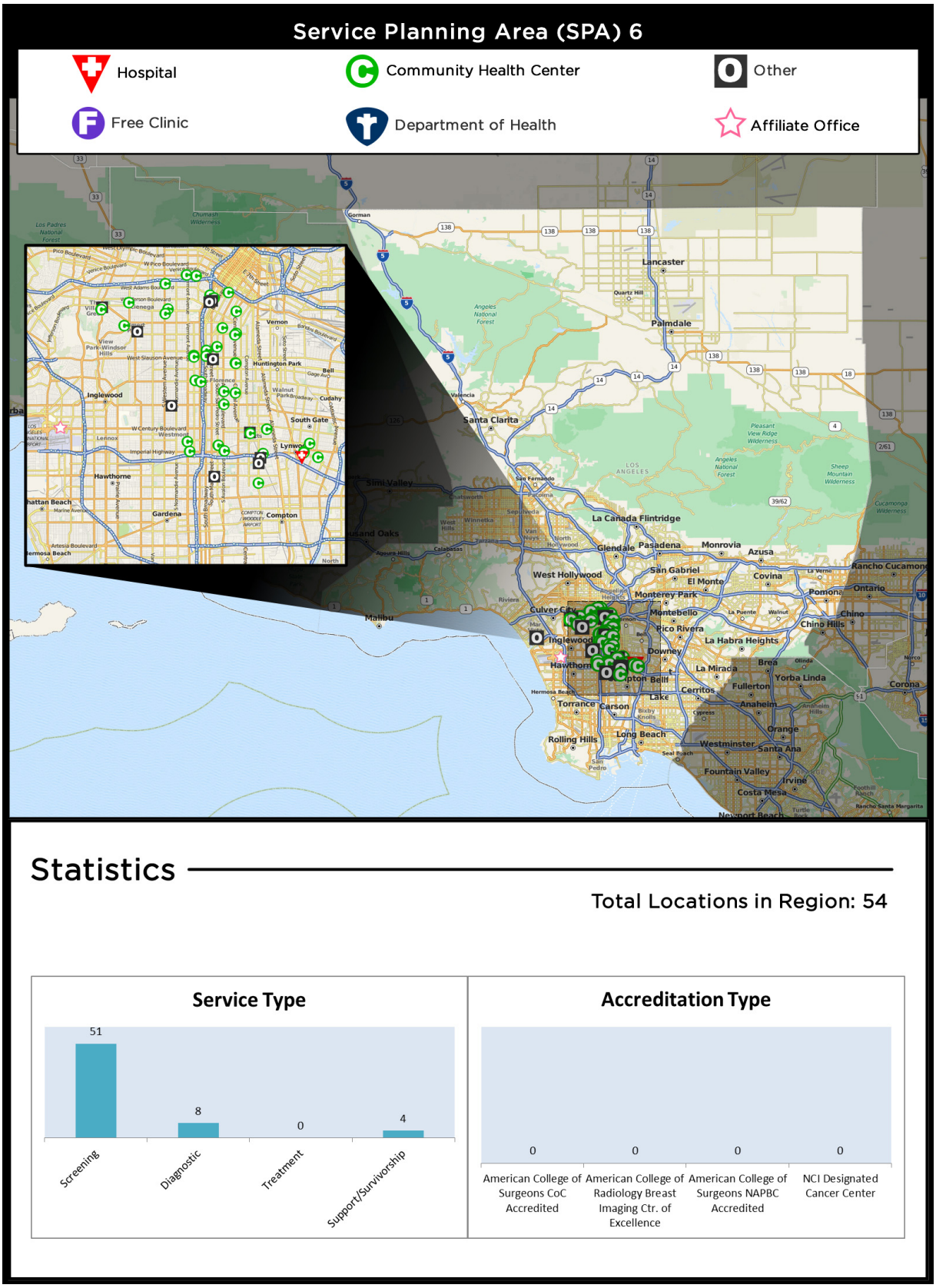

Figure 3.3. Breast cancer services available in Service Planning Area 6

Public Policy Overview

National Breast and Cervical Cancer Early Detection Program

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) supports, the provision of clinical breast exams, mammograms, Pap tests, pelvic exams, diagnostic testing, and referrals to treatment for low-income and uninsured women. The program is supported by the Centers for Disease Control and Prevention (CDC), which provides a federal grant to each state (CDC, 2014).

In California, the program is referred to as Every Woman Counts (EWC), and receives additional state funding from general state funds and from state tobacco tax revenue. EWC is part of the Department of Health Care Service's Cancer Detection and Treatment Branch and is separate from Medi-Cal (California's Medicaid Program). The mission of EWC is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services, with special emphasis on the underserved (DHCS: EWC, 2014).

The eligibility requirements for EWC are the following:

- Uninsured or under-insured
- Income at or below 200 percent federal poverty level
- Between the ages of 40-64 for breast care services
- Proof of California residency
- Not eligible for any other state or federally funded programs, such as Medi-Cal

In California, oversight for EWC services is provided through regional contractors throughout the state. In LA County, this contractor is the California Health Collaborative. A statewide 1-800 number is available for inquiries regarding eligibility and referrals for services. The phone line is answered Monday through Friday from 8:30am to 5:00pm and provides language assistance in English, Spanish, Mandarin, Cantonese, Korean and Vietnamese. Additionally, the EWC website provides a search portal for woman and providers to identify local EWC services. Individuals can enroll on-site at local EWC provider offices and health centers (DHCS; EWC, 2014).

If breast cancer is found, treatment is provided to eligible individuals through the Breast and Cervical Cancer Treatment Program (BCCTP). BCCTP provides full-scope Medi-Cal to low-income and uninsured women who meet the federal eligibility 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. The application and required documents for the BCCTP program are available in eleven languages, including English, Spanish, Vietnamese, Cambodian, Hmong, Armenian, Cantonese, Korean, Russian, Farsi and Laotian. Individuals can request an application for enrollment through the state BCCTP phone number, or enroll through certified application assistants at health centers and hospitals (DHCS; BCCTP, 2014).

Komen LA County works with the local EWC representatives by partnering on outreach and education efforts, sitting on various community coalitions and collaborations together, communicating about all available resources in the community, and acting as a referral source for each other's services. Furthermore, the Affiliate has provided education about any updates and/or changes in policy that effect access to NBCCEDP to local community members.

Komen LA County is also an active member of the Komen California Collaborative Public Policy Committee (KCCPPC), which is comprised of representatives from all seven California Affiliates. The KCCPPC maintains relationships with the Department of Health Care Services and the EWC Administration, and closely monitors the program in terms of potential budgetary impacts, changes to eligibility, and screening recommendations. Komen LA County, along with other members of the KCCPPC, will continue to strengthen relationships with legislators, DHCS staff and EWC Administration.

State Comprehensive Cancer Control Coalition

The California Dialogue on Cancer (CDOC) is a statewide cancer coalition, established by the California's Comprehensive Cancer Control Program in 2002. It is comprised of stakeholders and representatives from community organizations working together to reduce the burden of cancer in the state of California. CDOC was created to develop and implement California's Comprehensive Cancer Control Plan.

The California Cancer Control Plan for 2011-2015 addresses the cancer continuum of care and includes primary prevention, early detection and screening, treatment, quality-of-life and end-of-life care. It also addresses cross-cutting issues such as advocacy, eliminating disparities, research, and surveillance.

The plan includes the following two breast cancer objectives:

- 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 (CDOC, 2014).
- 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 (CDOC, 2011).

Komen LA County and the KCCPPC participate in CDOC stakeholder meetings and receive information from CDOC related to training opportunities and other pertinent updates. Komen LA County also sits on the local CDOC coalition called ACCESS for LA. CDOC is in the process of developing a new strategic plan for 2015 and the KCCPPC will be involved in the planning sessions to inform objectives and activities regarding breast cancer.

Affordable Care Act

In 2010, California was the first state in the nation, to enact legislation to implement the provisions of the federal Affordable Care Act (ACA), creating Covered California (Covered California, 2014). This health care marketplace was established to increase access to affordable

and quality health care. California also decided to expand its Medi-Cal Program to cover individuals at or below 138 percent of the federal poverty level.

California has the greatest number of uninsured individuals of all the states with over seven million uninsured (CFHC, 2014). By 2014, 2.6 million Californians were eligible to access financial assistance through Covered California to pay for their health insurance, and 1.4 million were newly eligible for Medi-Cal (Covered California, 2014). However, a large number of individuals (nearly three million) will remain uninsured in California (CHFC, 2014). Approximately 703,000 are eligible to Medi-Cal but do not enroll; 959,000 are undocumented and ineligible for insurance coverage; and 1.4 million are eligible for coverage through Covered California and do not enroll (CHFC, 2014). Of this 1.4 million, 577,000 are eligible for subsidies but will not take them and 832,000 are not eligible for subsidies (CFHC, 2014).

By many measures Covered California has been a great success. As of March 31, 2014, almost 1.4 million consumers enrolled in plans statewide and a total of 1.9 million Californians enrolled in Medi-Cal. A report by the Commonwealth Fund, estimates that roughly one in four people who were uninsured in 2013, now have received coverage, with the state of California having the highest expansion in coverage. The percentage of Californians without health insurance was cut in half, from 22 percent a year ago to 11 percent by the end of June 2014 (Collins, Rasmussen and Doty, 2014).

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

- Breast cancer mammography screenings every one to two years for women over 40,
- Breast cancer genetic testing counseling (BRCA) for women at higher risk for breast cancer, and
- Breast cancer chemoprevention counseling for women at higher risk (ACA, 2014).

However, individuals 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 essential in providing clinical breast exams, mammograms, and diagnostic testing (Levy, Bruen and Ku, 2014). Additionally, while mammography is a covered benefit under ACA, there will still be women that purchased a higher deductible health plan and have substantial out of pocket costs as it relates to breast cancer diagnostic services and treatment.

While much excitement has surrounded the ACA and the roll out of the health care marketplace, a lot remains undetermined in regards to 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. Some studies report not only a shortfall in health care providers, but also in the health care workforce as a whole (Anderson, 2014). While these concerns may be warranted, other efforts are taking place to ensure collaboration and partnership across providers (safety net providers, private providers, Medi-Cal providers,

hospitals, and health systems) to ensure that the needs of the changing health care delivery system are met (HRSA, 2014).

For Komen LA County, there will remain a substantial number of uninsured individuals who are in need of breast health services and will rely on access to NBCCEDP/EWC or Affiliate resources to ensure timely and quality access to breast health services. Komen LA County 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 LA County is actively involved in public policy activities at the state and local level and stays apprised of key public policy issues in the service area. The Affiliate participates on the KCCPPC monthly calls, attends both state and national lobby days, and meets with local legislators regularly to speak on pertinent breast health issues and maintain relationships.

As mentioned above, Komen LA County sits on the local CDOC coalition for the county, ACCESS for LA. ACCESS for LA works with the state cancer coalition and participates in its annual convening to learn best practices and lessons learned and to network with other colleagues in cancer education, prevention, screening, and advocacy. The local Affiliate intends to continue participation with ACCESS for LA and CDOC, and provide leadership on breast health issues.

Health Systems and Public Policy Analysis Findings

The selected target communities – SPA 4 and SPA 6 – are similar to one another in that they both have poor breast health outcomes but they have dissimilar health systems. For their population size, SPA 4 seems to have many services across the continuum while SPA 6 has few and has no treatment resources. This hints that the motivating factors of the poor breast health outcomes may too be dissimilar. While access issues may be at the heart of SPA 6's poor outcomes, something else may be the motivating factor of SPA 4's poor outcomes.

These differences in motivating factors will determine Komen LA County's focus in relationship building in each target community. In SPA 4, the Affiliate will focus on organizations conducting education and outreach and aiming to increase utilization of the health system. In SPA 6, Komen LA County will focus on building relationships with organizations well placed to begin offering diagnostic and treatment services as it seems this is a clear gap in the health system.

As outlined above, Komen LA County has many valued and productive partnerships within SPA 4 and SPA 6 as well as across the County. The Affiliate recognizes the importance of the many partnering organizations and individuals in ensuring access to quality and timely breast health services.

The KCCPPC and Komen LA County have had many recent public policy successes. In recent years, the lobbying and advocacy efforts of Komen LA County have helped established the California Oral Anticancer Treatment Access Law, reinstate funding for the California state program EWC, increase support of the Federal Oral Cancer Drug Parity Act, and keep local legislators updated and involved with the Affiliate's community efforts.

While there have been many recent public policy accomplishments in California with more individuals with health coverage through Medi-Cal and Covered California, there are still populations that are falling short in terms of enrollment and utilization. Moreover, the Affiliate is concerned that there will be women left without coverage. The Affiliate in collaboration with the KCCPPC will work to ensure that EWC and BCCTP remain viable and well-funded.

The Affiliate will continue to leverage partnerships, dollars, and efforts with community partners, key stakeholders, community leaders, and others in order address the breast cancer disparities in target communities and across LA County.

Qualitative Data: Ensuring Community Input

Qualitative Data Sources and Methodology Overview

Methodology

Susan G. Komen Los Angeles (SGKLA) sought to better understand the strengths, challenges, and opportunities to improve breast health and breast cancer outcomes in their community. To do so, SGKLA actively collected qualitative data to obtain the voice of health care providers and community members. To assist with the qualitative data collection and analysis process, the Affiliate contracted with HARC, Inc., a nonprofit organization specializing in community-based health and wellness research.

The Affiliate chose to use two key methods of data collection: key informant interviews and surveys. HARC researchers qualitatively analyzed the data from both methods to extract common themes and overarching messages that emerged from the data.

Key Informant Interviews

SGKLA conducted a total of 12 qualitative interviews with key informants who either serve or research the areas of SPA4, SPA6, or both.

Surveys

SGKLA used an existing survey and distributed the forms to members of the general population, survivors, and providers. A total of 116 surveys were analyzed for this report.

The use of multiple data collection methods allows for a more comprehensive and deeper understanding of the existing barriers and gaps in Continuum of Care. Additionally, using multiple methods increases the validity of the findings and reduces bias.

Sampling

The Affiliate identified four geographic areas of interest:

- SPA 3: Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Monterey Park, Pasadena, Pomona, Rosemead, San Dimas, San Gabriel, San Marino, Sierra Madre, South El Monte, Temple City, Walnut, and West Covina.
- SPA 4: Boyle Heights, Chinatown, Eagle Rock, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood Hills, Hollywood, Korea Town, Los Feliz, Monterey Hills, Mount Olympus, Park La Brea, Silverlake, and Westlake.
- SPA 6 includes the communities of Compton, Crenshaw, Florence, Lynwood, Paramount, Rosewood, Watts, West Adams, Willowbrook, and Windsor Hills.
- SPA 8 covers the South Bay/Harbor area, and includes the communities of Avalon, Carson, El Segundo, Gardena Palos, Hawthorne Ranch, Hermosa Beach, Inglewood, Lawndale, Los Angeles, Long Beach, Manhattan Beach, Verdes Estates, Palos Verdes, Redondo Beach, Rolling Hills, Torrance.

Within each of these four communities, the Affiliate's target populations of interest included:

- Black/African-Americans aged 40 and over,
- Breast cancer survivors,
- Health care providers, and
- The General Population.

Ethics

The interview script began with a section on informed consent. This consent section covered all of the elements of informed consent, including a description of the purpose of the research and the types of questions to expect; a description of anticipated risks and benefits of participation; their rights to skip questions or cease participation at any time; and a statement of how their confidentiality would be protected. After hearing the informed consent script, all participants gave their verbal consent for continued participation. For those who were audio-recorded, they were informed of the purpose of audio recording and gave verbal consent to be audio recorded prior to the beginning of audio recording.

Data collected from the interviews were stored on a password protected computer server, and names were omitted in order to ensure confidentiality. At no time in this report are individual responses identified.

Qualitative Data Overview

The Affiliate sent all interviews and surveys to HARC for data analysis. A total of 12 key informant interviews were conducted and a total of 116 surveys were distributed to the general population, providers, and survivors. The general population were asked questions about barriers, solutions, and resources. Providers were asked questions about resources, education, and care. Survivors were asked questions about treatment, resources, and solutions. The results of data analysis are described in what follows.

SPA 3 Summary

More could be done to get the message out, particularly in the Black/African-American community. One unique obstacle encountered by the general population in SPA 3 is the fear over over-diagnosis by care providers--detecting something that's not really a problem. Obstacles identified in SPA 3 include a lack of knowledge, limited time to get screened, and lack of transportation/availability of services. Survivors in SPA 3 indicated that they were challenged by a lack of social support and a lack of information.

SPA 4 Summary

The general population indicated one of the main reasons women do not get breast cancer screenings is access. Few mentioned large barriers to follow-up treatment in SPA 4, however a few acknowledged that those who are low-income or immigrants are less likely to receive a screening. A unique resource in SPA 4 is that churches serve as a valuable resource in getting the message out about breast cancer. Survivors in SPA 4 indicated they experienced abundant support and information during their survivor years.

SPA 6 Summary
The general population in SPA 6 is quite knowledgeable of the free resources available in their community. For the most part, few indicated there were problems accessing breast cancer resources with only a few indicating access was a problem. Access was expounded with comments related to the lack of services in their area and a lack of services on the weekends. The survivors in SPA 6 acknowledged many challenges during their diagnosis and treatment, including: fear, loneliness, and lack of information.

SPA 8 Summary
The general population in SPA 8 largely indicated there are few things that make it difficult to seek a breast screening. Suggestions to make it even easier, include increased transportation and/or closer services. Populations who are least likely to obtain screenings include low-income, young women, and older Black/African-American women. Survivors in SPA 8 indicated they lacked support and resources during survivorship and would appreciate more support groups and support activities.

Qualitative Data Findings

Limitations of the Qualitative Data
There are a few notable strengths and weaknesses to the data sources and data methods. One strength of the surveys is that it provided the individuals with a sense of anonymity in sharing their responses. These open-ended responses gave individuals a chance to freely share their feelings about their personal experience and the broader needs in their community. There are a few weaknesses of this approach which merit consideration. First, there were a few instances of missing data because respondents did not indicate their zip code (SPA), or the zip code was illegible. Second, the survey administered was a paper-and-pencil survey and it is likely that the literacy rate among respondents was not 100 percent. Therefore, paper-and-pencil surveys eliminate the number of people responding who are unable to read. Future surveys could be made available via an interview method.

Key Informant Interviews
A total of 12 key informants were interviewed, with five serving SPA 4, one serving SPA 6, and six serving both SPA areas.

Difference between Metro LA and South LA
Key informants highlighted a few stark contrasts between Metro LA and South LA. Metro LA was described as more racially and ethnically diverse. This diversity brings additional complexity in screening and treating breast cancer. For example, a few informants acknowledged that there are many immigrants (Hispanic/Latinos, Koreans, etc.) who may be fearful, unfamiliar, or confused by the health system. Additionally, the two areas were described as having different resources available. One informant described that the Metro area is relatively underserved, while another informant described that South LA probably has less access to hospital and subspecialty-based care.

South LA in general has poorer breast outcomes than the LA average, and a few informants posited this difference is the result of a lack of education, poor continuity of care, a large Black/African-American population that often have "more aggressive, faster growing tumors and higher death rates than the average population."

Reasons for Low Screening Percentages
Key informants elaborated on the finding that Metro LA has lower screening percentages and poorer breast outcomes than South LA. The explanations provided by informants tie in closely with the differences between the two areas. One key issue is the lack of knowledge—many in the Metro area are not informed about the importance of screenings, they don't have access to care, they don't know where to attain care and, importantly, there is little community outreach to minimize these issues. Immigration was also implicated as a reason for lower health screenings. For example, informants described that immigrants may not get tested because they don't have access to care and they fear the possibility of deportation.

Overcoming These Factors
Potential strategies were suggested for overcoming the barriers and differences between LA areas. A few informants described that outreach efforts need to be culturally-specific. While it is difficult to cater to each of the ethnic minority groups, it is essential that minorities feel comfortable to seek care. One informant described that the patients should have greater help in navigating the health system so they're aware of their resources. Others elaborated on the importance of timely screening, and reliable follow-up care.

Factors affecting Survivorship in Metro LA
Again, cultural sensitivity was an important factor affecting survivorship. Culturally specific outreach would be valuable in describing the diseases and why treatment is important. One informant elaborated on the need for age-specific support. More specifically, the informant noticed that there is a lot of outreach for older women with cancer but these support groups tackle different problems than a survivor who is 25-years old would face. Health behaviors were also described as an important piece to examine for survivorship: "South LA has really high obesity rates. So things like improving nutrition and physical activity, and increasing access to healthier foods – all of these are pieces to the puzzle."

The Impact of the Affordable Care Act (ACA)
The overall assessment of the ACA is that this program is somewhat complicated during these transition years. The informants described that there are many vulnerable groups that remain uncovered (such as immigrants), and yet the Affiliate still needs to continue to provide free resources until everyone is covered. One informant said "Before it helps, it hurts a little bit." There was one participant, however, that described one major benefit of the ACA is that it will be covering preventative services: "This is a good thing."

Additional Comments from Informants
Informants offered a few other comments regarding breast cancer screening and treatment. One informant described one barrier to implementing a survivorship care plan, which is that it

takes resources and knowledge about cancer and cancer survivorship. Thus, a survivorship care plan is more complex than one might assume. Another informant described that there is a need for affordable fertility services for young survivor women. Next, an informant emphasized the importance of considering environmental causes of breast cancer rather than focusing solely on screenings and treatment. Lastly, one informant described that the Affiliate needs to be more open-minded about geography and avoid limiting ourselves to thinking about SPA areas. Perhaps there should be a greater understanding of LA in general and then narrow it down to topics which are specific for each region.

SPA 3- General Population

SPA 3 is located between the San Gabriel Mountains to the north and the Whittier Hills to the South, and includes the communities of: Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Monterey Park, Pasadena, Pomona, Rosemead, San Dimas, San Gabriel, San Marino, Sierra Madre, South El Monte, Temple City, Walnut, and West Covina. There were a total of 37 respondents from SPA 3, including: three survivors, two providers, and 32 members of the general population.

Disadvantages and Advantages of a Mammogram

The general population in SPA 3 indicated that the disadvantages of a mammogram are the pain associated with the test and the risk of a false alarm or "detecting something that's not really a problem." Notably, a few participants remarked there is no disadvantage to having a mammogram. When asked about the advantages of a mammogram, the general population overwhelmingly indicated that cancer can be detected early. Others elaborated and explained that early detection can reduce the likelihood of death.

Available Resources

Many people in the general population identified services available in their neighborhood. Foremost, many in the general population refer to their doctor or local health care provider for resources. Specific hospitals named include Huntington Hospital and Kaiser. Community/Nonprofit programs were also named as a resource, and include: Marcia Ray Breast Center, Hill Breast, Susan G. Komen, and City of Hope. There were, however, a few members of the general population who indicated they are "not sure" about the breast cancer resources available to them in their community.

Knowledge about Breast Cancer

The general population identified a number of specific efforts being done in the community to get messages to women. Walks/walk-a-thons, media (television, radio, social media), conferences, workshops, and health forums. While many found these messages to be valuable, there were others who were not sure how the message was getting out and others who said more could be done—particularly in the Black/African-American community.

The general population in SPA 3 described their specific knowledge about breast cancer, including the importance of annual screenings and self-examinations. The general population

indicated they get their knowledge of breast cancer from health care providers (i.e., hospitals, doctors, clinics), resources (pamphlets, booklets, online websites), events (conferences, seminars, Susan G. Komen), and social resources (friends, family, professional contacts).

Barriers to Seeking a Clinical Screening and Follow-up Care
On a positive note, many people in the general population indicated that "nothing" makes it difficult to seek a clinical breast screening. However, a few specific barriers were named and include limited time, limited money, lack of information, and scheduling is difficult. There was also one person who mentioned transportation is a barrier and one indicated the associated "uneasiness" is a barrier. People in the general population of SPA 3 also indicated that nothing prevented them from follow-up treatment if they had an abnormal mammogram. Only one person indicated fear kept them from seeking care.

What prevents Women from Getting a Screening
Fear and cost are the main reasons the general population in SPA 3 do not get breast cancer screenings. Lack of knowledge was also a common reason women do not get screenings. Other responses include no time, scheduling is difficult, and also the lack of nearby facilities.

What Would Make it Easier to Get a Breast Exam
Many in the general population indicated that increased time/availability would make it easier to get a breast exam. Some suggested there should be more options for the evenings, weekends, and walk-in screenings. Reduced cost and increased transportation were also indicated as things that would make it easier for a breast exam. Lastly, a broader range of services would make it easier to get a breast exam. For example, one person said "I want to try the thermal method but it's not available at Kaiser, my provider." While there were many who made recommendations for ways to make it easier, many participants indicated they already get an annual breast exam.

SPA 3- Providers
Resources
When asked about free screening services in their community, one provider indicated that they are aware of free screenings, however, they do not make referrals for their patients who need a mammogram. Another provider indicated that they are not aware of free screening services in their community, they do, however, refer to "public health, free clinics, and physician offices."

Education and Outreach
The provider suggestions for education and outreach were varied. One provider indicated that the most effective way to educate women in their community about breast health are Susan G. Komen events. When asked about the knowledge of staff on the guidelines for breast cancer screening, one provider indicated that they are very knowledgeable. One provider noted that they do not have staff.

Continuum of Care
Members of the provider population use phone calls, cards, an iPhone app, apps at kiosks, and partnerships with breast feeding clinics to follow up with no-shows. When asked about their breast health screening recommendations for women of average risk, one provider indicated that they promote awareness and sharing information while another provider indicated their profession does not refer or interact with mammograms. One provider noted that they provide "pastoral care and discuss these issues with them" as a method for tracking if women are following screening recommendations.

Screening and Diagnosis
When asked about screening and diagnosis, one provider indicated that their office does not provide treatment for breast cancer. Members of the provider population noted that women in their community who are least likely to get regular screenings are immature, struggling with other issues, and low-income. Fear, ignorance, cost of services, and transportations were identified as barriers that prevent women from seeking/obtaining breast health services by providers.

Breast Cancer Treatment
One member of the provider population indicated they are not familiar with the California Breast and Cervical Cancer Program and the eligibility for treatment.

SPA 3- Survivors
Treatment
When asked about the challenges they experienced during their diagnosis and treatment, members of the survivor population identified a lack of social support and a lack of knowledge as challenges. On a positive note, survivors indicated their treatment was culturally appropriate.

Problems with Follow-up Care
Health side effects, such as lymphedema, and long wait periods between appointments were identified as problems survivors experienced when seeking follow-up care.

Breast Health Education and Awareness Materials
Members of the survivor population indicated that educational materials on breast health are available in their community and are effective in educating the community and raising awareness.

Gaps in Support
Members of the survivor population pointed to a lack of support during their treatment process. One survivor indicated that she would have wanted for "someone to sit with me during chemotherapy." Another survivor lamented the fact that she did not get involved in a support group until her treatment had ended.
Education about Breast Cancer
The survivor population indicated that they first turn to the internet when seeking health information. When asked about the best approach to educating the public about breast cancer,

one survivor suggested breast cancer awareness should be turned into a year-long endeavor. Another survivor suggested community lectures by health care professionals.

Resources during Survivorship Years
When asked what information, support, or resources have been lacking during their survivorship years, the responses and experiences of these women varied widely. One survivor indicated a lack of information on dealing with the sexual side effects of treatment. Another survivor indicated that she did not lack any information, support, or resources. Furthermore, members of the survivor population identified the types of survivorship activities they would like to see in LA County, including "fun, sexy" pampering and CAM therapies, such as massage. One survivor indicated that she is already involved in many activities.

SPA 4 – General Population
SPA 4 encompasses Metro LA and includes the communities of Boyle Heights, Chinatown, Eagle Rock, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood Hills, Hollywood, Korea Town, Los Feliz, Monterey Hills, Mount Olympus, Park La Brea, Silverlake, and Westlake. There were a total of 13 respondents from SPA 4, including two survivors, two providers, and nine members of the general population.

Disadvantages/Advantages of a Mammogram
Members of the general population indicated that the disadvantages of a mammogram are the pain associated with the exam, and also it's not a confirmatory method of diagnosis. When asked about the advantages of a mammogram, many in the general population identified early detection and finding out if you have cancer.

Available Resources
Various resources were identified by the general population in SPA 4. HMO's, women's centers, oncology consultations, free mammograms/screenings, and the Senior Center are all resources available to the community. Only a couple of people indicated they were not sure about the resources in their community.

Getting out the Message
The general population identified a few efforts that are getting out the message about breast cancer. Foremost, organizations provide information to the community, including: Komen, Drew medical, Links Beverly Hills, and also Churches. Additional efforts include media messages and word of mouth advertisements.

Knowledge about Breast Cancer
The general population largely gets their knowledge of breast cancer from their doctor or health care provider (Cedar-Sinai, Kaiser, etc.), nonprofits (Komen), family, personal work experience in health care, or from the Internet. The general population mentioned their specific knowledge about breast cancer, namely that it is important to do routine self-examinations.

Barriers to Seeking a Clinical Screening and Follow-up Care

Barriers to getting a cancer screening include having time, getting an appointment, and getting the service covered by insurance. One person indicated that getting a breast cancer screening is “not difficult because of HMO.” On a positive note, the general population in SPA 4 overwhelmingly indicated that nothing prevented them from follow-up treatment. One person indicated they had never received an abnormal mammogram.

What Would Make it Easier to Get a Breast Exam
The responses were varied for the question “what would make it easier to get a breast exam.” Responses include: less pain, reminder cards, mammogram events, and staying personally motivated. A final suggestion made by the general population is to make it “so you don’t have to go to your primary doctor to get your referral to an OB/GYN to get a breast/mammography screening.”

What prevents Women from Getting a Screening
The general population indicated one of the main reasons women do not get breast cancer screenings is access. Specifically, women often lack insurance, transportation, and time to go get a breast screening. Language barriers also limited the access of women. Other barriers include fear, lack of knowledge, and a lack of motivation.

SPA 4- Providers
Resources
Members of the provider population indicated that there are free screening services in their community. One provider indicated that they refer their patients to “EWC if uninsured/underinsured or to a low-cost facility in their area.”

Education and Outreach
When asked about most effective way to educate women in their community about breast health, one provider identified “mass media, small group education, social media, BCAM campaigns.” Another provider suggested going beyond social media and noted “most people now know that BC exists thanks to Komen, but I think now they need to know about what it actually is and how to treat it.” That provider also stated “I would love to see more education and funding towards metastatic breast cancer.” Furthermore, members of the provider population indicated that their staff is knowledgeable of the guidelines for breast cancer screening, however, one provider also noted that “more information about updated guidelines for young women with breast cancer would be helpful.”

Continuum of Care
Members of the provider population follow up with “no-shows” via phone calls and email. One provider indicated they also follow up in writing. When asked about their breast health screening recommendations for women of average risk, one provider stated that they recommend “every one to two years beginning at age 40.” One provider indicated that they respond to younger women requesting breast cancer screening by educating them about screening recommendations. When asked about tracking women to see if they are following screening recommendations, one provider indicated that they track all patients and follow up.

Screening and Diagnosis
Providers described that the women in their community who are least likely to get regular screenings as “low-income, uninsured, limited English proficient, recent immigrant.” Lack of information, cost, and distance were identified as barriers that prevent women from seeking or obtaining breast health services. When asked about the average wait time for an appointment for breast cancer screening, one provider states that wait time “depends on the clinic, but many EWC sites can accommodate patients the same week.”

Breast Cancer Treatment
Members of the provider population listed City of Hope, UCLA, Cedar-Sinai, and BCCTP as sites where patients from their community receive treatment. The provider population also noted that their offices continue to provide referrals, and one provider noted they provide legal assistance. When asked about their familiarity with the California Breast and Cervical Cancer program and the eligibility requirements, one provider indicated they are not. When asked about the length of time between breast cancer diagnosis and treatment, one provider indicated 30 to 60 days.

Finances and Collaboration
Once again, responses were varied with regard to finances and collaboration. It seems some providers are interested in hosting training sessions while others are not. When asked if they currently partner with local organizations in providing breast health services to women, one provider indicated they do not, while a second provider indicated they “collaborate with over 400 community based organizations and primary care providers.” Thus, provider practices are diverse in SPA 4 with regard to finance and collaboration.

SPA 4- Survivors
Treatment
On the bright side, members of the survivor population indicated that their treatment was culturally appropriate. However, survivors identified a few challenges they experienced during their treatment. One survivor indicated a negative experience during a medical procedure where she woke up during surgery. Another survivor identified acceptance of her diagnosis as a challenge.

Problems with Follow-up Care
When asked about any problems they experienced with follow up care, the survivor population identified health concerns as their primary problem. One survivor stated that she needed to have three surgeries while another survivor reported having developed hematomas.

Breast Health Education and Awareness Materials
Members of the survivor population indicated that educational materials on breast health are available in their community and are culturally appropriate and effective. One survivor indicated that information for free screenings is critical.

Education about Breast Cancer
The survivor population generally gets their health information from their medical doctor and the internet. Members of the survivor population indicated the best way to educate people about breast cancer is providing constant and consistent information. They also noted encouraging women to get an annual mammogram as important.

Resources during Survivorship
Members of the survivor population indicated they had support from a number of sources, including medical staff, family, friends, and other survivors. Members of the survivor population indicated that they do not feel they lacked information, support, or resources during their survivorship years. One survivor noted that she is an active advocate for herself. However, when asked about the types of survivorship activities they would like to see in Los Angeles County, members of the survivor population identified more walks, seminars, conferences, and workshops as activities they would like to see. One survivor indicated that she is already involved in several survivorship activities.

SPA 6- General Population
SPA 6 includes the communities of Compton, Crenshaw, Florence, Lynwood, Paramount, Rosewood, Watts, West Adams, Willowbrook, and Windsor Hills. There were a total of 45 respondents from SPA 6, including 12 survivors, one provider, and 32 members of the general population.

Disadvantages/Advantages of a Mammogram
Members of the general population indicated that the disadvantages of a mammogram are radiation exposure and the uncertainty associated with the exam. Notably, there a few participants remarked there is no disadvantage to having a mammogram. When asked about the advantages of a mammogram, many in the general population identified early detection of cancer or abnormalities. Others in the general population mention that mammograms are important to have done yearly and is an important part of maintaining your health.

Available Resources
Many people in the general population identified services available in their neighborhood. Foremost, free mammograms and free clinics were identified as valuable resources. Others identified specific programs including Komen LA, health fairs, Breast cancer Survivor Network, Planned Parenthood, Women of Color Support Group, and American Cancer Society. Doctors were also identified as available resources along with hospitals (i.e., LA County, Kaiser, and Hubert Humphrey). Only one member of the general population said they were not sure and one person said there were no resources available.

Getting out the Message
The general population identified a number of specific efforts being done in the community to get messages to women. Foremost, many nonprofit organizations provide talks, community outreach, and events to inform women about breast cancer. The specific nonprofits named

include: American Cancer Foundation, LA Care, Susan Komen, and Women of Color. Other types of outreach named include KJLY radio, news media flyers, “community forums like Celebration of Life”, and education in school. Lastly, many in the general population named church groups as a valuable source of information for women in the community. However, there were a few people who did not know or were unsure about how the message is getting out about breast cancer.

Knowledge about Breast Cancer

The general population largely gets their knowledge of breast cancer from personal experience: knowing someone with breast cancer, having breast cancer themselves, or working with breast cancer survivors. The general population mentioned specific knowledge about breast cancer including: it is important to get annual mammograms, early detection saves lives, and you should listen to the recommendations of your doctor. Only a couple people indicated they did not know much about breast cancer.

Barriers to Seeking a Clinical Screening and Follow-up Care

Many people in the general population indicated that “nothing” makes it difficult to seek a clinical breast screening. However, a number of people indicated issues related to access. For example, many indicated they do not have time to get a breast screening and there is a lack of services on the weekends. Another access issue is related to location, and some indicated there are no services in their area. On a positive note, most people in the general population indicated that nothing prevented them from follow-up treatment. However, one person indicated they do not like the doctor and one indicated insurance prevented follow-up.

What Would Make it Easier to Get a Breast Exam

Many people in the general population implicated themselves as the factor to increase their likelihood of getting a breast exam. For example, one participant said “I need to be very proactive with my health care and follow-ups”. Others indicated that they need to become more educated on the importance of screenings, where to go, and what is expected. Another common barrier is the lack of transportation. Lastly, there were a few participants that indicated it is already easy to get a screening and they are sure to get their annual screening.

What prevents Women from Getting a Screening

The general population indicated one of the main reasons women do not get breast cancer screenings is fear. Women may fear the possibility of cancer, too much radiation, and the pain associated with the exam. Another common factor that may prevent women getting a screening is the lack of information and lack of knowledge about free programs. Access to services was also identified as a reason women may not get a screening, including time and transportation issues. Other reasons include lack of health insurance and the high cost associated with a screening.

SPA 6- Providers

Screening and Diagnosis

A few barriers to seeking or obtaining breast cancer services include lack of insurance, and a long wait time to get an appointment. For example, one member of the provider population indicated that the usual length of time between cancer diagnosis and treatment is two months.

Finances and Collaboration

While a provider in this SPA indicated they are not interested in Susan G. Komen offering breast health training to staff and/or clients in their office, the indicated they currently partner with Women of Color in providing breast health services to women.

SPA 6- Survivors

Treatment and Follow-Up

Members of the survivor population identified several challenges they experienced during their diagnosis and treatment process. Foremost, fear, loneliness, and shock were identified as challenges they experienced. Others identified challenges including difficulty understanding treatment options and getting answers to health questions. Only three members of the survivor population indicated they did not experience any challenges during their diagnosis and treatment process. The majority of survivors indicated their treatment was culturally appropriate, with only one survivor noting that the treatment she received was not culturally appropriate. The majority of the survivors indicated they did not experience any problems with follow-up care.

Breast Health Education and Awareness Materials

Members of the survivor population indicated that educational materials on breast health are available in their community and culturally appropriate. Two survivors indicated that Susan G. Komen has done a lot of work to raise awareness in communities such as Long Beach, Compton, and parts of Los Angeles. Only one survivor indicated more could be done to raise awareness in their community.

Gaps in Support

The survivor population indicated several gaps in support while they were going through treatment. More support from their doctor, more information, and access to support groups at the time of treatment were all gaps in support survivors identified. However, three survivors indicated they did not experience any gaps in support during their treatment.

Seeking Information

Members of the survivor population identified several sources from which they obtain their health information. Social networks (support groups and friends), health organizations (American Cancer Society and Susan G. Komen), and health professionals were identified as sources of information. Survivors also pointed to the internet and library as resources for health information.

Educating the Public about Breast Cancer
The survivor population identified a number of methods for educating the public about breast cancer. Among the suggestions, community events, advertisements via various media outlets, and word-of-mouth were included. One survivor noted the importance of reaching out to women of color at a much younger age, 25-30 years old.

Resources during Survivorship
When asked what information, support, or resources have been lacking during their survivorship years, survivors had mixed responses. Several survivors indicated they had difficulty finding any information on these services. One survivor in particular indicated the need for "more information geared towards [African-American] women." Other survivors indicated they did not feel services were lacking and were involved in activities such as a support group or a church fellowship. However, the survivor population identified several survivorship activities they would like to see in Los Angeles County including, health and wellness programs, such as nutrition and exercise, social gatherings, and support groups.

SPA 8- General Population
SPA 8 covers the South Bay/Harbor area, and includes the communities of Avalon, Carson, El Segundo, Gardena Palos, Hawthorne Ranch, Hermosa Beach, Inglewood, Lawndale, Los Angeles, Long Beach, Manhattan Beach, Verdes Estates, Palos Verdes, Redondo Beach, Rolling Hills, Torrance. There were a total of 21 respondents from SPA 8, including three survivors, three providers, and 16 members of the general population.

Disadvantages/Advantages of a Mammogram
The general population in SPA 3 indicated that the disadvantages of a mammogram are the cost, the pain, sickness, and possibly death. When asked about the advantages of a mammogram, the general population overwhelmingly implicated early detection. Additionally, a general detection of breast cancer was identified as an advantage of mammograms.

Available Resources
One of the most prominent resources available in SPA 8 includes health care providers, including hospitals, medical centers, and health centers. Other resources include free mammograms and ultrasounds. A few people indicated that there are no available resources and some indicated they do not know about available resources.

Getting out the Message
A number of efforts are being done in the community to get messages to women. One of the most common efforts is events, including: community events/functions, health fairs, conferences, and marathons. Media was also a common approach to getting out the message, including: television, advertisements, pamphlets, and word of mouth.

Knowledge about Breast Cancer
The general population in SPA 8 largely gets their information from their doctor/health provider. A few mentioned the importance of getting an annual exam for early detection. Only a couple of people indicated do not have any breast cancer knowledge.

Barriers to Seeking a Clinical Screening and Follow-up Care
The vast majority of people in the general population indicated that "nothing" makes it difficult to seek a clinical breast screening. The few specific barriers include: time consuming, no insurance, and transportation. Furthermore, most people in the general population of SPA 8 indicated that nothing prevented them from follow-up treatment. Although one person indicated that they were told to go to the wrong place.

What Would Make it Easier to Get a Breast Exam
While many in the general population indicated that it is already easy to get a mammogram, a few listed specific things that could make it easier. For example, some suggested increased availability of transportation and closer services would make it easier to get a breast exam. Finally, one person indicated they simply needed to make the appointment.

What prevents Women from Getting a Screening
The main factors preventing women from getting a screening include access, knowledge, and self-neglect. First, there is limited access as transportation, access to services, and cost are all barriers to getting a screening. Second, knowledge is limited regarding the importance of screenings. Lastly, self-neglect was implied with the comments that "women don't think about themselves," they "won't make time," and they need someone to encourage them to go to the doctor.

SPA 8- Providers
Resources
Members of the provider population indicated that they are aware of the free screening services in their community. When a patient needs a mammogram, providers identified Long Beach Memoria, county facilities, and various organization as sites to refer their patients.

Health Education and Outreach
When asked about the most effective method for educating women in their area about breast health, providers identified seminars and "teaching with hands" as the most effective strategies. They also noted that their staff is knowledgeable on the guidelines for breast cancer screening.

Continuum of Care
Members of the provider population identified telephone calls as their primary method for following up with "no-shows." Other methods for follow up include a "church direct contact" and post cards. When asked how they respond to younger women who request a breast cancer screening, one provider noted that they refer young women to PMD. One member of the provider population indicated that they do not have a method for tracking women to see if they

are following screening recommendations, while a second provider noted that they do a yearly follow up.

Screening and Diagnosis
When asked to describe the women in their community who are least likely to get regular screenings, one provider stated “Black women over 50, young women mid 30s” while a second provider described the women to be “low-income women [and] uninsured women.” Members of the provider population indicated that they reach out to women who do not access mammography services through yearly breast cancer awareness and referrals. When asked about the barriers that prevent women from seeking and obtaining breast health services, members of the provider population identified fear, being low-income, lack or insurance, and lack of education as barriers. Members of the provider population were unsure of the wait time to get an appointment for breast cancer screening.

Breast Cancer Treatment
Providers in this region were unaware of the length of time between breast cancer diagnosis and treatment. When asked where patients in their community seek treatment, providers identified county facilities, clinics, and hospitals as sites for treatment. Members of the provider population indicated they provide support group services to their clients during treatment. The provider population indicated they would be interested in having Susan G. Komen offer breast health training to their staff and/or their clients. One provider indicated they do not currently partner with local organizations to provide breast health services to women. Another provider indicated that their key breast cancer partners are “friends at church.” When asked if they are willing to provide needed services, alone or in partnership, if funding was made available, one provider indicated they would be interested in doing so alone while another provider indicated they are currently unable to do so.

SPA 8- Survivors
Treatment
The survivor population indicated they did not experience any challenges during their diagnosis and subsequent treatment. Only one survivor noted health related challenges during treatment such as altered heart palpitations and lowered blood pressure. Furthermore, members of the survivor population indicated the treatment they received was culturally appropriate.

Problems with Follow-up Care
When asked about the problems they experienced with follow-up care, most survivors reported they did not experience any problems. One survivor, however, indicated she experienced low blood pressure.

Breast Health Education and Awareness Materials
Members of the survivor population indicated educational materials on breast health are available in their community, culturally appropriate, and effective.

Gaps in Support

The survivor population pointed to a lack of support and resources during the time of treatment. One survivor indicated a lack of healthy meals. Only one survivor indicated she felt supported during her treatment.

Breast Cancer Knowledge

When asked about sources of breast cancer knowledge, the survivor population primarily turns to the internet and medical professionals for their health information. One survivor indicated they turn to 211. Survivors were also asked about how the public should be educated about breast cancer. Members of the survivor population indicated there should be ongoing conversation through mediums such as literature and churches for educating the public about breast cancer.

Resources during Survivorship

When asked about gaps in information, support, or resources during their survivorship years, one survivor indicated a lack of information on the “complications that could arise from chemo.” Although other survivors indicated they did not lack information. Furthermore, members of the survivor population indicated they would like to see breakfasts, support groups, and any other survivorship activities in Los Angeles County.

Breast Health and Breast Cancer Findings of the Target Communities

Susan G. Komen Los Angeles County intends to continue focusing efforts on increasing access to each phase of the continuum of care, and partnering with breast health leaders in LA County (hospitals, clinics, and community-based organizations) to help patients navigate the health care system. The ultimate goal of these efforts is to improve breast cancer outcomes, reduce health disparities in Black/African-American women and overall breast cancer death.

Based on results from this Community Profile, an action plan with four (4) priorities was developed for the next two years. The timeline to complete the four priorities will be April 1, 2015 to March 31, 2017.

Mission Action Plan

PRIORITY 1- Increase the number of breast health resources, screening, diagnostic and treatment services for those uninsured and underserved living in the target communities of Los Angeles County.

- Objective 1: By May 2017, fund a minimum of 15 Community Grant Programs to increase diagnostic services, patients' navigation and social support outreach.
    - Activity 1.1: Fund comprehensive breast health outreach and education programs and community-based agencies that have demonstrated commitment to address the needs of the underserved and underinsured residents of Los Angeles County.
    - Activity 1.2: Modify the Affiliate Community Grants Program Request for Applications (RFA) increase the number of Los Angeles County residents screened for breast cancer through community organizations located in underserved Service Planning Areas (SPAs); and reduce the number of delayed diagnosis (to include the time from abnormal results to treatment and increase the number of women who complete treatment).
    - Activity 1.3: Establish evaluation measures to ensure and track quality of care for the Affiliate Community Grants Program.

- Objective 2: By May 2017, require that all Community Grant Program grantees make collaborative partnerships to fulfill the continuum of care cycle for patients.
    - Activity 1.1: During the 2016-2017 grants cycle, host grantee workshop to promote mechanisms and tools for grantees use that address quality and access the full continuum of care for breast health services.

PRIORITY 2- Increase the education of breast health services to reduce cultural competency barriers amongst underserved and uninsured Black/African-American and Hispanic/Latina women in the target communities of Los Angeles County.

- *Objective 1: By the end of July 2016, host a minimum of two (2) training workshops focused on breast health and cultural awareness for new Unidas en Rosa Ambassadors who are willing to be community champions, and breast health advocates (Promotoras)*
    - *Activity 1.1*: Komen LA County will collaborate with community based organizations and providers to offer breast health education events and trainings in the Spanish language and align content with cultural traditions of the Hispanic/Latina female population.

- *Objective 2: By March 31, 2017, Establish a minimum of 20 new partnerships with community or faith-based organizations in Los Angeles Country Service Planning (SPA) areas 4 (Metro LA) , 6 (South Central LA) and 8 (Greater Long Beach) to increase culturally competent messaging, provider competency, community knowledge, and Susan G. Komen breast health screening recommendations.*
    - *Activity 1.1*: Train providers to streamline and improve the screening and referral process.
    - *Activity 1.2*: Increase the number of providers[1] that understand screening recommendations supported by Susan G. Komen and their knowledge of the local breast health referral process or patient navigation continuum of care model (i.e. EWC Program and local/national Susan G. Komen grantee sites).
    - *Activity 1.3*: Influence partners and Affiliate grantees to incorporate or strengthen culturally competent messaging in breast health education activities and outreach projects.

- Objective 3: By August 2016, refine and expand the "Train-the-Trainer" curriculum for a minimum of 50 Black/African-American female Ambassadors to promote mammography screenings in the Black/African-American community.
    - Activity 1.1: Develop a formalized train-the-trainer curriculum to be used to support Circle of Promise (COP) and Worship In Pink (WIP). Training content will include breast cancer education to eliminate health disparities, targeted awareness messaging, survivorship and understanding of the disease.

- Objective 4: By Dec. 2017, seek to decrease late screening and death rates by increasing funding of programs that provide comprehensive case management/patient navigation services for organizations that serve Black/African-American women.
    - Activity 1.1: Partner with community organizations that host mobile mammography units and request an increase in mammography unit visits to Service Planning Areas (SPA's) 2, 4, 6 and 8.
    - *Activity 1.2*: Create a comprehensive plan for identifying training needs, activities and evaluation measure of the Circle of Promise Initiative to target Black/African-

[1] Providers include front line navigators, physicians, nurses, office staff, community health workers, and other officer staff or volunteers who work with patients and can improve patient care.

American women as defined by the Community Profile in Service Planning Areas 6 and 8.

- *Activity 1.3*: Revise and disseminate the Circle of Promise Action Plan to track the educational awareness campaign for Black/African-American women; benchmark the implementation activities and overall impact of the Komen LA County---Circle of Promise Action Plan to document the number of Black/African-American women living in LA County who received breast cancer screening and early detection through the Circle of Promise Initiative.
- *Activity 1.4*: Develop a grassroots social media outreach plan targeting Black/African-American women ages 25-50; promote visual images of Black/African-American women who have pledged to take and receive a mammogram, to reduce and decrease stigma/fear.
- *Activity 1.5*: Collaborate with local hospital, primary care physicians and local medical associations to increase the number of monthly breast cancer screenings for Black/African-American women using Circle of Promise and Komen breast health education materials.
- *Activity 1.6*: Develop a comprehensive plan within Komen Los Angeles County and in conjunction with all grantees and provider partnerships to track the number of women returning each year and following an annual regiment of mammography.

PRIORITY 3- Build community partnerships to increase access to the continuum of breast care and patient navigation within the selected target communities.

- Objective 1: By May 2017, Establish partnerships and develop a minimum of 20 written Memorandum of Understanding. (MOU) or contracts with local community organizations, Affiliate grantees and health systems to create continuity between referral, screening, diagnosis and treatment throughout the Los Angeles County service area
    - Activity 1.1: Develop partnerships and collaborations to reduce fragmentation in mammography and enhance access to care services for screening through follow-up care.
    - Activity 1.2: Establish partnerships that will address the lack of care coordination and promote systems changes to decrease the time of screening to diagnose and/or decrease time between diagnoses' and treatment for minority underserved women living in Los Angeles County.
    - Activity 1.3: Document and disseminate current grantee and partner sustainable practices and policies to reduce fragmentation of care.

- Objective 2: By May 2017, convene one (1) meeting of current and past Affiliate funded grantees and other stakeholders to discuss best practices for breast health services and access to care.
    - Activity 1.1: Affiliates staff and representatives will attend or participate in local coalitions and breast health policy committees to educate local and state elected officials on the following issues: importance of patient navigation in breast health care; current issues for breast cancer survivors in Los Angeles County; importance

of increased access to care in Los Angeles county for limited-English speaking residents and how the Affordable Care Act (ACA) is currently impacting Los Angeles County residents.

- Activity 1.2: Document and disseminate local/state "best practice" examples of grantee and Affiliate strategic partnerships where patients have been successfully navigated through the breast health care process (from initial screening referral through survivorship).
- Activity 1.3: Share research findings from the Community Profile and encourage community-based organizations, city/county health departments and philanthropic funders to apply culturally competent findings to their local community efforts and grantmaking.

PRIORITY VI- Build volunteer capacity and organizational support in Los Angeles County Service Planning Areas (SPA).

- Objective 1: By March 2017, increase the number of community volunteers to support the implementation of 2015 Community Profile Mission Initiatives by 35 percent.
    - Activity 1.1: Increase the number of volunteer outreach in underserved areas; and host volunteer drives in SPA 3, 4, 6 and 8.
    - Activity 1.2: Partner with community organizations located in SPA 3, 4, 6, and 8 to promote the mission of Komen Los Angeles County and encourage residents to become involved with the organization.

- Objective 2: By April 2018, increase the number of Komen Community Grants that show measureable impact within a 12-24 month period.
    - Activity 1.1: Revise the Medical Advisory Board by December 2015 to advise and implement the actions of the 2015 Community Profile. This Board will provide guidance and direction on the current activities of the 2015 Community Profile and the planning activities of the 2017 Community Profile process.
    - Activity 1.2: Strengthen outcome data/evaluation methods and requirements for grantee progress reporting and track impact using evidence-based models.
    - Activity 1.3: Increase the number of Komen LA County grantees participating in local and national public health/medical conferences.
    - Activity 1.4: Affiliate representatives will host quarterly grantee technical assistance workshops on conference abstract writing, monitoring and program evaluation, social media planning and public policy capacity building.
    - Activity 1.5: Explore collaborations and partnerships with non-traditional groups or organizations that provide childcare, transportation and financial assistance for breast cancer survivors and their families.
    - Activity 1.6: Implement a "Call-To-Action" in the Komen Los Angeles County 2016-2017 Community Grants Request for Applications (RFA) Guidelines to highlight the need for community organizations to submit applications for outreach programs that focus on Black/African-American women as their primary target population.

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