

Executive Summary

Introduction to the Community Profile Report

Established in early 1995, Susan G. Komen® San Diego has grown into San Diego County's largest provider of free breast cancer programs, services and treatments but maintains a lean organization ensuring that every dollar possible fuels the promise. With only five full time employees (President and Chief Executive Officer, Director of Development, Director of Marketing and Communications, Director of Grants and Public Policy, Development Assistant, Community Resource Advocate), and one part-time employee (Office Manager), the San Diego Affiliate, through its Board of Directors, committees and staff ensures good stewardship of supporter donations to fulfill the Affiliate's goal to reduce death rates from breast cancer and unlock the cures to this disease (Figure 1).

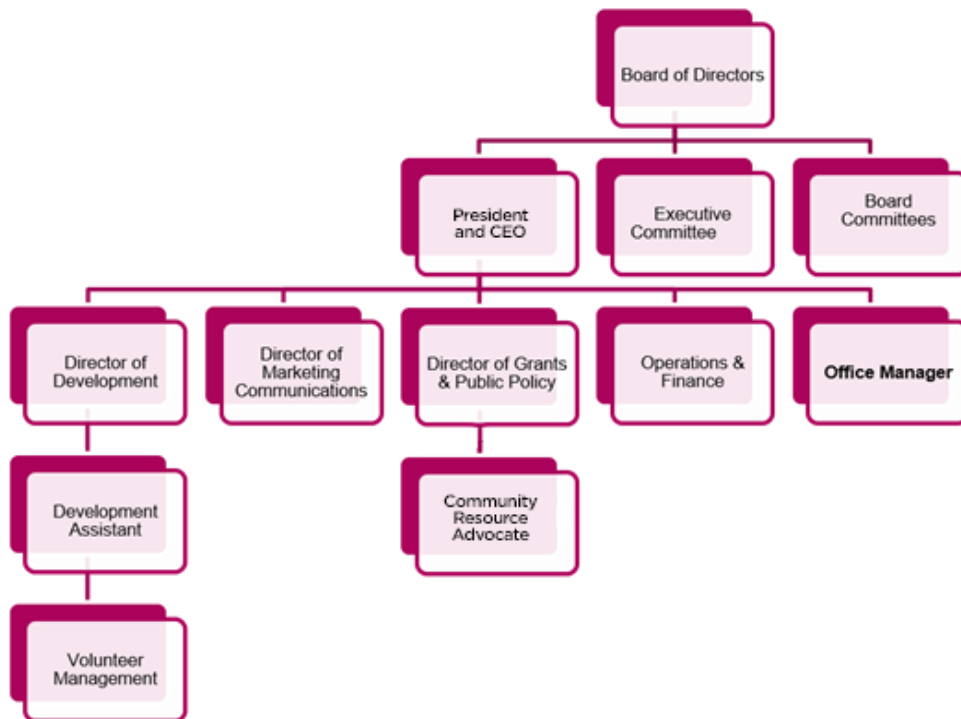
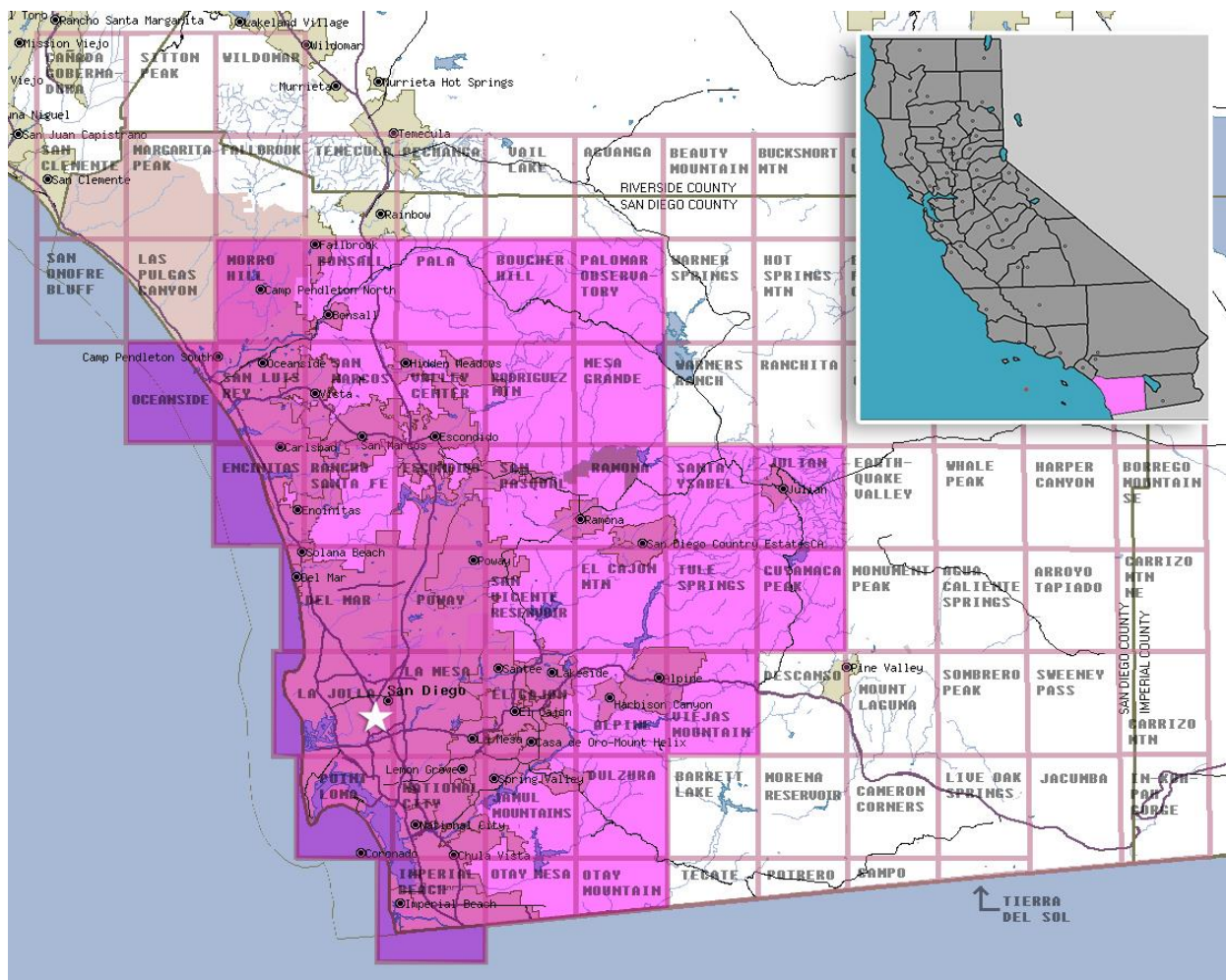


Figure 1. Susan G. Komen San Diego organizational chart

The Affiliate's service area is comprised of San Diego County (Figure 2). With an estimated population of 3,211,252 people, covering 4,206.6 square miles, according to the U.S. Census Bureau, San Diego is the second-most populous county in California and the [fifth-most populous](#) in the United States.

As of the Census of 2013, the racial makeup of San Diego is 47.2 percent [White](#), 32.9 percent [Hispanic](#) or [Latino](#) (of any race), 5.6 percent Black, 1.3 percent American Indian, 11.7 percent [Asian](#), 0.6 percent [Pacific Islander](#) and Native Hawaiian, 12.3 percent from [other races](#), and 4.2 percent from two or more races. Foreign born persons were reported at 23.4 percent, language other than English spoken at home was reported at 37.4 percent, high school graduate levels were reported at 85.5 percent, persons living below the poverty level were reported at 14.4 percent and the median household income was reported at \$62,962.



 San Diego Affiliate Office
  Service Area

Figure 2. Susan G. Komen San Diego service area

Since its inception in 1995, Komen San Diego has raised more than **\$12.5 million** to fund local non-profits who provide everything from free diagnostic mammograms and surgeries to patient navigation, meal delivery, child care and temporary financial aid. Up to seventy-five percent of every dollar raised stays in San Diego County to fund free diagnostic mammograms, treatment and services for qualified women and their families. The remaining 25 percent of net funds international breast cancer research. In fact, next to the US government, Susan G. Komen is the largest funder of breast cancer research in the world.

Not only does the Affiliate provide the breast health and breast cancer services San Diegans need to survive breast cancer and thrive after, but the Affiliate is also a breast health and breast cancer leader and expert in the community.

Komen San Diego works with the local Cancer Detection Partnership through the California Health Collaborative and the Clinical Coordinator for San Diego and Imperial Counties Cancer Partnership, as well as the State program Every Woman Counts. In addition, the Affiliate also works intimately with the Komen California Collaborative Public Policy Committee (KCCPPC), in

partnership with other affiliates throughout the state, to be aware of changes with the state National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Outside of state and government programs, the Affiliate provides breast health issues leadership to the community at-large through its newly implemented public breast health symposiums. The inaugural breast health symposium—Screens, Genes, and the Choices We Make— provided up-to-date information on available breast screenings, recommended breast screenings, the breast cancer genes and how they affect risk, breast cancer risk, and the impact of Susan G. Komen research funding. The Affiliate's breast health symposium is a great way to get education on breast health screening, breast cancer risk, the strides and discoveries made over the years and the outlook on the future of breast cancer.

The purpose of the Community Profile is to inform the Affiliate and community of where the need is greatest and what programs have the most impact by answering questions like who is being diagnosed and at what stage, where do they live, and what prevented them from accessing care for an earlier diagnosis? Tools like this help make the Affiliate the authority on breast cancer in San Diego and able to provide resources like its Community Grants and breast health symposiums.

The Community Profile allows the Affiliate to:

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

Quantitative Data: Measuring Breast Cancer Impact in Local Communities

Every four years, Komen San Diego takes an in-depth needs analysis of breast cancer in San Diego County carefully studying the answers to these questions to form the Affiliate's Community Profile.

Here is what was learned:

- In San Diego County, breast cancer incidence rates are higher (128.6 per 100,000 women) than in the US as a whole (122.1) and the State of California (122.0).
- The late-stage incidence rates in San Diego (46.1) are somewhat higher than the rates in the US as a whole (43.7) and in the State of California as a whole (43.5).
- African American women had the highest rate of late-stage incidence (51.6), followed by White women (48.2), Latina women (42.6) and API women (30.0). The AIAN late-stage

rates were suppressed due to small numbers. Based on these numbers, it is clear that African American women are at a higher risk for late-stage incidence than White women, who, in turn, are at a higher level of risk than API women.

- African American women have the highest death rates (27.7), followed by Caucasian women (23.9), Latina women (17.3) and then trailed by API women (13.2). Rates for AIAN women were suppressed due to small numbers. African American women have higher late-stage incidence rates and death rates than their White counterparts, making them an especially high priority group. API women have especially low late-stage incidence rates and death rates, making this population a lower priority.

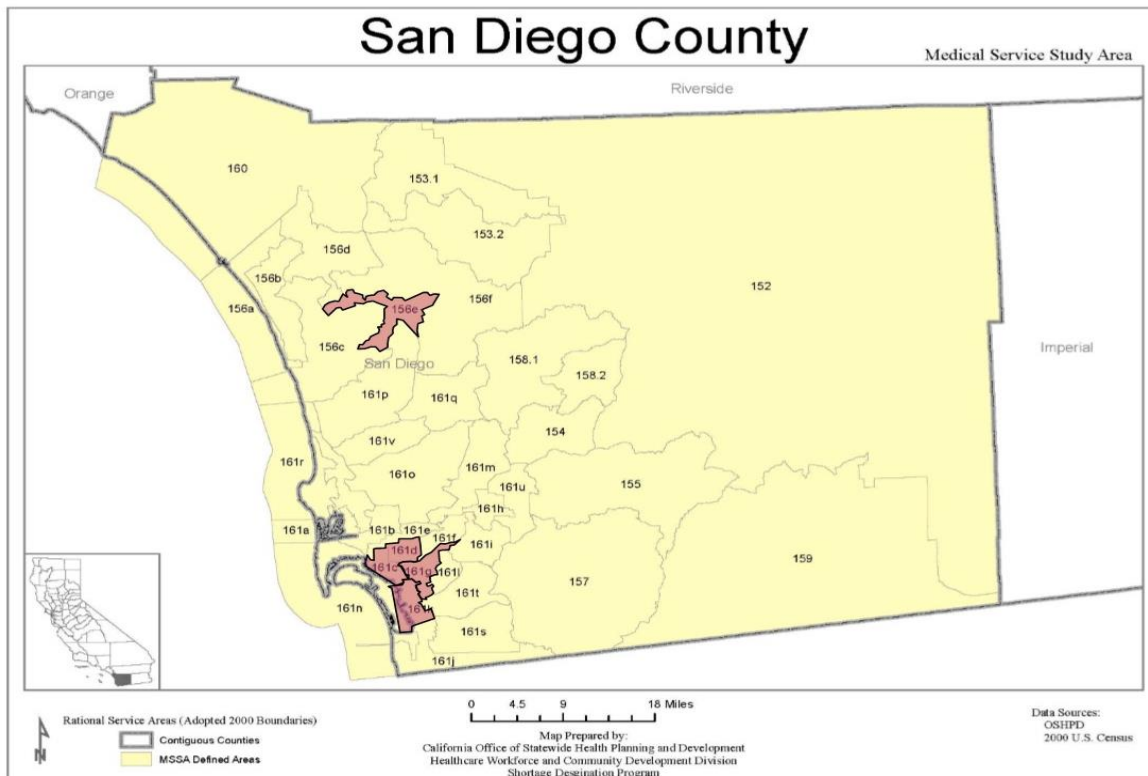
Detail: Target Communities

Because African American women have higher late-stage incidence rates and death rates than their White counterparts, and are an especially high priority group, Komen SD will focus efforts in areas that have a high proportion of non-Hispanic African American women.

Typically, people with low income, low education levels, low rates of health insurance, and high rates of unemployment are at great risk for health disparities. Thus, Komen SD will also focus heavily on communities that are impoverished and/or lacking in health insurance.

In order to provide focused target communities, the report uses the Medical Service Study Areas (MSSAs) as the unit of analysis. Based on these criteria, and on the Quantitative Data Report findings, the following target communities have been identified:

- MSSA 161c and 161d
- MSSA 161g
- MSSA 161k
- MSSA 156e



MSSA 161c includes the communities of Downtown, Golden Hill, and Logan Heights.

- Highest poverty rates in the entire Komen SD service area: 34.4 percent has an annual income below 100 percent of the federal poverty level, which is more than double the proportion of the population living in poverty in the nation, the State of California, or the rest of the Komen SD service area.
- Lowest levels of insurance coverage in the Komen SD service area: 33.3 percent of adults between the ages of 40 and 64 lack health insurance, which is nearly double the proportion of uninsured adults in the rest of the Komen SD service area.
- 74.8 percent are considered medically underserved—which is more than triple the proportion of medically underserved population for the nation, the state of California, and the Komen SD service area as a whole.
- 31 percent are foreign-born and 16.3 percent are linguistically isolated.

MSSA 161d includes the communities of Chollas Creek, City Heights, East San Diego, North Park, Oak Park, and South Park.

- The rate of poverty in this MSSA is the second-highest in the entire Komen SD service area.
- 13.2 percent of residents of this MSSA are African American, which is more than double that for the County overall. African American women are a particularly high-need population, due to higher late-stage incidence rates and higher death rates.
- 30.8 percent have less than a high school education—double the average for the US.
- 27.0 percent are living in poverty—double the average for the US.
- 11.6 percent are unemployed
- 29 percent of adults 40 to 64 lack health insurance.
- 55.8 percent of this MSSA is considered to be medically underserved—more than double the proportion of medically underserved in the US.
- 36.3 percent are foreign-born, and 14.7 percent are linguistically isolated. Both of these rates are nearly three times the national average for foreign-born and linguistically isolated populations.

*The Affiliate will be studying MSSA 161c and 161d as one target area because of their similar geographic and demographic make-up.

MSSA 161g includes the communities of Encanto, Lemon Grove Northwest, Lincoln Acres, National City East, and Paradise Hills Southwest.

- 19.2 percent are African American, which is triple the proportion for the County overall. African American women are a particularly high-need population, due to higher late-stage incidence rates and higher death rates.
- 32.1 percent have less than a high school education.
- 23.4 percent are living in poverty.
- 2.8 percent are unemployed.
- 29.1 percent of adults between the ages of 40 and 64 lack health insurance coverage.
- 43.9 percent considered to be medically underserved, which is especially high, considering this proportion is only 23.3percent nationally.
- 34.7 percent are foreign-born, and 14.9 percent are linguistically isolated—rates that are nearly triple the national averages proportions of these populations.

MSSA 161k includes the communities of Chula Vista Central and Northwest, and National City West.

- This MSSA has some of the lowest levels of education and health insurance in the Komen SD service area, and some of the highest levels of unemployment and poverty.
- 32.4 percent have less than a high school education.
- 29.3 percent of adults ages 40 to 64 lack health insurance.
- 13.4 percent are unemployed.
- 24.3 percent are living in poverty.
- 33.8 percent of this area is considered to be medically underserved, which is nearly twice the proportion in the Komen SD service area as a whole.
- 37.8 percent are foreign born and 22.1 percent are linguistically isolated, a rate that is nearly triple the proportion for the Komen SD service area as a whole.

MSSA 156e includes the communities of Escondido Central and South, San Marcos Central and East.

- 32.4 percent have less than a high school education.
- 28.5 percent of adults ages 40 to 64 lack health insurance.
- 9.4 percent are unemployed.
- 19.9 percent are living in poverty.
- 31.9 percent are foreign born and 19.7 percent are linguistically isolated, which is nearly triple the proportion for the Komen SD service area as a whole.

Health System and Public Policy Analysis

Once the areas at the highest risk of not meeting the HP2020 benchmarks were identified and marked as target areas, the Affiliate then studied the current available breast health services in those areas. What was found was that most were medical deserts.

Overall, there is a lack of breast cancer diagnostic services, treatment and support services, as well as a need for additional screening mammogram facilities across all the target areas. MSSA 156e holds the most comprehensive breast health landscape out of the four target areas with at least three resources for each step of the continuum of care, but only one has a quality of care indicator. In comparison, MSSA 161g has eight community health centers and one hospital, but no diagnostic, treatment or support services. Similarly, MSSA 161c/d has 21 community health centers and two mammography facilities, but no diagnostic services, treatment services or support services and MSSA 161k offers four community health centers, three hospitals and two imaging centers. All of the available resources in these areas have great referral partnerships with facilities that provide the lacking services outside the four target areas to complete the continuum of care, but the San Diego Affiliate knows that this is not good enough. Entering the continuum in one area of the county, and having to travel to another area of the county to progress to the next step in the continuum is disjointed, to say the least, and enough of a barrier for some to prevent progress through the continuum.

In order to address these barriers to care, the San Diego Affiliate will continue to utilize key partnerships in these target communities with community health organizations to work to bridge these uncovered barriers, as well as incorporate partnerships outside the target areas that could be brought into the target areas—for instance, the San Diego Affiliate’s mobile mammography program. In addition to targeting mobile mammography events to these areas, the San Diego Affiliate will work with community health centers and partners to develop diagnostic, treatment and support services in the four target areas and call upon local public elected officials as well as community leaders and business owners to become involved in efforts to raise awareness of

the lack of services in these areas and to bridge these barriers to care. It will be very important for the San Diego Affiliate to develop new partnerships with trusted community leaders and health providers in each target area of the county to assist in accomplishing these goals.

The KCCPPC and the San Diego Affiliate have been very successful in their public policy efforts. In recent years, the lobbying and advocacy efforts of the San Diego Affiliate have helped bring the California Oral Anticancer Treatment Access Law into place, reinstate funding for the California state program Every Woman Counts, increase support of the Federal Oral Cancer Drug Parity Act, bring attention to the issues within Covered California (California's ACA option) and keep legislatures updated and involved with the San Diego Affiliate's efforts in the community. San Diegans and Californians have a more comprehensive safety net for breast health care because of the San Diego Affiliate's public policy work. The Affiliate will continue to work in San Diego County and intimately with the KCCPPC to ensure that breast health resources stay readily available to San Diegans.

Qualitative Data: Ensuring Community Input

To identify where and which barriers and gaps exist in Komen San Diego's target areas, the Affiliate studied health care access issues, healthcare providers' awareness of breast health disparities, community leader awareness of breast health services and overall disparities in the areas targeted for study. To assist with the qualitative data collection and analysis process, Komen San Diego contracted with HARC, Inc., a nonprofit organization specializing in community-based health and wellness research.

Initially, the Affiliate chose two key methods of data collection: focus groups and key informant interviews. Key informant interviews provide detailed personal information about individual experiences, while focus groups provide insight into shared experiences, especially highlighting commonalities and differences in local experiences. These two methods were selected because they seemed the most feasible for the process. For instance, methods which relied on the need for participants to have telephones or computers (i.e. surveys, etc.) were avoided as target populations may not have access.

However, efforts to schedule focus groups became challenging; coordinating the schedules of multiple individuals to find a mutually acceptable date and time for the focus group proved difficult. The Komen San Diego community profile team used a variety of media to recruit focus group participants, including contacting grant partners, clinics and local elected officials as well as recruitment via social media and email lists. Unfortunately, due to the lack of focus group registration, the majority of the scheduled focus groups were cancelled except for three survivor groups in the Chula Vista area. As a result, the Affiliate replaced the focus group data collection method with document review. The Chula Vista-based focus groups data were retained as they provided valuable information. These focus group were audio recorded and transcribed verbatim for analysis.

Here's what key stake holders, community leaders, survivors and women over 40 in San Diego told us:

Emerging Barriers

- HMO approval delays: Having insurance is great, but HMO insurance many times creates delays in diagnosis or treatment that have a greatly negative affect.

- Under-insured/Co-payments: Even with new insurance opportunities, patients still cannot afford out-of-pocket costs.
- Where to go: Many people, even community leaders, are unaware of what resources are available.

Continuing Barriers

- Time: Making doctor appointments and mammogram appointments takes a lot of time, especially when patients have to travel and is a deterrent.
- Transportation: Getting to a doctor or mammogram is very difficult to the many people without cars or easy transportation.
- Culture: There continue to be many cultural barriers from belief systems, to stigmatism, to misinformation, to cultural distrust.
- Language and Health Literacy: Linguistically isolated or low health literacy levels continue to be barriers.
- Financial Concerns: Fear of being diagnosed due to being unable to afford treatment keeps people from getting screened.
- Diagnostics: inability to access or afford diagnostics.

Mission Action Plan

Problem Statement 1: It is clear that there is a real need for continued community outreach and education, as well as establishing a strong sense of community presence through partnerships and collaborations with community organizations and leaders in the four target areas. Target areas are not readily aware of what resources are available or who they are available through. It is also clear that Komen does not have a well enough established or trusted presence in the communities, especially the African American communities.

Priority: Increase breast health resource awareness in the four target areas.

- Objective 1: By August 2015, and from FY16-FY19, on an annual basis deliver by mail Komen San Diego Community Grant Sheets (brochures with a comprehensive list of free resources and Komen San Diego information) to all community clinics and hospitals in the Affiliate's four target areas.
- Objective 2: By August 2015, and from FY16-FY19, on an annual basis deliver by mail or email Komen San Diego Community Grant Sheets (brochures with a comprehensive list of free resources and Komen San Diego information) to all local elected officials in the Affiliate's four target areas.

Priority: Increase breast health outreach to the African American community in MSSA 161c/d and 161g.

- Objective 1: By June 15, 2015, hire a Community Resource Advocate to outreach and hold education interventions in these communities.
- Objective 2: By December 2015, meet with at least four community organizations and/or faith communities that work with the African American community to discuss breast health outreach (Jacobs Center, Bethel AME Church, SDBHA, SDBNA, Bethel Baptist Church).

- Objective 2: By December 2016, partner with at least two of these organizations and local clinics/healthcare institution to provide a culturally appropriate breast health event where women over 40 can sign up for a mammography appointment.

Priority: Increase provider and community leader knowledge of Komen San Diego resources and various referral processes to better navigate their patients/residents through the continuum of care.

- Objective 1: In FY 2016, hold at least one education seminar or symposium in the target areas to educate providers and community leaders about the most current breast health recommendations, resources available in the community, and other evidence-based programs that would increase their patients'/residents' rates.

Priority: Increase access to breast health continuum of care through developing partnerships in 2015 Community Profile target areas.

- Objective 1: By March 31, 2016, add at least one medical, public health, non-profit or professional from one of the target areas to the Affiliate's Board of Directors to ensure the needs of the communities in the service areas are represented on the Board and ensure the Board mirrors the demographics of the county using the 2015 Community Profile as a guide.
- Objective 2: For FY 16-19, partner with health centers in the target areas to add a "Gateway" program within our funding to pay for preventive and annual medical visits that patients cannot pay for out of pocket (i.e. annual clinical breast exams for women under 40).

Priority: Partner with trusted community based health organizations to effectively promote breast health education and services including breaking down cultural and trust barriers for African American women.

- Objective 1: By January 2017, partner with a health organization that predominantly serves the African American community to register women for breast screenings at two large African American events.
- Objective 2: By November 2015, partner with community-based health organizations to arrange small group education classes that focus on Breast Cancer 101 in at least four clinics serving African American women.
- Objective 3: By March 2016, partner with at least two faith based organizations/churches serving predominantly African Americans to arrange small group education classes that focus on Breast Cancer 101.
- Objective 4: In FY 2015, become a partner in the San Diego County Board of Supervisors' comprehensive initiative Live Well, San Diego! and provide Komen breast health education and outreach at all LWSD events and to all San Diego Supervisors' offices within the target areas.

Priority: Partner with trusted community based health organizations to effectively develop relationships with the African American community in the Affiliate's service area (specifically MSSA 161c/d and 161g) through frequent visits/presence.

- Objective 1: By December 2015, target the top two community based organizations in MSSA 161c/d or 161g and seek opportunities to create awareness about breast health risks and African Americans.

Priority: Increase legislators' education and understanding of breast health issues and the Affiliate's work in the community.

- Objection 1: From FY15 to FY19, conduct bi-annual mailing to all state legislators to increase Komen's visibility as a trusted local resource on breast cancer.
- Objection 2: In FY 2015, create a toolkit to distribute to City Council and County Supervisors in the four target areas to connect grant partners/breast health resources and the city.

Priority: Develop and utilize partnerships to enhance Affiliate public policy efforts in order to improve breast health outcomes of women in the Affiliate service area.

- Objection 1: By December 2015, identify and train at least five key volunteers to serve on the public policy committee to carry out the majority of the public policy efforts of the Affiliate.
- Objection 2: By March 2016, meet in person at least once with local elected officials to discuss the Affiliate's public policy efforts and ask for support on breast cancer related legislation.

Problem Statement 2: It is also clear that access to care barriers still exist in the four target areas. Priorities addressing the barriers to care that HMOs, undocumented patients and transportation create should be added to Komen San Diego's grant making and lobbying priorities.

Priority: Ensure the timely progression through the continuum of care for patients with HMO insurance coverage.

- Objective 1: For FY 16-19, prioritize funding for patient navigator programs aimed specifically at working with hospitals and other organizations where the majority of patients have HMO insurance coverage within the target areas to ensure patients progress through the continuum of care in a timely manner.
- Objective 2: For FY 16-19, hold at least one annual meeting with leadership from DHCS and Covered California to discuss HMO delays in diagnosis or treatment and lobby for quicker/smoothier HMO approvals.

Priority: Increase access to care for uninsured/undocumented patients in MSSA 161k.

- Objective 1: For FY 16, revise the Community Grant Request for Application (RFA) to give priority to grants programs that use eligibility requirements that include uninsured and undocumented patients that reside within the target areas.

Priority: Increase access to care for those facing transportation barriers in the target areas.

- Objective 1: For FY 16-19, establish a program with UBER (or similar service) to transport women to screening or treatment.
- Objective 2: For FY 15, establish a task force to study feasibility/risks/benefits of producing a Komen San Diego Mobile Mammography vehicle to present to the Board of Directors by FY 16 –and create a budget and implementation plan if approved by the Board.