Population by Race/Ethnicity

2000 U.S. Census

- Am Indian
- Asians
- A-A
- Hispanic
- White
- Other

US CA LA County
Cancer Mortality Rates

Rate per 100,000,

<table>
<thead>
<tr>
<th>Group</th>
<th>Am Indian</th>
<th>Asian</th>
<th>A-A</th>
<th>Hispanic</th>
<th>Whites</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
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<td></td>
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</tr>
<tr>
<td>CA</td>
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<td></td>
</tr>
<tr>
<td>LA County</td>
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</tr>
</tbody>
</table>

The graph represents cancer mortality rates per 100,000 population for different ethnic groups in the US, CA, and LA County.
Why is CCARE needed?

- Health disparities exist & persist.
- Providers within & underserved communities have limited access to optimal health care resources.
- Ethnicity & socioeconomic status dictate access & quality of care.
- Ethnic minorities bear unequal burden
CCARE Model

Community

COH

CCARE
Surgery
Oncology
Basic Science/research
Diversity committee
Nursing research
Pediatrics
Professional education
Patient education
Government relations
Development
Media
Goals

1. Provide training & mentorship to ethnic minority clinicians & scientists
2. Disseminate the best practices in cancer care to providers & patients in underserved communities
3. Equalize inclusion in outcome studies
4. Equalize inclusion in non-therapeutic interventions
5. Equalize inclusion in cancer therapeutics
6. Cultivate community alliance to promote cancer control in underserved communities
**Goal 1: Provide Training and Mentorship to Ethnic Minority Students and Scientists**

Funded: COH–CSULA Collaborative (NCI-Kane, Momand)

**AIMS**

- Increase the participation and capacity of minority students and minority faculty in cancer research, especially on cancer disparities among minority populations.
- Increase our understanding, at the molecular, behavioral, and psychosocial levels, of cancer disparities among minority populations.
Goal 2: Best Practices in Cancer Care to Providers & Patients in Underserved Communities

Under Development

- CME: The training and education of health care professionals as a mechanism for addressing ethnic minority participation in clinical trials  
  (Leong, Morgan, Ashing-Giwa)

- Community Collaborative w/ NCI Population Networks and cancer support groups  
  (Ashing-Giwa, Leong, Morgan, Paz)
Goal 3: Equalize Access to Outcome Studies

Funded: Outcomes Study

- Impact of Functional Strain on Psychological and Familial Functioning among Asian American Breast Cancer Survivors (Komen:Ashing-Giwa)
- Southeast Asian Breast Health Navigation Project (Nguyen-collaboration)
- Impact of Interpreters on Cancer Care Access and Delivery for Thai & Vietnamese Patients (Nguyen-collaboration)
Goal 4: Equalize Access to Non Therapeutic Interventions

Funded: Non-therapeutic

- Increasing Psychosocial Functioning among African American and Latina BCS (DOD:Ashing-Giwa, Juarez)

- Reducing the Burden of Cervical Cancer (ACS:Ashing-Giwa, Juarez, Wakabayashi)

- Stress, Immunity, and Cervical Cancer: Biobehavioral Outcomes of a Randomized Trial (NCI:Ashing-Giwa, collaboration w/ UCI)

- SPIRIT: Reproductive Peer Counseling for Breast Cancer (NCI:Ashing-Giwa collaboration w/ MD Andersen)
Goal 5: Equalize Access to Therapeutic Interventions

- COH-Harbor Hospital Clinical Trials Collaborative
CCARE
Founding Director
Dr. Kimlin Tam Ashing-Giwa

Community Advisory Council

Committees
Co-chaired by COH and Community Partners

- Medical Treatment
- Clinical Trials
- Continuing Medical Education
- Cancer Genetics
- Education/Screening/Prevention
- Survivorship/Psychosocial Considerations

Each committee will include at least four members: Scientist; Clinician; Community leader; Policy advocate
Breast and Cervical Cancer Survivorship

Sample
- N = 703
- N = 682
- Age > 18
- Stage 0-III
- CCSP and hospital registries/ community agencies

Methods
- Cross-sectional
- Population-based sample
- Mixed Methods
- Culturally Responsive Model of Research Design (CRMRD) (1-3)

Theoretical Framework

Contextual Model

Personal Level
- Cancer-related Medical factors
- Health and Functional Status
- Psychological

Macroystemic Level
- Demographic
- Health Care System
- Health Beliefs
- Socio-ecological
- Cultural

Measures
- Medical Characteristics
- RAND/ SF-36 (Health Perception; Role-limitations); FACT-B (Physical & Functional Well-being;
- Emotional Well-being
- Age, Relationship status
- Quality of MD-Pt relationship, Insurance status
- Health Beliefs
- SES, Life Stress Social Support (MOS), Interrelatedness
- Ethnicity, Ethnic Identity, Acculturation, Language, Spirituality
# Breast and Cervical Cancer Survivorship

## Theoretical Framework

### Contextual Model

#### Individual Level

<table>
<thead>
<tr>
<th>Cancer-related Medical factors</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Stage at dx impacts HRQOL</td>
<td>(a) Stage at dx impacts HRQOL</td>
</tr>
<tr>
<td>(b) No-radiation therapy is related to better HRQOL for CCS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Functional Status</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Latinas showed poorer physical, functional well-being; Latinas experience more serious job disruptions (b) Sexual health concerns, and body image across ethnic groups (c) work challenges relate to well-being; (d) better health perception is related to HRQOL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Latinas, particularly lower income, monolingual BCS/CCS have lowest emotional well-being</td>
<td></td>
</tr>
</tbody>
</table>
# Breast and Cervical Cancer Survivorship

## Theoretical Framework

### Contextual Model

#### Macrosystemic Level

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Health Care System</th>
<th>Health Beliefs</th>
<th>Socio-ecological</th>
<th>Cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Lack of access to affordable quality of care (2) inadequate insurance (c) barriers to MD-Pt relationship (d) Insufficient knowledge on disease (e) Concerns across ethnic group regarding quality of care (f) Private insurance is related to HRQOL</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(a) Latinas have poorer perceived family/social well-being and financial hardships (b) Worries about children &amp; burdening family (c) Higher SES is related to HRQOL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Spirituality is important among minority women - survivors relied on faith and God for comfort, coping and cancer outcomes (b) need for health providers’ cultural competency (c) Acculturation is a correlational not causal factor of HRQOL among Asian Americans (d) Among Latinas and Asians, cultural factors promote coping, but foster delay in care-seeking, and relation burden</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Breast and Cervical Cancer Non Therapeutic Intervention

Target Sample
- N = 800
- African Americans, Latina, European Am
- Age > 18
- Stage 0-III
- CCSP and hospital registries/ community agencies

Proposed Methods
- Population-based, randomized, pre-test/post-test, behavioral trial
- Mixed Methods; telephone intervention
- Culturally Responsive Model of Research Design (CRMRD) (1-3)

Intervention

Contextual Model
- 7 Focused Domains
  - Orientation & Assessment
  - Managing Medical Issues: Cancer Resources & Culturally Appropriate Referrals
  - Coping Skills
  - Balancing Emotions & Stress Management (Relaxation)
  - Relational & Sexual Issues
  - Social Support, Family communication

Measures
- FACT, SF-36
- Access to care
- Coping strategies
- Symptom relief
- CARES-Sexual wellbeing
- MOS
- Family /social wellbeing
Unequal Quality of Life Burden

Findings on a population-based cohort of N=1585 Multiethnic, multilingual cancer survivors:

- Latinas had the least favorable outcomes of all groups with the poorest overall HRQOL, social, emotional, physical and functional outcomes \( p < .01 \).

- African American and Latinas reported poorer general health perception than did Asian American and Caucasian. \( p < .05 \).

- African- and Latina- Americans experienced worst physical and functional outcomes \( p < .01 \).

- African Americans reported favorable overall HRQOL and emotional well-being despite endorsing problematic physical & functional concerns.

Ashing-Giwa et al., 2007; Ashing-Giwa et al., under review
“The trauma of discriminatory beliefs and practices is a shared moral, ethical, financial, social, psychological and spiritual experience, and its damage persists as long as there is a surviving member of the afflicter and the afflicted”

- Kimlin Tam Ashing-Giwa, Ph.D.
“Of all forms of inequality, injustice in health care is the most shocking and inhumane.”

- Reverend, Dr. Martin Luther King, Jr.
Future Directions

- Decision Making in Breast Cancer Survivors of Diverse Race & Ethnicity
- Long-Term Quality of Life in Black Women Breast Cancer Survivors
- Evaluating Treatment Equity and Outcomes among Breast and Colon Cancer Patients
- Applying a Stress Management, Body Awareness Intervention for Diverse Patients Preparing for Breast Surgery (Komen: Ashing-Giwa, Lim)
- Anti-Aromatase Activity of Mushroom: A Translational Trial (BCRP: Palomares, Chen, Ashing-Giwa)
CCARE Community Flyers

City of Hope Comprehensive Cancer Center
Center of Community Alliance for Research and Education

CCARE was developed to further collaborative cancer education and control programs with diverse communities.

We are inviting breast and cervical cancer survivors to participate in studies to improve quality of life and reduce the burden of cancer. Call us toll-free at 1-866-794-0474

We also have other clinical studies and services that may benefit you. Please visit clinicaltrials.coh.org.

For information on best practices in cancer treatment, please visit www.cityofhope.org/ccc/geninfo/ncl.asp.

The City of Hope Cancer Screening & Prevention Program Network and two community health-care systems have established genetic cancer risk-assessment clinics for patients at high risk for inherited cancers. The project provides access to services for multi-ethnic, underserved and uninsured populations. Call 626-256-8662 for information.

Department of Continuing Education provides health professionals and patient advocates with culturally informed seminars about cancer clinical trials for underserved populations. Please visit cityofhope.org/cme.

Centro de Investigación y Educación de Aliados en la Comunidad

CCARE fue creado para promover programas de educación y control de cáncer en colaboración con diversas comunidades.

Estamos invitando a sobrevivientes de cáncer del seno y cáncer cervical a participar en estudios para reducir la molestia del cáncer y mejorar la calidad de vida. Límenos al número gratuito 1-866-794-0474

También tenemos otros estudios clínicos y servicios que le pueden beneficiar. Por favor visite clinicaltrials.coh.org.

Para información sobre mejores entrenamientos y tratamientos del cáncer, por favor visite www.cityofhope.org/ccc/geninfo/ncl.asp.

El programa en la red sobre examinación, prevención y dos sistemas de salud médica en la comunidad ha establecido clínicas de asesoramiento sobre riesgos genéticos y el cáncer para pacientes con alto riesgo de cánceres hereditarios. El proyecto proporciona acceso de servicios para diversos grupos culturales, poblaciones sin ningún servicio o sin seguro médico. Para más información llame al 626-256-8662.

El departamento de educación continua proporciona profesionales de la salud y consejero de pacientes con seminarios informados culturales sobre ensayos clínicos para poblaciones sin ningún servicio. Por favor visite www.cityofhope.org/cme.
COMMUNITY FORUM

More African-Americans Die from Cancer —
Learn to Beat the Odds

African-Americans have higher rates of cancer and shorter survival times.
Often cancer is not found until it has spread.

Many factors influence whether someone will get cancer and survive it. In this community forum, renowned expert Dr. Lovell Jones will discuss how differences in lifestyle, access to health care, use of early detection and screening programs, and genetics contribute to the increased risk of cancer in African-Americans. He will review how these factors are being explored through new research, and what the future holds.

Lovell Jones, Ph.D., is a professor at the University of Texas M.D. Anderson Cancer Center in Houston and serves as the director of the Center for Research on Minority Health. His work focuses on how cancer and other health problems more often affect minorities and the medically underserved.

Monday, March 20, 2006
6:30 p.m.
Jackie Robinson Center
1020 N. Fair Oaks Ave., Pasadena

Free to the public. Refreshments will be served.

For more information or to reserve a seat, call 800-535-1390, ext. 65669

Sponsored by:

City of Hope
Cancer Center

Co-sponsors:
COH Community Events

COMMUNITY HEALTH FAIR

Sponsored by Duarte Chamber of Commerce and City of Hope

Wednesday, September 20
4 to 7:30 p.m.
FREE ADMISSION

Platt Conference Center
City of Hope
1500 E. Duarte Rd., Duarte, CA

Free Health Screenings & Information
Walk through the “Super Colon”!
“Ask the Pharmacist” Booth
Visit with a City of Hope Pet Therapist
Healthy Recipes and Samples from TRADER JOE’S
Entertainment • Refreshments • Door Prizes

For more information, please call 626-930-5489.
For directions and parking, visit www.cityofhope.org
Let’s Talk About
Are You At Risk?
Get the Facts!

PROSTATE CANCER
Free Education and Screening Forum

Saturday, September 16, 2006
Registration: 9:30 a.m.
Event time: 10:00 a.m. to 2:00 p.m.
Jackie Robinson Center
1020 N. Fair Oaks Avenue, Pasadena 91103

Come to the 4th Annual Prostate Cancer Forum:
• Helpful Info on Risk Factors, Prevention and Treatment
• Free Lunch
• Prostate Cancer Screening *
• Opportunity to win fun door prizes!

To register for this free event, RSVP by September 11,
(626) 744-7300.

* A limited number of free Prostate Screenings will be provided by
Huntington Memorial Hospital. Reservations strongly encouraged.

Planned and supported by these local community partners:

Jackie Robinson Center and the
Pasadena Public Health Department

Huntington Hospital

The American Cancer Society is the nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem through research, education, and service.
COH Community Events

FIRST ANNUAL WOMEN OF COLOR CANCER AWARENESS CONFERENCE

SATURDAY, OCTOBER 14, 2006
9:00 - 2:00 PM
JACKIE ROBINSON COMMUNITY CENTER
1020 N. FAIR OAKS AVE.
PASADENA
CONTINENTAL BREAKFAST & LUNCH PROVIDED FOR ALL REGISTERED ATTENDEES

A FREE WOMAN’S HEALTH EDUCATION PROGRAM FEATURING
KEYNOTE SPEAKER & CANCER SURVIVOR
DR. PAULETTE SADDLER, M.D.
Assistant Professor of Family Medicine USC Keck School of Medicine
&
DR. CATHIE CHUNG, M.D.
Assistant Professor of Clinical Oncology USC Norris Cancer Center

ALSO FEATURING:
- FREE MAMMOGRAMS ON-SITE TO QUALIFYING WOMEN
- FREE HEALTH EDUCATION & PRESENTATIONS
- CELEBRITY GUEST & ENTERTAINMENT

REGISTRATION REQUIRED FOR FREE MAMMOGRAMS
626-796-1083

This program made possible by an educational grant from