



# The Cancer Problem in the Inland Empire:

## Cancer Incidence, Mortality, and Screening

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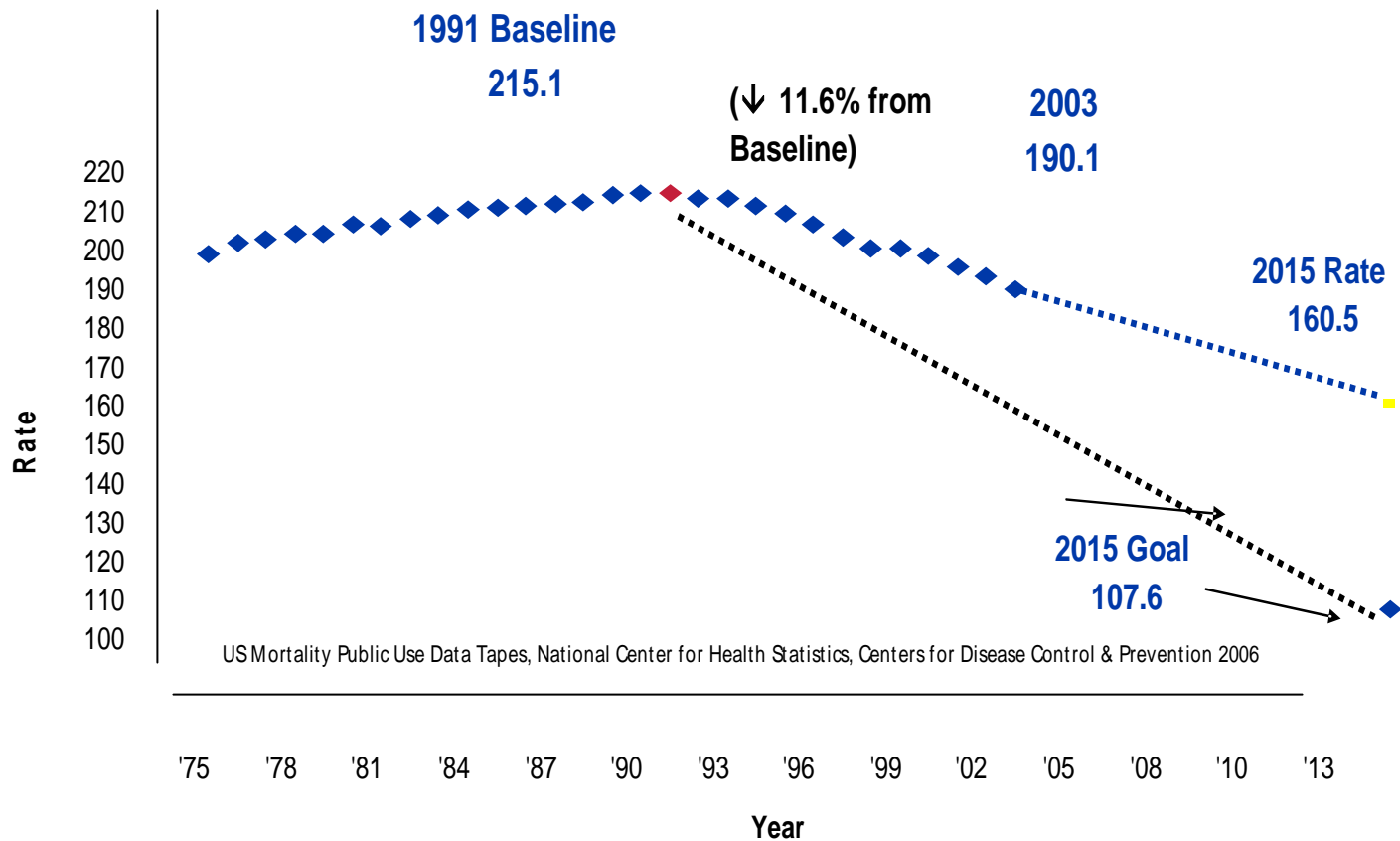
Culture and Behavior Laboratory

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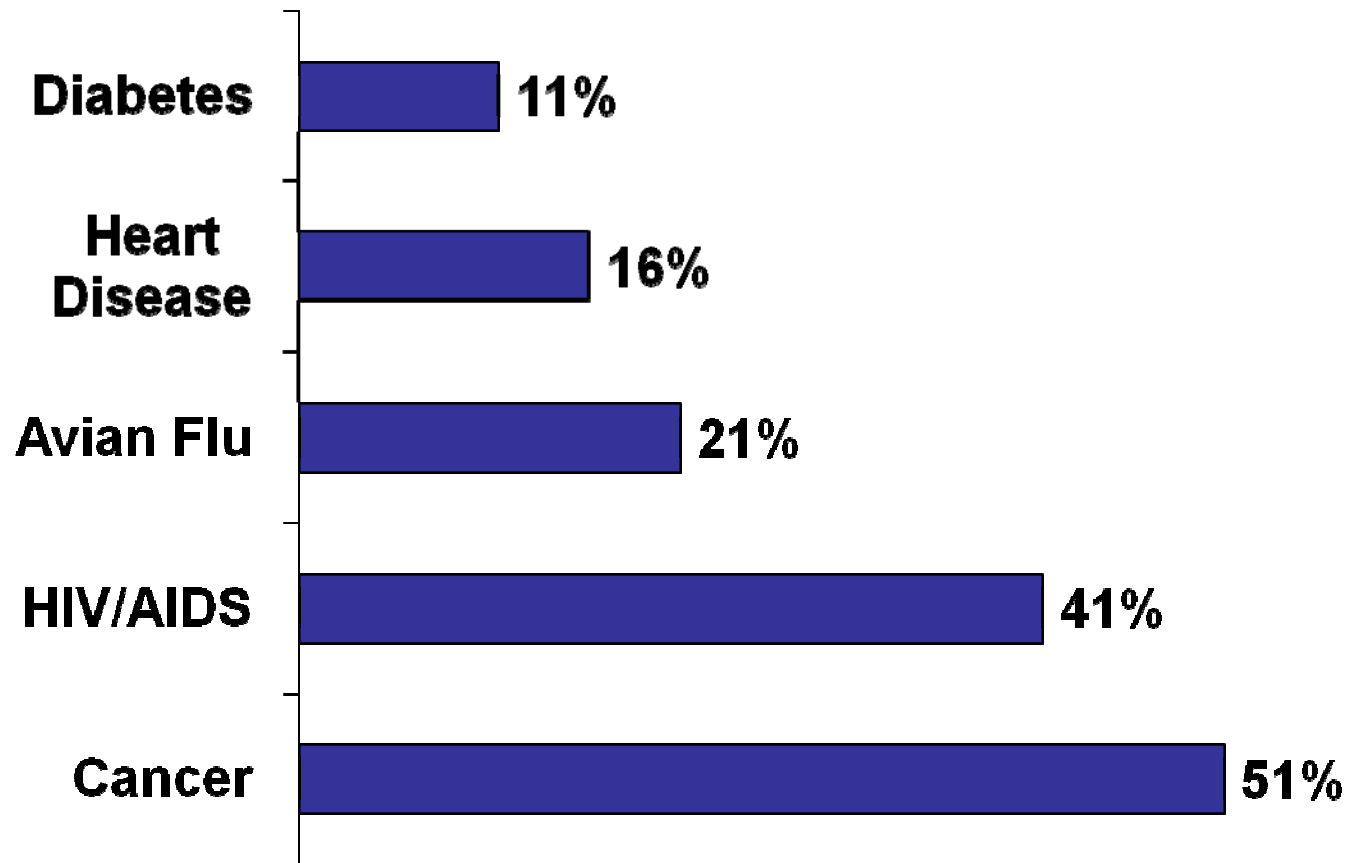
# Why We Need to Take Action

## 2015 Goals – Reduce Mortality by 50 Percent



# Why Focus on Cancer?

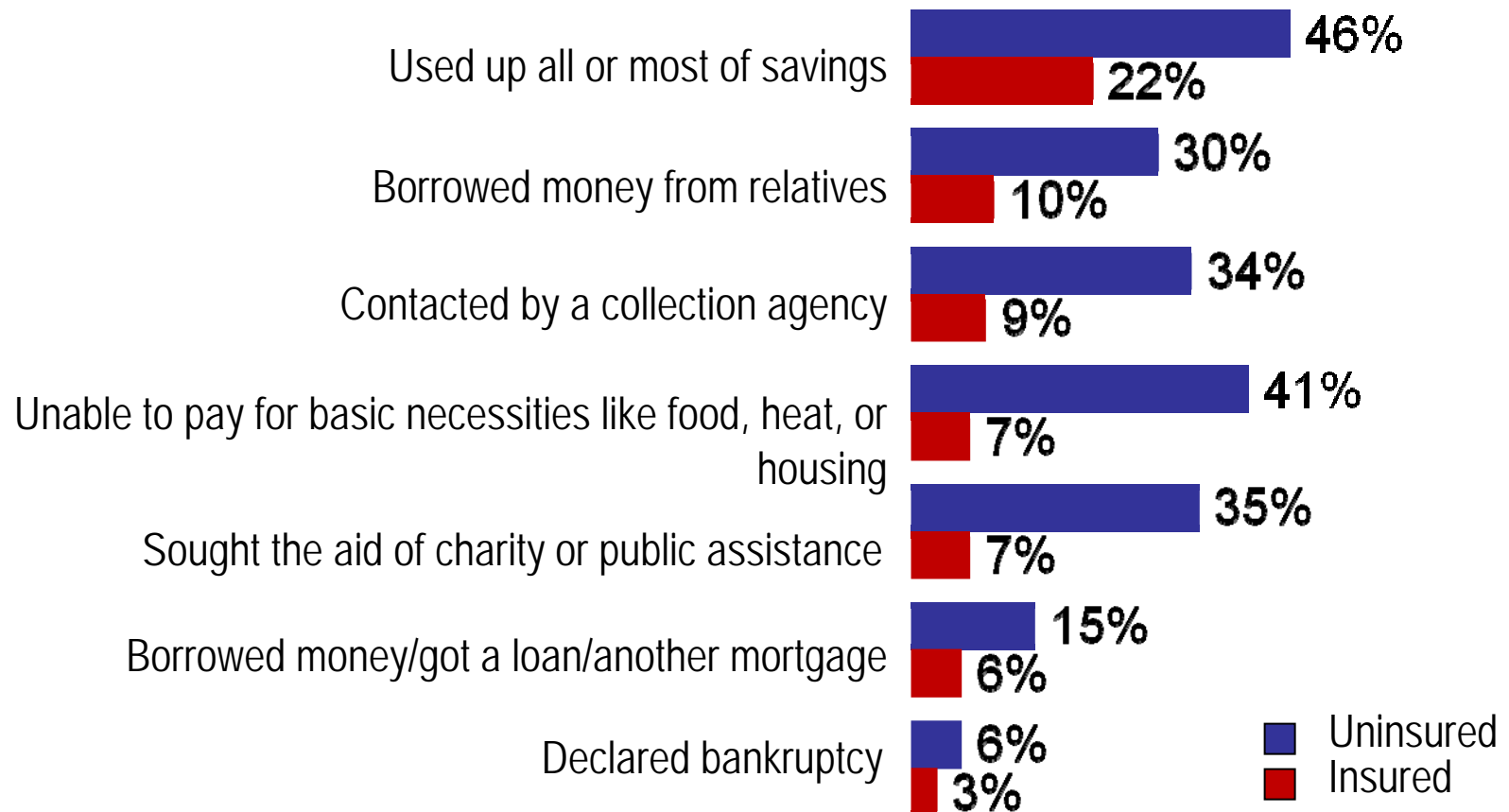
Most Important Diseases or Health Conditions the Government Should Address...



*Source: Harvard School of Public Health and the Robert Wood Johnson Foundation, Americans' Views of Public Health, April 2006.*

# Why Focus on Cancer?

Percent who say each of the following happened to them/their family member as a result of the financial cost of dealing with cancer...



Source: USA Today/Kaiser Family Foundation/Harvard School of Public Health Cancer Survey (conducted August 1 – September 14, 2006)

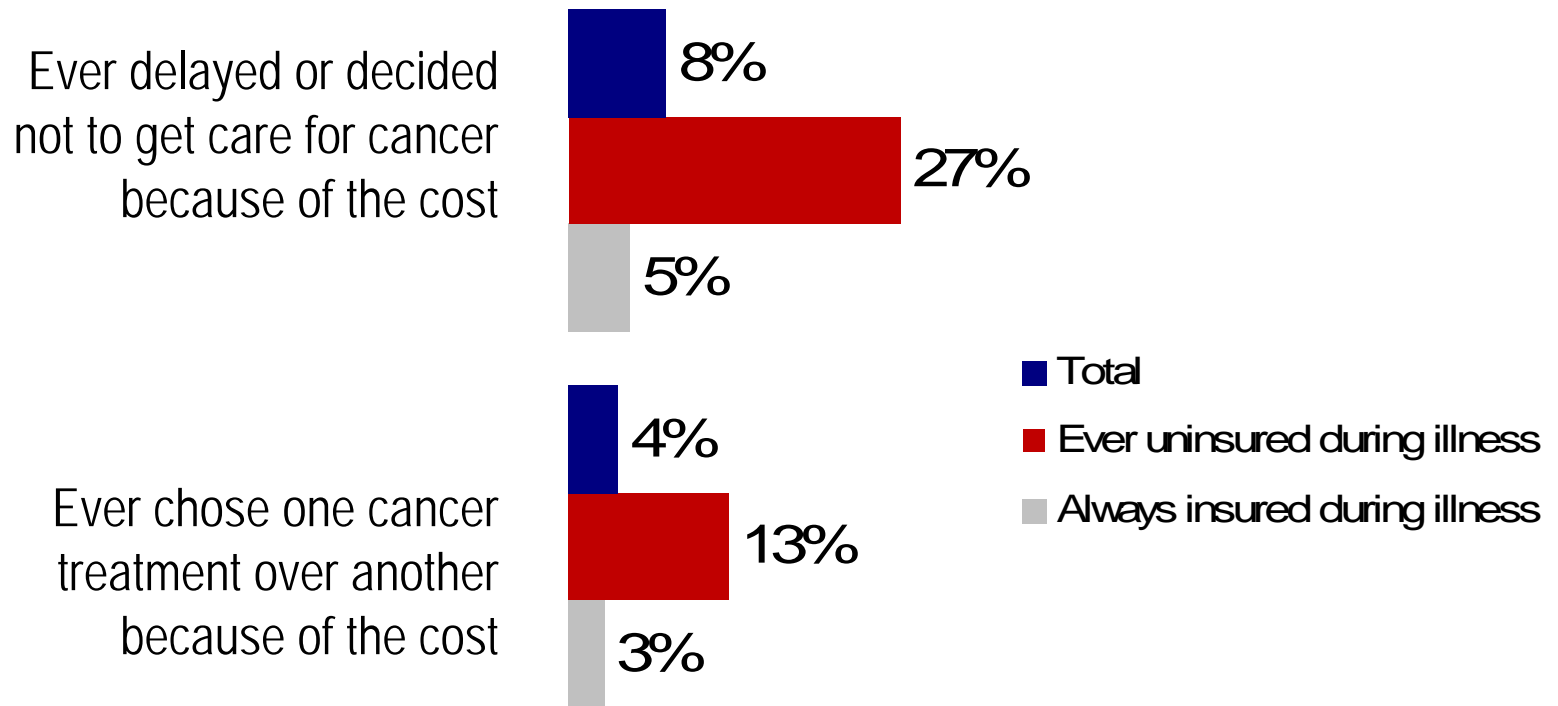
# Why Focus on Cancer?

Debtors citing medical reasons for bankruptcy and their out-of-pocket medical spending

Highest-Cost Diagnoses	
Cancer	\$35,878
Neurologic Diseases	\$15,560
Mental Disorders	\$15,478
Death (any cause)	\$17,283

# Why Focus on Cancer?

Percent reporting that they/their family member did each of the following...



Source: USA Today/Kaiser Family Foundation/Harvard School of Public Health *Cancer Survey* (conducted August 1 – September 14, 2006)

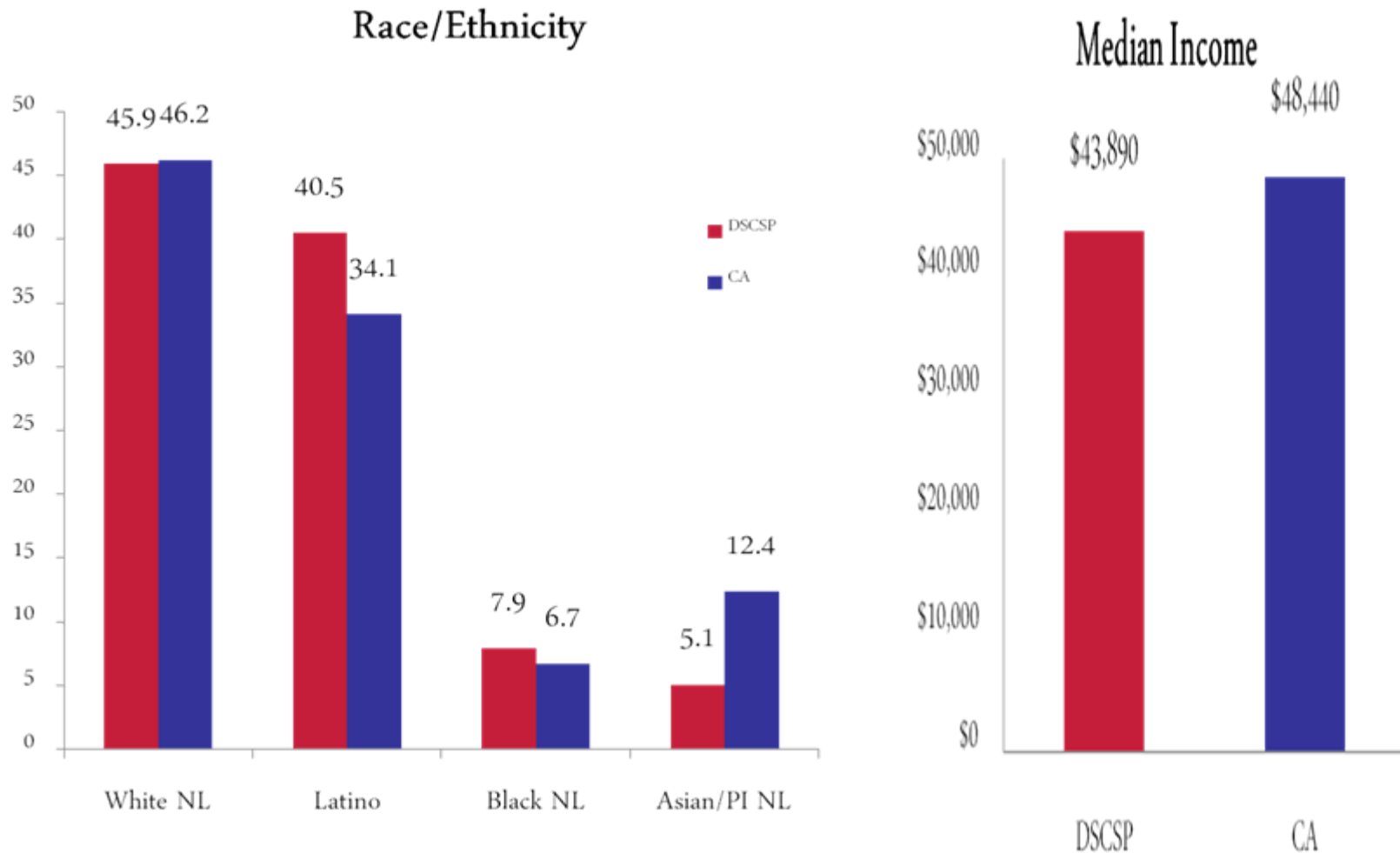
# Cancer in the Inland Empire

## CANCER INCIDENCE AND MORTALITY IN INYO, MONO, RIVERSIDE AND SAN BERNARDINO COUNTIES 1988-2005



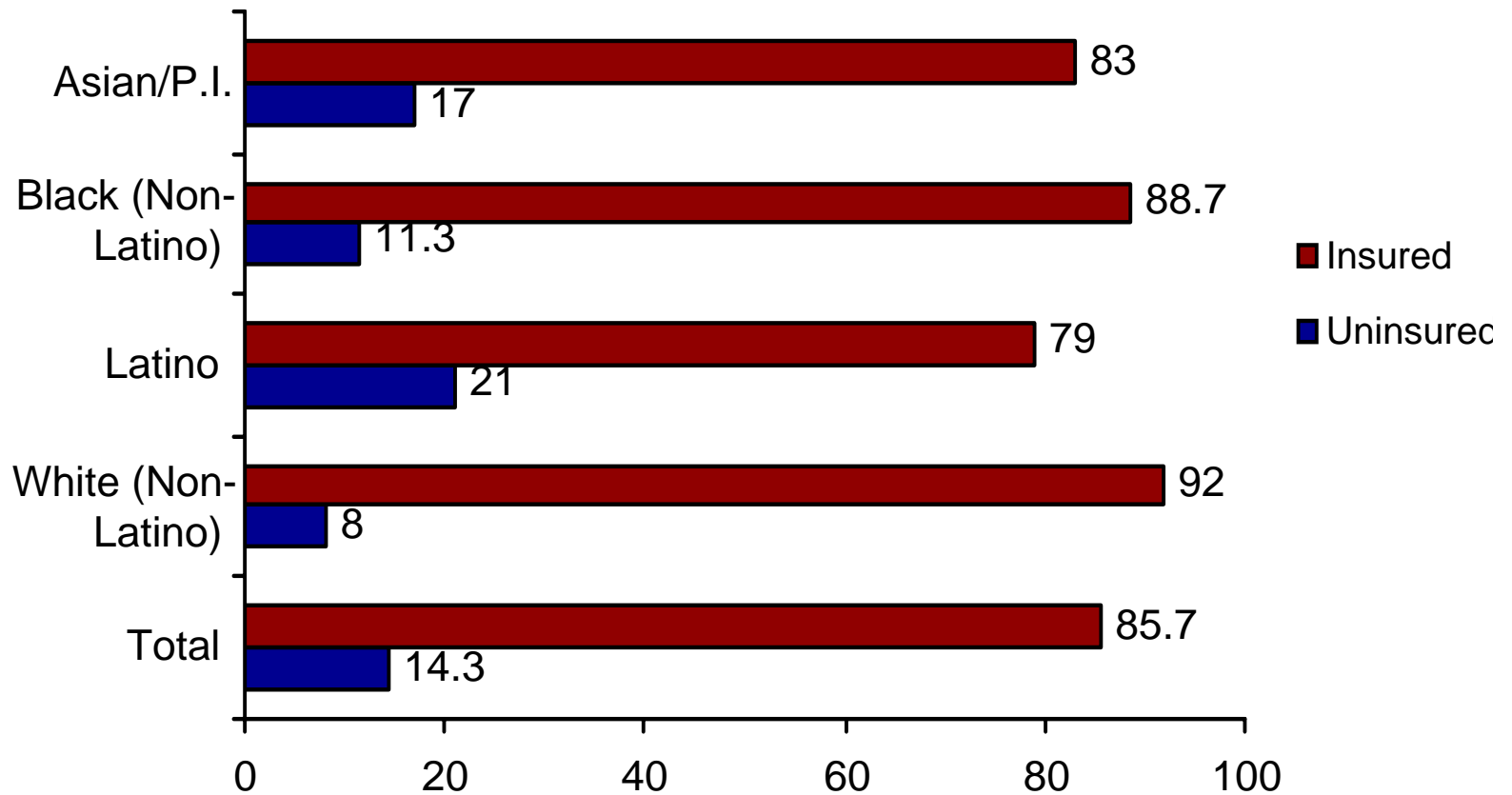
Source: <http://www.DSCSP.org> and <http://www.CCRcal.org>

# Demographics of the Inland Empire compared to California



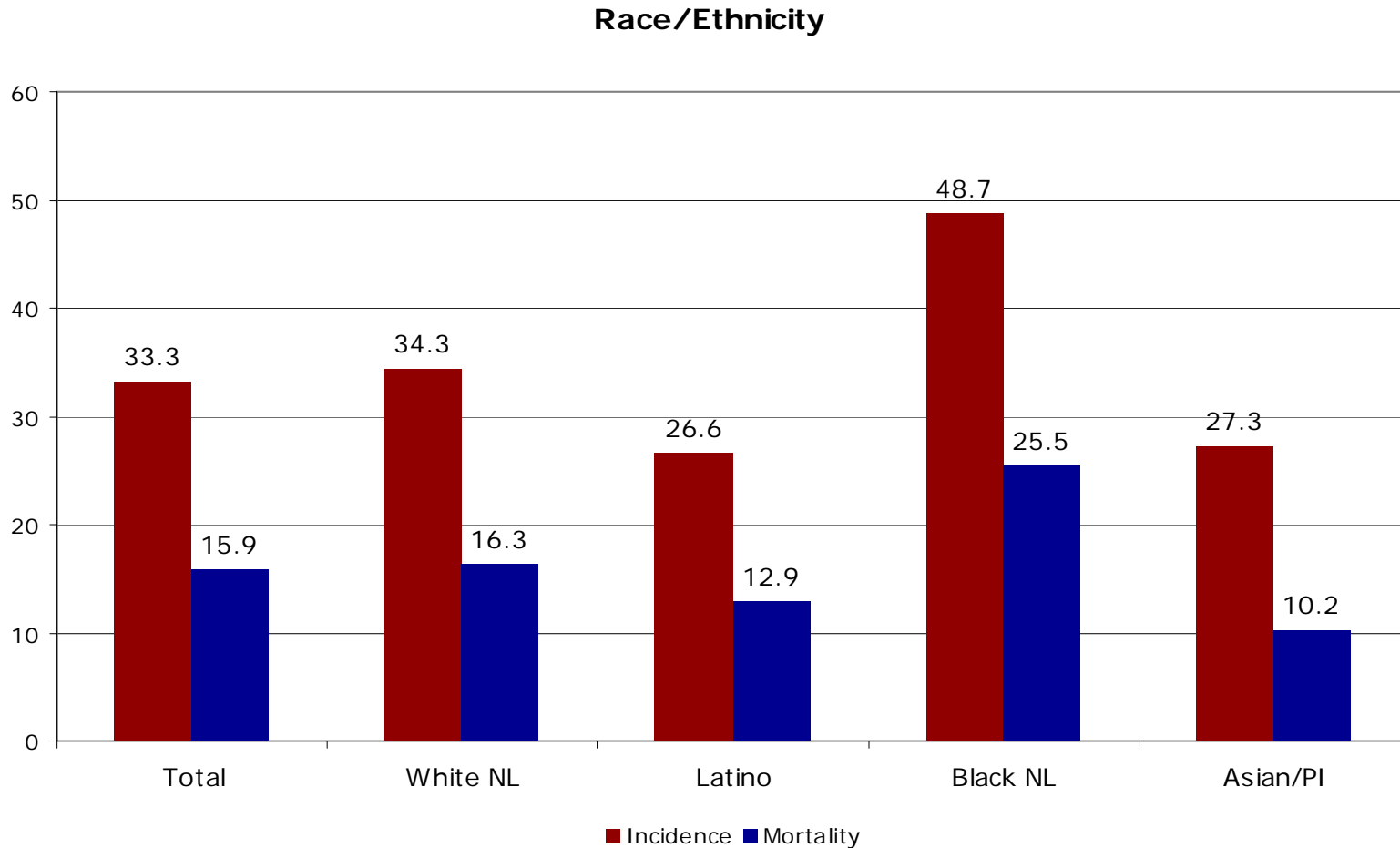
Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Insurance Status of the Inland Empire



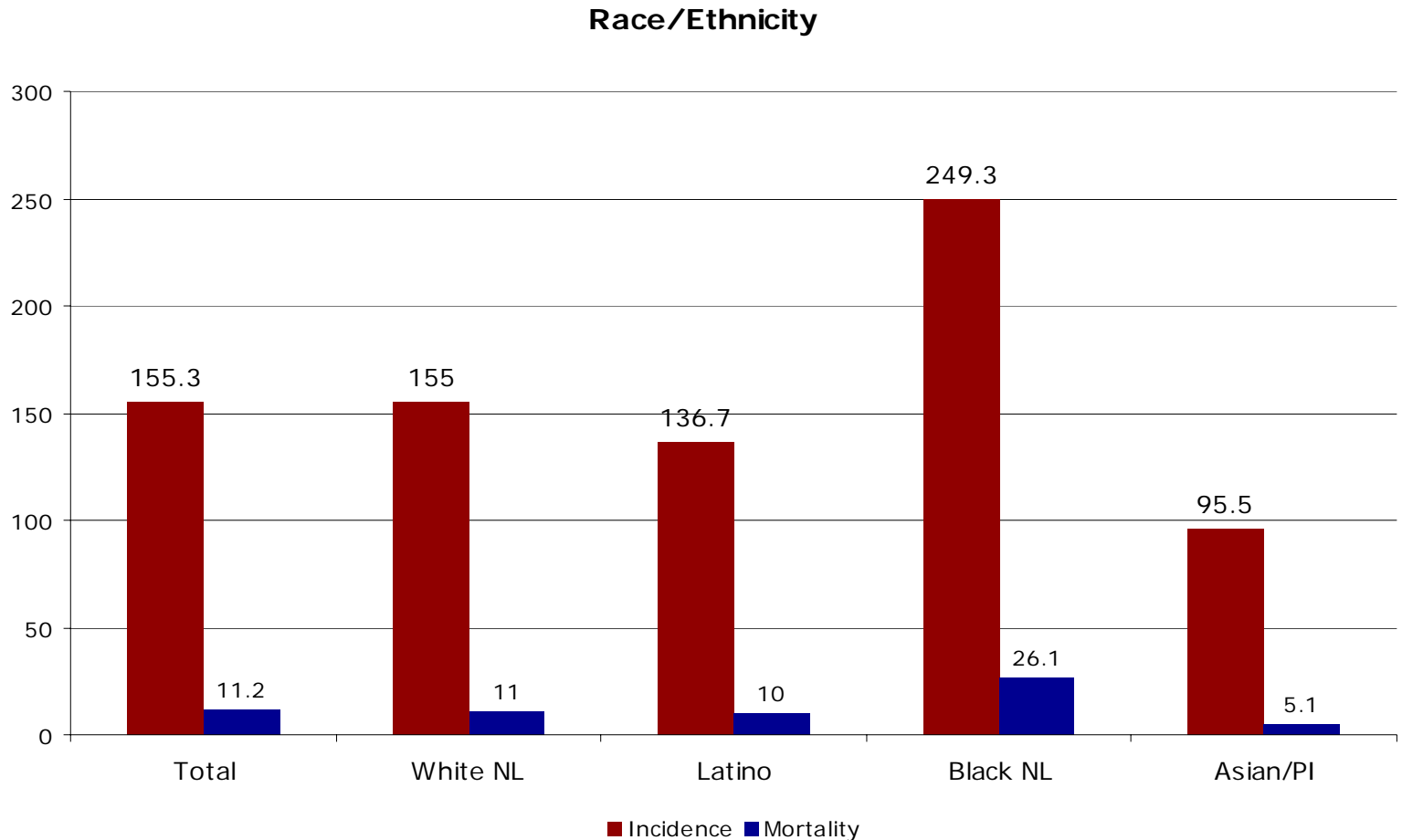
Source: 2005 CHIS data including San Bernardino and Riverside Counties

# Colon Cancer Incidence & Mortality



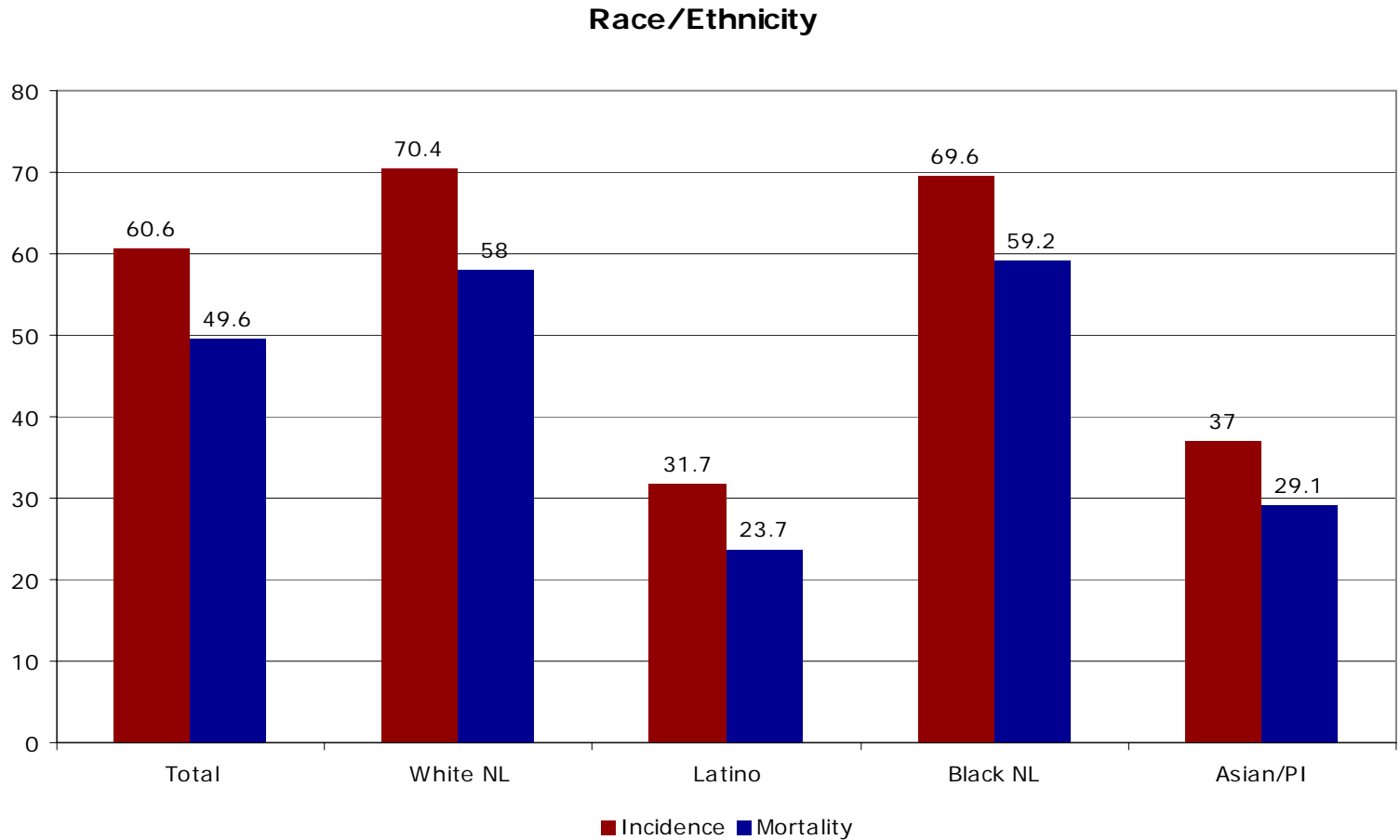
Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Prostate Cancer Incidence & Mortality



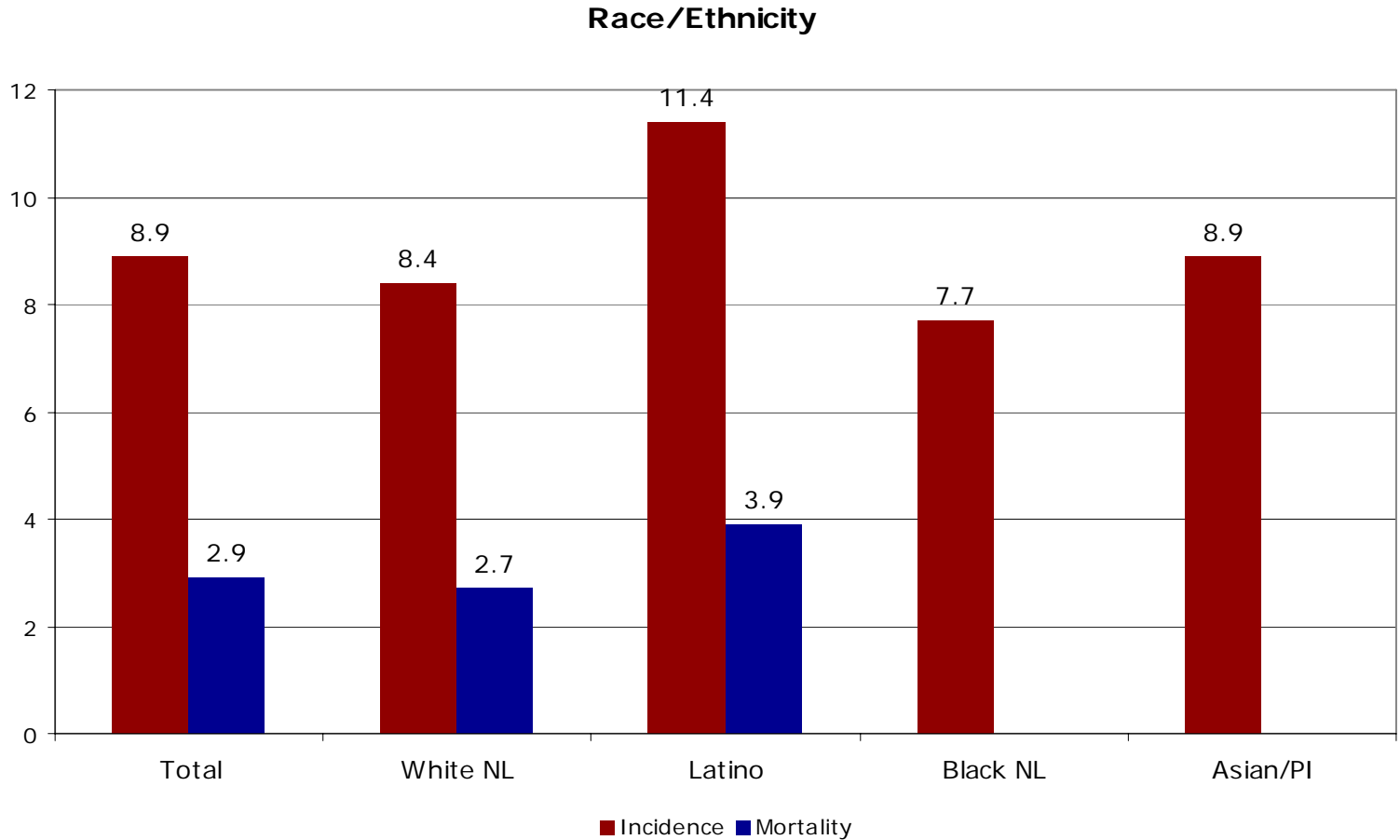
Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Lung & Bronchus Cancer Incidence & Mortality



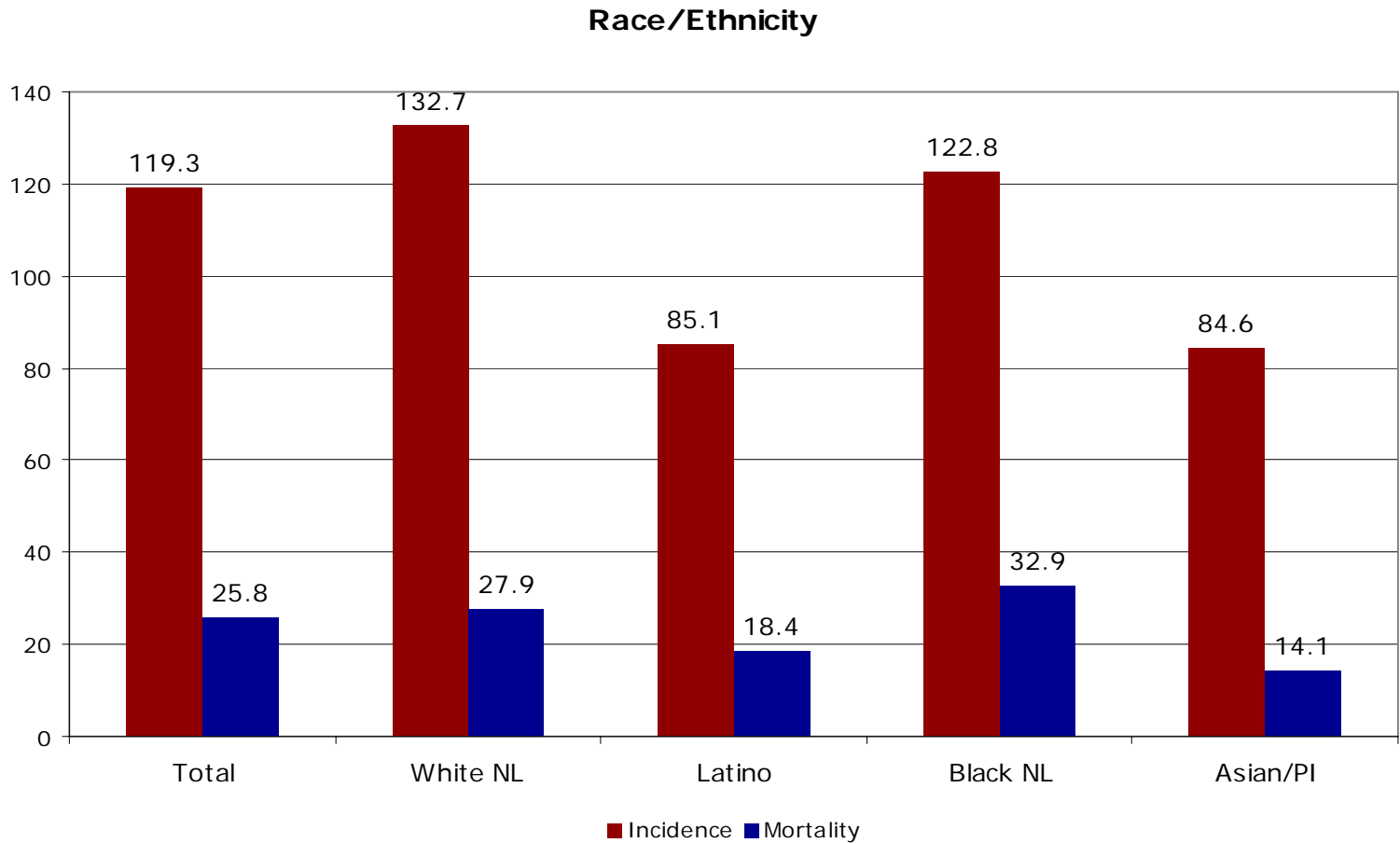
Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Cervical Cancer Incidence & Mortality



Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Breast Cancer Incidence & Mortality



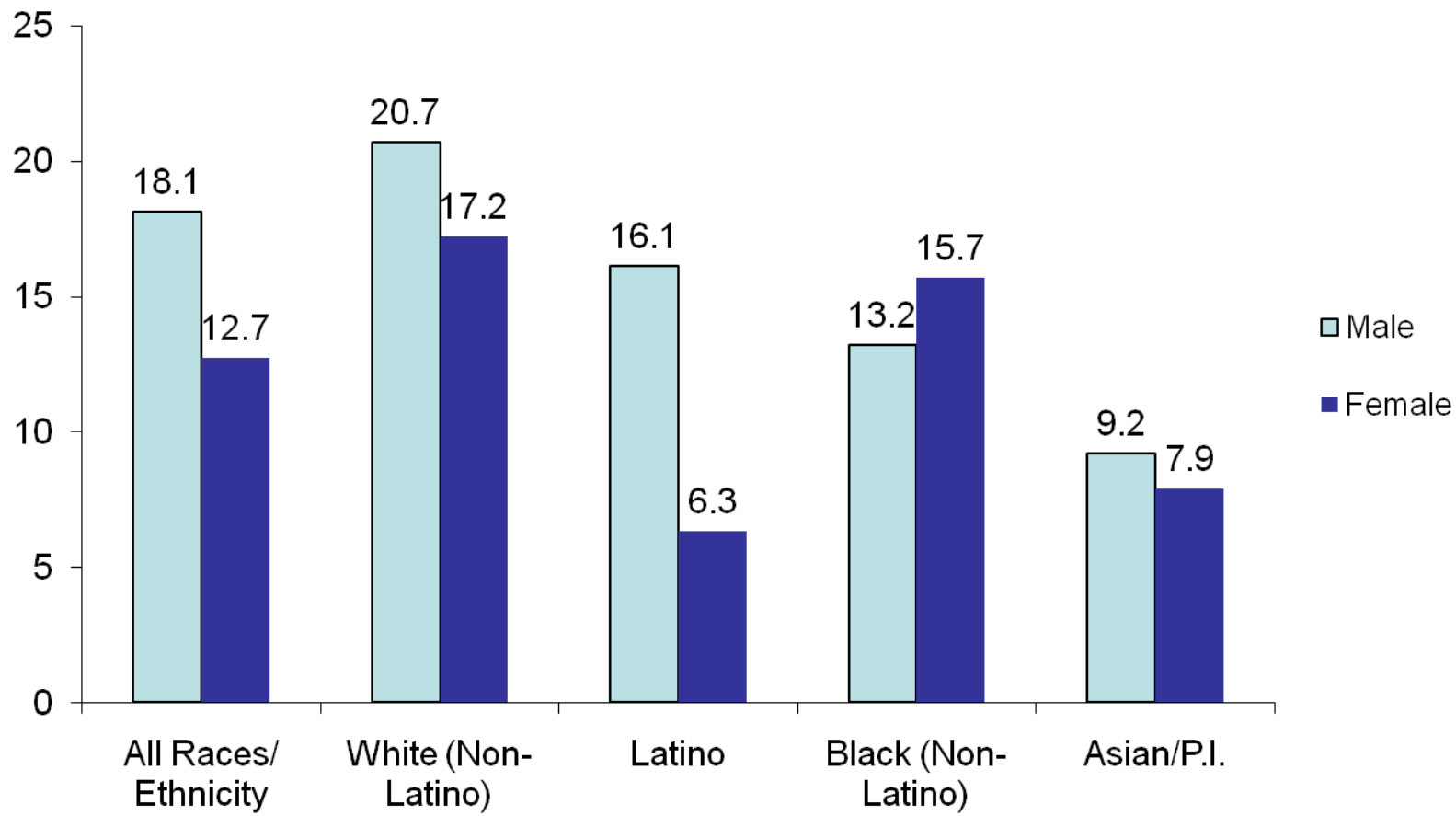
Source: Cancer Incidence and Mortality in Inyo, Mono, Riverside, and San Bernardino Counties, 1988-2005

# Disparities in Cancer Screening & Prevention: San Bernardino and Riverside Counties



[www.chis.ucla.edu](http://www.chis.ucla.edu)

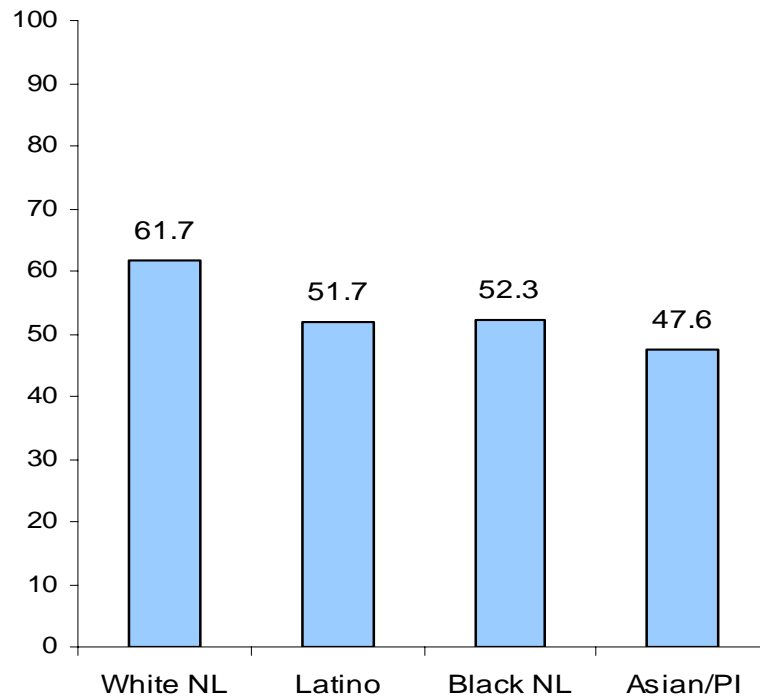
# Smoking Status by Race/Ethnicity & Gender



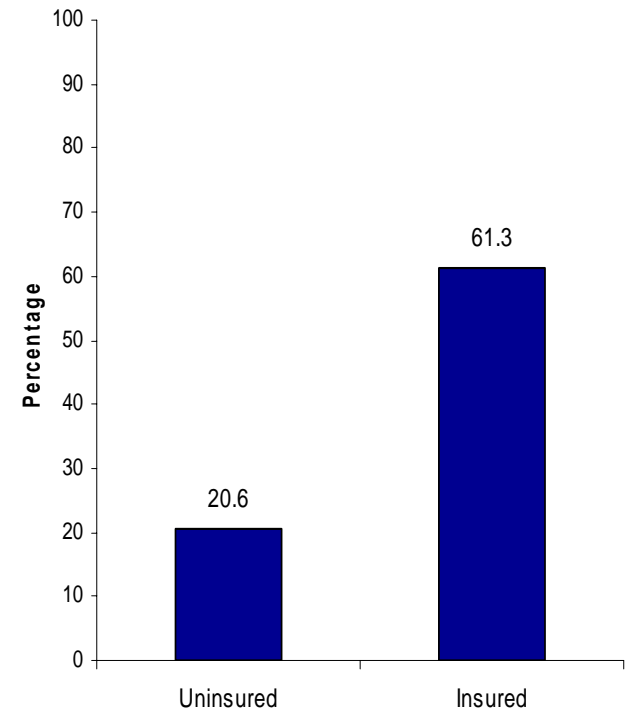
Source: 2005 CHIS data including San Bernardino and Riverside Counties

# Colon Cancer Screening Compliance

Race/Ethnicity

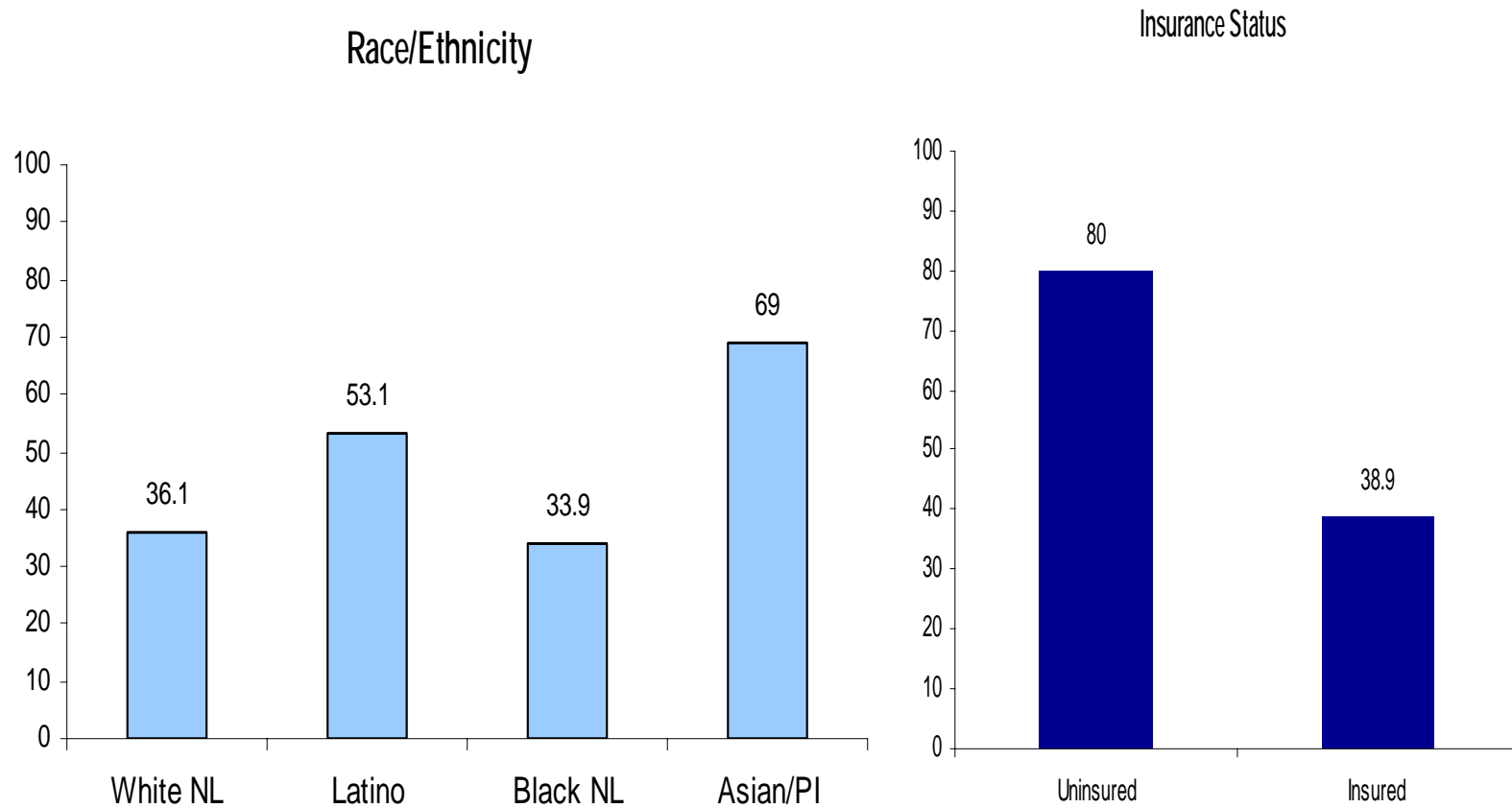


Insurance Status



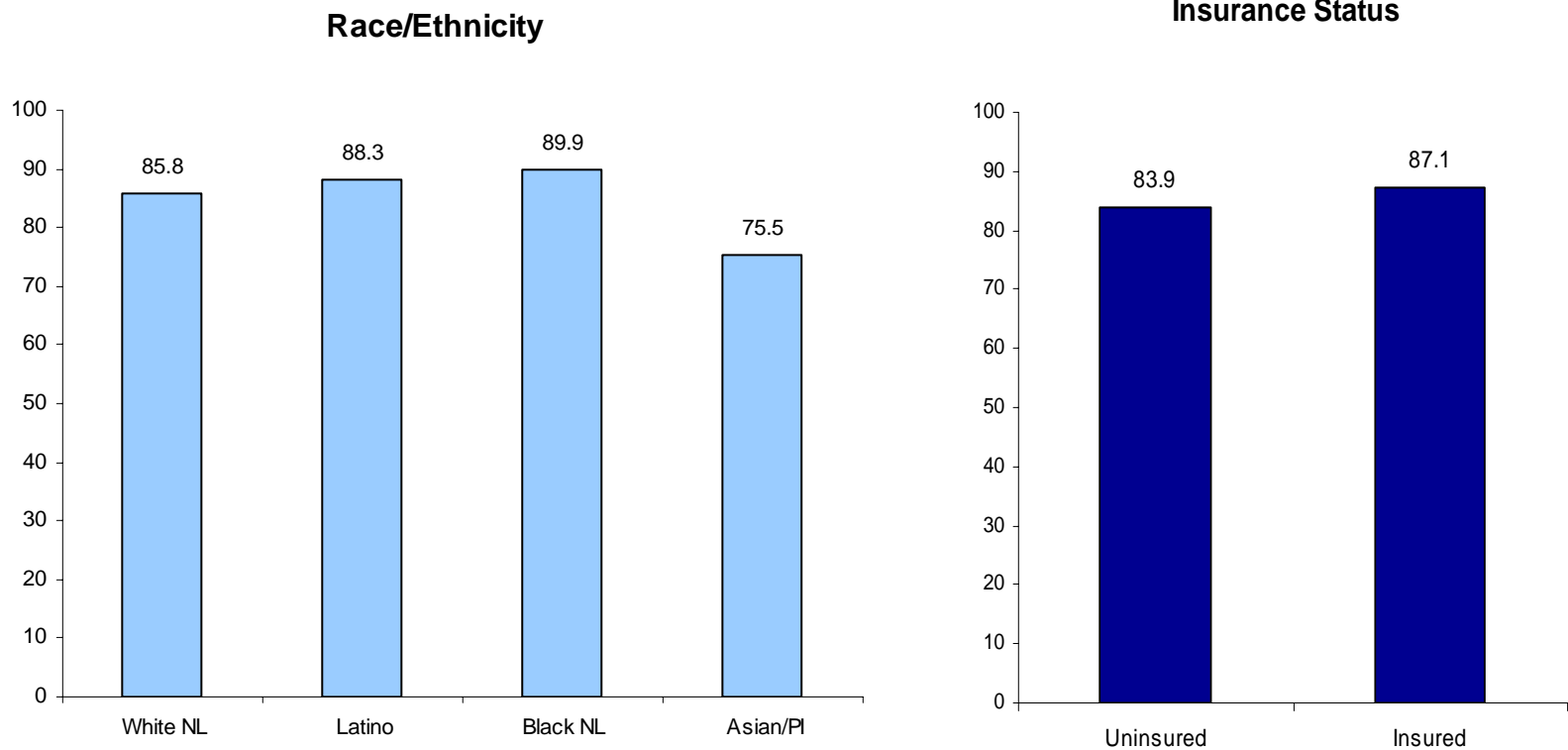
Source: 2005 CHIS data including San Bernardino and Riverside Counties

# Never Had A Prostate Exam



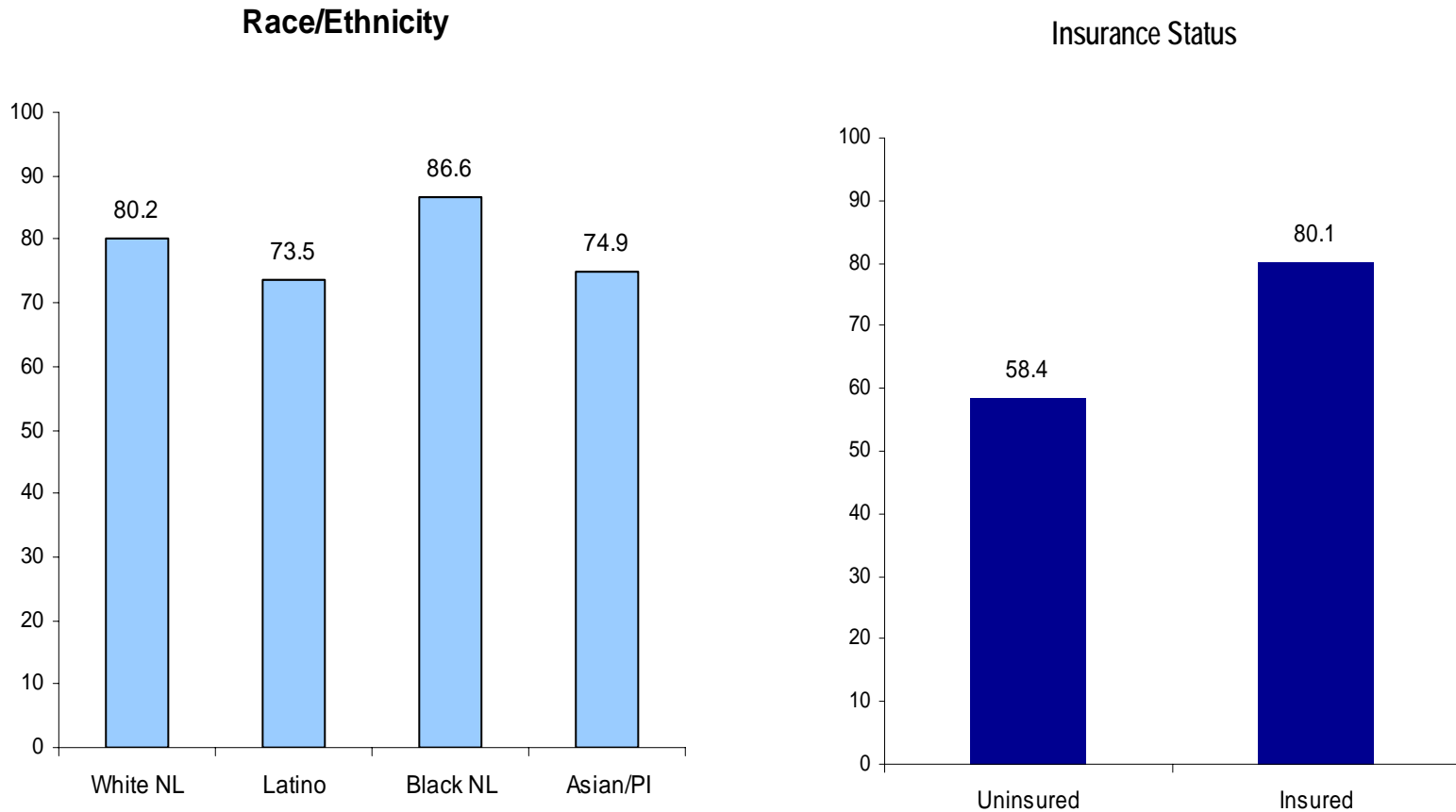
Source: 2005 CHIS data including San Bernardino and Riverside Counties, Men 50+

# Pap Test in the Last 3 Years



Source: 2005 CHIS data including San Bernardino and Riverside Counties

# Mammography in the Past 2 years



Source: 2005 CHIS data including San Bernardino and Riverside Counties

# Late Stage Breast Cancer Diagnosis: Effects of Race/Ethnicity & Insurance Status

Odds of More Advanced Stage at Diagnosis, Breast Cancer, NCDB, 1998-2004

<b>Insurance</b>	<b>Stage II vs. I</b>	<b>Stage III or IV vs. I</b>
Private	1.0 (Ref.)	1.0 (Ref.)
Uninsured	1.5*	2.9*
Medicaid	1.5*	2.7*
Medicare Age 65+	1.0	1.2*
<b>Race/Ethnicity</b>		
Non-Latino White	1.0 (Ref.)	1.0 (Ref.)
Non-Latino Black	1.5*	1.9*
Latino	1.3*	1.3*

Note: Model adjusted for insurance type, race/ethnicity, age at diagnosis, income, proportion without high school degree, US census region, year of diagnosis, and facility type.

Source: Halpern et al. (2007). Insurance status and stage of cancer at diagnosis among women with breast cancer. *Cancer*, 110, 2, 403-411.

# Disparities in Breast Cancer Treatment and Cancer Care

- **Treatment Disparities**

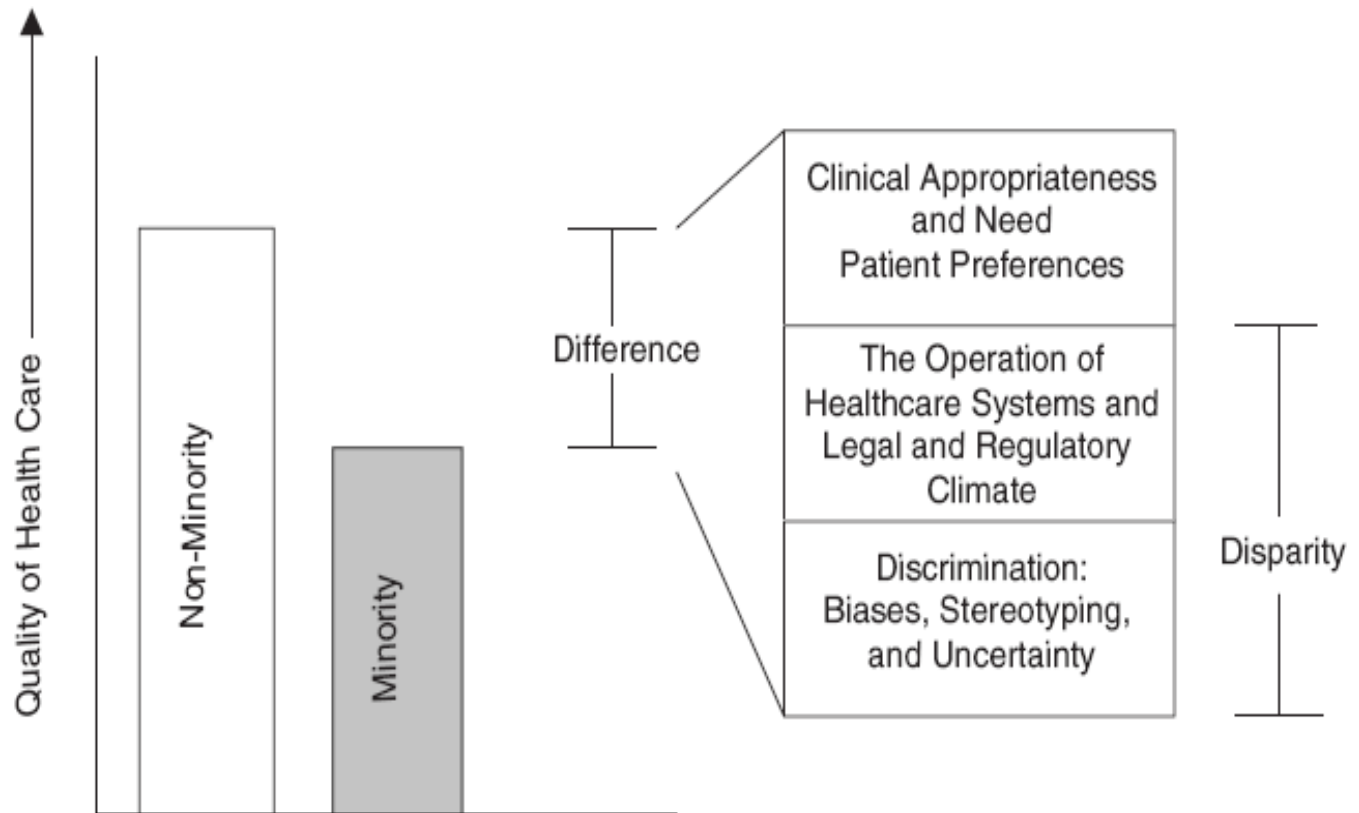
- Latinos are significantly less likely to receive cancer-directed surgery and radiation after undergoing breast-conserving surgery (Shavers et al., 2003).
- Latino and African Americans were twice as likely not to receive radiation, adjuvant chemotherapy and hormone therapy even after controlling for clinical, demographic, and access factors (Bickell et al., 2006).

- **Follow-Up Cancer Care**

- Room for improvement in terms of routine mammography among all ethnic groups (Mandelblatt et al., 2006; Keating, Landrum, Guadagnoli, Winer, & Ayanian, 2006).
- Among non-Anglo breast cancer survivors, follow-up mammography is lower compared to Anglos (Mandelblatt et al., 2006).

# Institute of Medicine Report

## Unequal Treatment: Confronting Racial & Ethnic Disparities in Healthcare



Source: Institute of Medicine (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, Washington, D.C.: National Academies Press.

# Institute of Medicine Report: Factors Responsible for Health Disparities

- **System Level Factors**
  - Availability and Access to Healthcare Services
- **Patient Level Factors**
  - Patient preferences, treatment refusal, clinical appropriateness of care
  - Cultural beliefs, values, expectations, & norms relevant to health behavior and healthcare
- **Provider Level Factors**
  - Bias, stereotyping, and uncertainty
  - Cultural beliefs, values, expectations, & norms relevant to healthcare delivery

# American Cancer Society: Access to Care

ACS Inland Empire  
Palmyrita Ave Ste A  
Riverside, CA 92507  
Phone: (951) 683-6415  
Fax: (951) 682-6804

1-800-ACS-2345  
[www.cancer.org](http://www.cancer.org)