



COMMUNITY PROFILE REPORT

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2011

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Executive Summary

Introduction

The Komen San Francisco Bay Area Affiliate (Komen SFBAA) was founded in 1987 by Joanne and Rick Horning. Since our inception, and through our grantmaking process, we have invested over \$13 million in local breast health and breast cancer awareness projects at hospitals, clinics and other tax exempt organizations in our Affiliate's service area. That service area is comprised of nine counties in the San Francisco Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, and West Solano. We also engage in education and public policy efforts. These mission activities are supported by our fundraising events, including our signature event, the Race for the Cure®.

Every 2 years we and all other Komen for the Cure Affiliates develop a community needs assessment, "Community Profile" for our service areas. The purpose of the Community Profile is to identify unmet needs in the service area, help us prioritize our grantmaking, focus our education activities, and direct our public policy efforts.

Statistics and Demographic Review

The first step in the development of our community profile is a needs analysis to determine the characteristics of our community including breast cancer incidence and mortality data. Sources for the data include the following:

Demographic Data

- A Thomson Reuters© data set was used to obtain selected breast health and demographic estimates for the SFBAA service area for 2007. These data are derived from many different sources including Claritas, SEER, National Health Interview Survey (NHIS), Standard Analytical File (SAF), PULSE Healthcare Survey, and PRIZM.
- Data collected by the US Census Bureau in the 2005-2009 American Community Survey five-year estimates, were used to obtain specific demographic characteristics including but not limited to population counts, race/ethnic breakdown, number of family households, and language other than English spoken at home.

Incidence Data

- Age-adjusted incidence rates (2004 to 2008) were obtained from the California Cancer Registry and NCI's Surveillance, Epidemiology, and End Results (SEER) Program. Data from the Cancer Prevention Institute of California (CPIC formerly known as NCCC) allowed us to explore both state and county-level breast cancer profiles in greater depth. NCI based national data were obtained using data online from the US SEER program.

Mortality Data

- Age-adjusted mortality rates (2004 to 2008) were obtained from the California Cancer Registry and NCI's Surveillance, Epidemiology, and End Results (SEER) Program. Trends in mortality were based upon 2003-2007 SEER data and the National Vital Statistics System public use data file.

Review of the demographic and breast cancer data led us to focus on four counties: Alameda, Contra Costa, San Francisco, and Santa Clara. Three of the four counties have some of the highest race/ethnic specific mortality rates and some of the higher incidence rates in specific race/ethnic groups. Further, despite decreases both state-wide and nationally, mortality rates among Blacks, Latinos, and both Asians and Pacific Islanders have remained level in these counties. By virtue of their population distribution by race/ethnicity, these four counties combined include large numbers of women across the four larger race/ethnic groups (White, Black, Latino, API). These counties also have a high proportion of foreign-born and non-English speaking citizens who may be at higher risk for late stage diagnosis or death because they lack knowledge about the disease and/or are not benefiting from education and outreach efforts. These counties also have a disproportionate number of families living below the federal poverty line, and large numbers of uninsured women. Demographics and statistics specific to each of the four counties of interest are presented below.

Health Systems Analysis

Focusing on our target counties we developed a list of health resources in each county. The foundation for this list is the Breast Cancer Resource Guide of the Cancer Prevention Institute of California. We supplemented that list with resource lists from other organizations and information from each county's Department of Public Health. We then created asset maps for each county pinpointing each resource location. In each county, resources were geographically clustered along major roads and highways and at urban settings.

To supplement the resource maps and lists, we conducted an online survey of over 200 providers and also conducted "key informant" interviews of five managers in community-based organizations serving the target counties and underserved populations. Barriers identified by these two sources include lack of health insurance, language barriers, cultural beliefs, lack of collaboration between and amongst providers and a belief that there is no one, reliable, comprehensive source of resources for underserved women. A specific recent challenge identified was the temporary cessation in 2010 of the State of California's Breast and Cervical Cancer Treatment Program, "Every Woman Counts" (EWC). The program was closed to new clients for almost a year, and the threshold eligibility age was permanently raised from 40 to 50. Although collaborative public policy efforts by all seven California Komen affiliates joined with other women's health and medical organizations resulted in the restoration of funding for the program, there are concerns that the lengthy closure period will negatively affect the number of returning participating medical providers and eligible women served. The resource analysis identified several provider collaborative networks in the counties of interest as well as potential partners for future collaboration by our Affiliate. Public policy efforts will continue to focus on supporting the EWC program.

Qualitative Data Overview

We then conducted focus groups with a total of 49 breast cancer survivors from the Latina, African American and Chinese communities within our target counties. While the information they provided included some of the barriers identified by providers and key informants, they also identified additional issues. Common themes included a lack of health insurance, language

barriers, and cultural beliefs. One barrier cited only by survivors is the lengthy waits and delays at hospitals and providers to receive screening and diagnostic services.

Conclusions

Taking into consideration the statistical data, and available resources in our target counties, and after considering all of the qualitative data, our affiliate will continue to prioritize:

- Reducing barriers to screening and treatment
- Reducing language and cultural barriers to screening and treatment for monolingual immigrant populations, and
- Reducing late stage breast cancer diagnosis and mortality rates for Latinas, African American, and API women in all four target counties.

For the next two years, these three priorities will be the focus of our efforts in grantmaking, education, and public policy.

Affiliate Action Plan

Priority 1: Reduce economic barriers to screening and treatment for uninsured women

Objective 1: Promote awareness of existing programs by providers, By Fall 2011, we will survey providers to determine what information sources exist and that they are presently using. By early 2012, we will bring together focus groups and other community supporters and sponsors to examine how an information source can either be made more effective or developed.

Objective 2: By Fall 2012, host at least two events that include a focus on coalition building with community providers.

Objective 3: Continue public policy efforts to build support for the Every Woman Counts Program. By March 2012, recruit and train additional affiliate volunteers for public policy so that meetings can be held with key affiliate area legislators to educate them on the value of EWC. Explore by December 2011 opportunities to collaborate with other Komen California affiliates to support specific legislation to increase screening based on need and not age.

Priority 2: Reduce language and cultural barriers to screening and treatment for foreign born and non-English speaking populations

Objective 1: By Fall 2011, reach out to key community-based partners to research existing available translated materials. Prioritize funding for translation for communities in target areas. By March 2012, partner with organizations focused on translating breast cancer educational materials to explore fostering collaborations with providers. If appropriate, prioritize funding culturally competent translation programs for the 2012 grant process.

Objective 2: By March 2012, partner with organizations focused on involving culturally-competent advocates and survivors in educational efforts to facilitate collaborations with institutions providing services to underserved women in communities of color.

Priority 3: Reduce late-stage breast cancer diagnosis and mortality rates among Latinas, Black women and API women

Objective 1: Develop at least one educational program for African American women, API women, and Latinas by fall 2012 by partnering with local faith-based organizations and/or community-based organizations.

Objective 2: By the end of 2011, identify and reach out to at least two underserved Asian/Pacific Islander community groups to determine the most effective way to develop additional education and screening services in their communities.

Objective 3: By March 2012, host events to foster coalition building for representatives from organizations serving Latinas, African American women, and API women within the counties of interest.

Introduction

Affiliate History

The promise of Susan G. Komen for the Cure is to save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures. The San Francisco Bay Area Affiliate of Susan G. Komen for the Cure, along with the survivors and activists who generously support us with their talent, time and resources, endeavors to better the lives of those facing breast cancer in our community. We join more than a million breast cancer survivors and activists around the globe as part of the world's largest and most progressive grassroots network fighting breast cancer.

The Komen San Francisco Bay Area Affiliate (Komen SFBAA) was founded in 1987 by Joanne and Rick Horning in honor of her mother's fight against breast cancer. Our first Race for the Cure® was held in 1990 and raised over \$50,000 for local breast cancer program funding. Our 2010 Race for the Cure income exceeded \$1 million. Since our inception and through our grantmaking process, we have invested over \$13.0 million in local breast health and breast cancer awareness projects at hospitals, clinics and other tax exempt organizations in our Affiliate's service area. That service area is comprised of nine counties in the San Francisco Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, and West Solano. In addition to the Race for the Cure™, our annual fundraising efforts include the Komen Shopping Card campaign, donations from individuals, corporate contributions, benefits by community partners, and other fund-raising efforts.

During the 2009-2010 fiscal year, our Affiliate raised over \$2 million. From that income we invested over \$1.2 million in local community programs that addressed the breast health needs of underserved populations in our area. That investment included the creation of a Diagnostic Service Fund as well as grants made to local tax exempt organizations for services to underserved populations. We have traditionally defined underserved populations as women with higher mortality rates and those who are low income and uninsured or underinsured. We also directed \$363,188 from locally raised funds to the Komen for the Cure's National Research Awards program.

In addition to community grant funding, Komen SFBAA engages in education and outreach regarding breast health and cancer including the hosting of an annual Breast Health Conference that provides current information about breast cancer screening, treatment, and local resources. In 2005 our Affiliate began to engage in public policy activities. Those public policy efforts were formalized in 2007 with the establishment of a collaborative public policy committee of all seven California Komen Affiliates.

For more information about Komen SFBAA, please visit www.komensf.org; email us at info@komensf.org; or call us at 415-397-8812.

Organizational Structure

Komen SFBAA is an Affiliate of Susan G. Komen for the Cure. Komen SFBAA and Komen for the Cure work together in pursuit of a common vision: creating a world without breast cancer. Komen carries out the mission on a national and international level and coordinates the efforts of all Komen Affiliates. Komen SFBAA is charged with carrying out the mission at the local level within our service area. The Affiliate has five staff members. In addition, Komen SFBAA relies on over 400 committed volunteers.

Komen SFBAA is presently governed by a nine-person volunteer Board of Directors. The primary duties of the Board include the establishment and annual revision of the organization's strategic plan, fundraising, fiscal oversight and adoption of the annual budget, appointment and oversight of the Executive Director, and the establishment of policies and procedures as needed. Board members are drawn from the Affiliate service area and include individuals with backgrounds in healthcare, research, business, government and the corporate sectors. During the past year, the Board's strategic planning process included transitioning of the Board's committee roles and activities from that of operating committees to strategic governance. Present Board committees include: Finance, Fund Development, Governance and Strategic Mission. The Strategic Mission Committee includes representation from Education, Grants and Public Policy Operating Committees.

Description of Service Area



Figure 1: Map of Komen San Francisco Bay Area Affiliate Service Area.

The nine county service area covers 1,600 square miles, much of which is located along the northern California coast (see Figure 1). The population of the area is approximately 6.9 million; 50 percent of whom are female (Thomson Reuters, 2007). The service region is largely urban and boasts rich racial and ethnic diversity. Over half (54.8 percent) of the residents in the area are non-White, 26.2 percent are foreign born, and approximately 30 percent speak a language other than English. The median household income in the service area is \$73,446.

Purpose of the Report

The Community Profile is a local needs assessment conducted every two years by each Komen Affiliate. This Profile will enable our Affiliate to develop a detailed description of the service area in terms of demographics and breast cancer incidence and mortality rates as well as existing programs and services and unmet needs. Information presented in this report will inform the Komen SFBAA's planning and service delivery activities in the following ways:

- Guidance in community grant priorities for underserved women and their families
- Determining outreach and education activities
- Informing public policy efforts
- Strengthening sponsorship efforts (i.e., direct collaborative partnerships in the SF Bay Area community)
- Fostering inclusion efforts in the breast cancer community
- Establishing directions for marketing and outreach

It is our goal that the information can also be used by other local community-based organizations to:

- Collaborate with our affiliate and other breast cancer health organizations to meet the unmet needs in our community
- Focus program planning and service delivery
- Better understand the mission of our affiliate and the priorities of our major grants making process

Breast Cancer Impact in Affiliate Service Area

Methodology – Overview of Data Sources

The Community Profile process began with a systematic review of multiple sources of data in order to create a detailed picture of breast cancer in the SF Bay Area. The first step in the Profile development process was to understand the population size, racial and ethnic composition of the service area, income levels, access to insurance, incidence and mortality rates, stage of diagnosis, and mammography screening rates in each county. Data were derived from the following sources:

Demographic Data

- A Thomson Reuters© data pack was used to obtain selected breast health and demographic estimates for the SFBAA service area for 2007. These data are derived from many different sources including Claritas, SEER, National Health Interview Survey (NHIS), Standard Analytical File (SAF), PULSE Healthcare Survey, and PRIZM.
- Data collected by the US Census Bureau in the 2005-2009 American Community Survey five-year estimates, were used to obtain specific demographic characteristics, including, but not limited to, population counts, race/ethnic breakdown, number of family households, and language other than English spoken at home.

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Mortality Data

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Limitations of Analysis

This section presents findings from our initial demographic and statistical analysis. Our analysis is limited to breast cancer among females only because the annual number of cases among males is too small to calculate stable county level incidence and mortality rates. Further, data presented in this report are the most current available. Limitations of the data include: 1) Periods for demographic, insurance and mammogram data and for breast cancer incidence and mortality data do not always coincide, i.e. are for differing years and period of years. 2) Demographic data includes income levels and insurance coverage by county, while breast cancer incidence, mortality, screening and diagnosis data is by county and racial/ethnic group. We do not have data showing income and insurance levels by race/ethnicity.



Overview of Komen SFBAA Service Area

There are 6.9 million residents in the Komen SFBAA service area, representing 19.1% of California’s total population. Five of the counties: Santa Clara, Alameda, Contra Costa, San Francisco, and San Mateo have populations over 700,000, while Sonoma, Solano, Marin, and Napa have less than 500,000. The Bay Area is rich in ethnic diversity with more than half (54.4%) of residents being non-White: 6.7% are Black, 21.9% Latino, 22.4% Asian/Pacific Islander, 0.3% American Indian/Alaska Native, and 3.1% Other. As Table 1 documents, considerable variation in the number of residents by race/ethnicity exists at the county level.

Table 1: Race/Ethnicity by County, 2005-2009

County	Total Pop.	White	Black	Latino	API	AIAN	Other
Alameda	1,457,095	37.1%	12.6%	21.3%	25.1%	0.3%	3.5%
Contra Costa	1,015,571	51.2%	9.0%	22.3%	13.7%	0.3%	3.5%
Marin	246,711	75.0%	3.0%	13.6%	5.8%	0.2%	2.3%
Napa	132,173	60.5%	1.9%	29.2%	5.9%	0.5%	2.0%
San Francisco	797,271	44.6%	6.4%	14.2%	31.6%	0.3%	2.9%
San Mateo	701,886	45.7%	3.1%	23.1%	25.1%	0.2%	2.9%
Santa Clara	1,729,378	38.4%	2.4%	25.7%	30.3%	0.3%	2.8%
Solano	406,461	44.1%	14.1%	22.0%	14.5%	0.5%	4.8%
Sonoma	464,218	68.9%	1.5%	22.3%	4.0%	0.8%	2.5%
Total	6,950,764	45.5%	6.7%	21.9%	22.4%	0.3%	3.1%

Source: US Census Bureau 2005-2009 American Community Survey 5-year estimates, API = Asian/ Pacific Islander, AIAN = American Indian/Alaska Native

Foreign-Born and Household Language Isolation

San Francisco, San Mateo, Santa Clara and Alameda counties have the unique distinction of having a higher proportion of foreign-born citizens compared to California (26.8%) and the United States (12.4%). Santa Clara was the highest at 36%, followed by San Francisco at 34.4%, San Mateo at 33.3%, and Alameda at 30.1% (US Census Bureau 2005-2009 American Community Survey 5-year estimates). These counties also have higher reported levels of linguistic household isolation. Of the residents in these counties, 21.7%, 23%, 18.5% and 18.8% respectively, do not speak English “very well” compared to the national percentage of 8.6%. This poses a specific regional challenge in terms of conducting education and outreach regarding breast health and the importance of mammography screening and treatment follow-up. Linguistic isolation may also indirectly contribute to breast cancer mortality rates as non- or limited-English speakers may lack awareness of breast cancer and have difficulty navigating the health care system in order to get a mammogram, diagnosis, or treatment.

Insurance Access and Poverty Levels

Lack of insurance is often a key barrier in obtaining mammograms or other preventive health care (see table 2). According to Thomson Reuters© (2007), 13.3% of Bay Area women between 18 and 64 do not have health insurance. Data from the US Census Bureau indicates 6.3% live below the federal poverty line (\$22,050 for a family of four). The high cost of living in the Bay Area makes families living in poverty or those individuals who are unemployed or under employed especially vulnerable to poor health outcomes. Poverty levels in the Komen SFBAA service area vary by county with Alameda having the highest level at 7.8%, followed by San Francisco at 7.0% (US Census Bureau 2005-2009 American Community Survey 5-year estimates). These counties also have the highest number of uninsured women at 17.6% and 17.8%, respectively (Thomson Reuters, 2007).

Table 2: Median Household Income, Families Living in Poverty, and Uninsured Women, 2005-2009

County	Total # Families ¹	Income Below Poverty ¹		Median Household ^{1,3}	Uninsured Females 18-64 ²	
		Families	%		Population	%
Alameda	331,446	25,853	7.8%	\$68,863	84,151	17.6%
Contra Costa	256,196	15,884	6.2%	\$77,838	40,318	12.3%
Marin	61,034	2,197	3.6%	\$87,728	9,015	11.4%
Napa	31,700	1,744	5.5%	\$68,416	4,913	12.0%
San Francisco	142,819	9,997	7.0%	\$70,040	45,805	17.8%
San Mateo	171,068	8,040	4.7%	\$84,426	20,117	8.9%
Santa Clara	411,525	24,692	6.0%	\$85,569	51,749	9.8%
Solano	98,605	7,494	7.6%	\$67,920	17,076	13.5%
Sonoma	113,745	6,711	5.9%	\$63,848	20,490	13.6%
Total	1,618,138	102,612	6.3%	\$76,575	293,635	13.3%

Source: ¹US Census Bureau 2005-2009 American Community Survey 5-year Estimates, ²Thomson Reuters, 2007.

³Income and benefits provided in 2009 inflation adjusted dollars.

Breast Cancer Incidence

In 2008, 5,217 women were diagnosed with breast cancer in the SF Bay Area and 838 died of the disease (Surveillance Epidemiology and End Results (SEER) Program, 2008 data updated June 2010 and accessed in January 2011). The average annual age-adjusted rate in California was 121.6 per 100,000 women from 2004-2008. Figure 2 shows four of the nine counties in our service area, Marin, Sonoma, Contra Costa and San Mateo have some of the highest rates in the state. Table 3 shows the age adjusted incidence rates (per 100,000 women) in the nine counties from 2004 to 2008 by race/ethnicity.

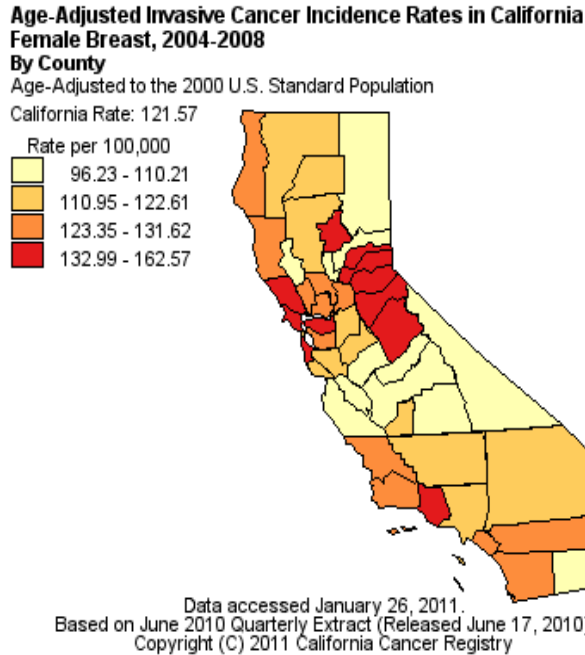


Figure 2: Breast Cancer Incidence Rates for California, 2004 – 2008

Table 3: Age Adjusted Breast Cancer Incidence Rates, by Race/Ethnicity and County, 2004-2008

County	White	Black	Latino	API	Total
Alameda	138.7	130.2	93.3	98.3	124.1
Contra Costa	148.2	130.1	108.9	96.0	136.1
Marin	152.0	139.0	141.5	92.5	147.7
Napa	135.4	*	103.0	117.5	129.5
San Francisco	131.7	122.9	92.6	94.6	111.0
San Mateo	150.4	102.8	93.5	114.8	133.0
Santa Clara	147.1	81.3	97.0	89.2	122.6
Solano	137.88	134.8	94.0	98.3	125.0
Sonoma	147.6	162.9	112.5	99.7	142.5
California	138.9	125.4	87.0	93.4	121.6
United States'	126.5	118.3	86.0	90.0	122.9

Source: California Cancer Registry Data accessed January 26, 2011. 2004-2008 data based upon quarterly extract released June 17, 2010. (API=Asian/Pacific Islander, American Indian/Alaska Native is not included in this table because there were too few cases to calculate a stable incidence rate by county and race/ethnicity). *Too few cases to calculate incidence rate. 'United States rate derived from 17 geographic region SEER data 2003-2007 based upon November 2009 SEER data submission, posted to the SEER website 2010. US Hispanic incidence data is based upon NHIA and excludes cases from Alaska Native Registry.

Among the nine Bay Area Counties, the highest breast cancer incidence rates were in Marin (147.7 per 100,000 women), Sonoma (142.5 per 100,000 women), Contra Costa (136.1 per 100,000 women) and Napa (129.5 per 100,000 women). San Francisco had the lowest rate at 111.0 per 100,000 women. By racial and ethnic group, the data show that Black women in Sonoma County had the highest average incidence rate at 162.9 per 100,000 women followed by White women in Marin (152.0). A large number of SFBAA counties had race/ethnic specific incidence rates substantially higher than the state average of 121.6 per 100,000 women.

Mortality Rates

Three of the nine counties had age-adjusted breast cancer mortality rates from 2004-2008 which are higher than California (22.3 per 100,000). Further analysis by racial and ethnic groups revealed a disproportionate burden of breast cancer mortality among Black women. Blacks in every county in which rates could be calculated, have the highest breast cancer mortality across all racial and ethnic groups. Factors that contribute to these higher rates include differences in access to and utilization of early detection and treatment and risk factors that are differently distributed by race and socioeconomic status or biological differences associated with race (American Cancer Society, 2007). Among White women, the highest rates were in Contra Costa (25.5 per 100,000 women), followed by San Mateo (24.1 per 100,000 women), Sonoma (24.0 per 100,000 women) and, Alameda and Napa (23.8 per 100,000 women).

Table 4: Mortality Rate by Race/Ethnicity and County, 2004-2008

County	White	Black	Latino	API	Total
Alameda	23.8	30.2	19.1	14.1	22.1
Contra Costa	25.5	31.3	17.5	14.0	23.8
Marin	23.6	*	*	*	23.5
Napa	23.8	*	*	*	21.9
San Francisco	23.2	32.1	13.2	12.3	18.4
San Mateo	24.1	*	17.7	16.5	21.7
Santa Clara	23.4	23.3	17.5	11.8	19.6
Solano	23.3	30.6	17.3	17.2	22.4
Sonoma	24.0	*	18.9	*	22.7
California	24.4	34.1	17.0	13.7	22.3
United States¹	23.4	32.4	15.3	12.2	24.0

Source: California Cancer Registry Data accessed January 26, 2011. 2004-2008 data based upon quarterly extract released June 17, 2010. (API=Asian/Pacific Islander, American Indian/Alaska Native is not included in this table because there were too few cases to calculate a stable i rate by county and race/ethnicity),

*Too few cases to calculate mortality rate. ¹United States rate derived from 17 geographic region SEER data 2003-2007 based upon November 2009 SEER data submission, posted to the SEER website 2010. US Hispanic mortality data excludes deaths from the District of Columbia, New Hampshire and North Dakota.

Despite the fact that mortality rates generally decreased state-wide between 2003 and 2007, as table 5 shows, in the Komen SFBAA service area rates have not fallen among Blacks, Asian/Pacific Islanders nor Latino women. The general lack of progress in decreasing breast cancer mortality among racial and ethnic minorities suggests the need to provide additional support programs, outreach, and education aimed at improving accessibility and utilization of early detection services and treatment follow-up among specific racial and ethnic groups. Table 5 provides a breakdown of mortality rates by county and racial/ethnic group. Unfortunately, American Indians and Alaska Natives (AIAN) are not included in this table because the number of deaths was too small to calculate mortality rates.

Table 5: Mortality Rate Trend by County and Racial/Ethnic Groups 2003 through 2007

County	White	Black	Latino	API
Alameda	Falling	Stable	Stable	Stable
Contra Costa	Falling	Stable	Stable	Stable
Marin	Falling	*	*	*
Napa	Stable	*	*	*
San Francisco	Falling	Stable	Stable	Stable
San Mateo	Falling	Stable	Stable	Stable
Santa Clara	Falling	Stable	Stable	Stable
Solano	Falling	Stable	*	*
Sonoma	Falling	*	*	*
California	Falling	Falling	Falling	Stable
United States	Falling	Falling	Falling	Falling

Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates are age-adjusted to the 2000 US standard population. The Average Annual Percentage Change (AAPC) used to determine trend (falling, stable, rising) is based on the AAPC's calculated by Joinpoint Regression Program. Due to data availability issues, the time period used in the calculation of the joinpoint regression model may differ for selected racial groups.

*represents too few cases to calculate

Stage at Diagnosis

In the SFBAA service area, the majority of breast cancer cases are diagnosed with Localized disease that is confined to the breast (see table 6 below). The frequency distribution varies across counties with some counties bearing a greater burden of advanced stage cases (Solano and Alameda) compared with the state. And as table 7 shows, significant differences exist by racial and ethnic groups. Blacks and Latinas have a greater proportion of disease diagnosed when it has moved to the lymph nodes or beyond, and Blacks are nearly two times more likely to be diagnosed with disease that has extended to distant sites compared with Whites and API women. The data in these tables provides some important insight into higher risk groups. Additionally, recent findings using California data further explore race/ethnic and immigrant differences. US born Asian women (other than Japanese) typically have higher incidence rates than their foreign-born counterparts (Gomez SL, et al. (2010) *AJPH*, 100 Suppl 1:S125-31); however, foreign-born Asian women suffer higher breast cancer mortality (Gomez SL, et al. (2010) *AJPH*, 100(5): 861-9.). Similarly, among Hispanics disease incidence is higher among US born Latina women compared with foreign-born Latinas (John EM, et al, (2005) *CEBP*, 14:2905-13.). However, even though foreign-born Latinas are more likely

to be diagnosed at later stages, unlike Asian women, US-born Hispanics are at increased risk of death from breast cancer compared to their foreign born counterparts (Keegan TH, et al. (2010) *BMC Cancer*, 10:603.). These findings, coupled with the data in tables 2-8, suggest a need for the SFBAA to consider specific communities for targeted interventions in the areas of early detection, outreach and education and improved treatment plans or follow-up.

Table 6: Stage at Diagnosis by County, 2004-2008

County	Local	Regional	Distant	NA/unknown
Alameda	62.8%	30.6%	5.2%	1.4%
Contra Costa	64.7%	29.4%	4.9%	1.0%
Marin	66.4%	29.9%	3.2%	0.5%
Napa	68.5%	26.0%	3.3%	2.2%
San Francisco	64.4%	29.1%	4.9%	1.5%
San Mateo	67.6%	27.3%	4.4%	0.7%
Santa Clara	64.1%	30.6%	4.4%	0.9%
Solano	62.1%	30.7%	6.3%	0.9%
Sonoma	65.9%	27.1%	4.1%	2.8%
California	61.9%	31.5%	4.9%	1.7%

Source: CPIC, SEER Sumstage data 2004-2008 Accessed January 2011.

Table 7: Stage at Diagnosis in the SFBAA by Ethnicity, 2004-2008

Ethnic Group	Local	Regional	Distant	NA/unknown
White	66.7%	27.8%	4.2%	1.3%
Black	56.7%	34.7%	8.0%	0.6%
Latino	58.7%	35.0%	5.3%	1.1%
API	63.3%	30.4%	4.9%	1.3%

Source: CPIC, SEER Sumstage data 2004-2008 Accessed January 2011.

Participation in Mammography Screening

Among women age 40 and older, San Francisco and Alameda county had a greater percentage of those who did not have a mammogram in the last 12 months (36.3% and 35.2% respectively) (Thomson Reuters, 2007). Marin County has both the highest level of women over 40 receiving mammograms (70.5%) and the second highest mortality rate. According to the California Health Interview Survey (CHIS) (2005), the primary reason for Bay Area women not obtaining a mammogram is lack of physician referral. Other reasons include lack of insurance, competing priorities, fear of pain, embarrassment, fatalism, and lack of awareness regarding the importance of mammography screening. In the 2007 CHIS survey, 83.2% of women with insurance received a mammogram within the last two years compared with only 56.5% of women without insurance. Table 8 shows the percentage of women who did not have a mammogram in the last 12 months in 2007.

Table 8: Percent of Women Who Did Not Obtain a Mammogram in the Past 12 Months, 2007

County	2007 Female Population Age 40+	% No Mammogram Last 12 Months
Alameda	350,128	35.2%
Contra Costa	255,797	32.8%
Marin	74,702	29.5%
Napa	34,032	33.0%
San Francisco	193,781	36.3%
San Mateo	185,103	33.8%
Santa Clara	392,493	33.8%
Solano	93,838	34.0%
Sonoma	122,649	33.5%
Total	1,702,523	34.0%

Source: Thomson Reuters, 2007

Communities of Interest

In selecting the communities and counties of interest, we decided that our first point of focus should be mortality rates. While some counties may have higher incidence rates than the four selected, we believe that mortality rates are a better indicator of where the unmet needs are for breast cancer services. Indeed, mortality rates for White women in our service area are falling. But mortality rates for Latinas and Black women and API women are not, i.e. they are stable. An additional reason for our focus on women of color is the data showing that in the SF Bay Area women of color are diagnosed at a later stage of breast cancer than white women. When breast cancer is detected early, before it spreads beyond the breast, the 5-year relative survival rate is 98 percent. Once the cancer spreads to other parts of the body, survival rates plummet to 23 percent. Accordingly, we looked at the counties that had larger populations of women of color. We also believe that early detection, i.e. regular screening, increases survivorship. Komen recommends that women have an initial baseline mammogram at the age of 40 (and earlier if there are increased risk factors, i.e. breast cancer diagnosis in the immediate family). Therefore, those counties with higher percentages of women 40+ who had not had a mammogram in the last 12 months were also factored into our selection process. And because a lack of physician referral and lack of insurance were the two main reasons why women in our community did not get a mammogram, we also looked at counties with larger numbers of uninsured women and families living below the national poverty line. Unlike women with health insurance, uninsured women are less likely to have a relationship with a primary care doctor and are less likely to be able to cover the cost of an annual mammogram. Limited English can also impact screening and follow-up care. Thus we thought it important to balance our counties of interest by including those with a high proportion of foreign-born and non-English speaking individuals. Based on this analysis of demographics and breast cancer statistics, four counties were selected for additional analysis: Alameda, Contra Costa, San Francisco and Santa Clara. Demographics and statistics specific to each of the four counties of interest are presented below.

Three of the four counties have some of the highest race/ethnic specific mortality rates and some of the higher incidence rates in specific race/ethnic groups. Further, despite decreases both state-wide and nationally, mortality rates among Blacks, Latinos, and both Asians and Pacific Islanders have remained constant in these counties. By virtue of their population distribution by

race/ethnicity, these four counties combined include large numbers of women across the four larger race/ethnic groups (White, Blacks, Latinos, API). These counties also have a high proportion of foreign-born and non-English speaking citizens who may be at higher risk for late stage diagnosis or death because they lack knowledge about the disease and/or are not benefiting from education and outreach efforts. These counties also have a disproportionate number of families living below the federal poverty line and large numbers of uninsured women. Demographics and statistics specific to each of the four counties of interest are presented below.

Alameda

Alameda County has over 1.4 million residents and is the most racially and ethnically diverse county in the SFBA: 37.1% are White; 12.6% Black; 0.3% American Indian/Alaska Native; 24.4% Asian/ Pacific Islander; 21.3% Latino and; 3.5% Other. Over 30% of citizens are foreign-born and 18.8% do not speak English “very well”. Median income is \$68,863; 7.8% of all families live below the poverty line; 17.8% of women aged 18 to 64 are uninsured and; in 2007, 36.3% of women had not had a mammogram in the past 12 months. In the Komen SFBA service area, Alameda also has one of the highest proportions of women diagnosed at later stages. Like Contra Costa, San Francisco and Santa Clara counties, the mortality rate has decreased among White women but remains stable among women of color.

Contra Costa

Contra Costa has a population of 1,015,571 residents. In terms of race and ethnicity: 51.2% are White; 9.0% Black; 0.3% American Indian or Alaska Native; 13.7% Asian/Pacific Islander, 22.3% Latino, and 3.5% Other. Median income is \$77,838 and the City and County has the unfortunate distinction of having higher than average breast cancer mortality rates across all ethnicities in our service area and the highest mortality rate among Whites and second highest among Blacks. As mentioned previously, Contra Costa also has a large percentage of: families living in poverty (6.2%), uninsured women age 18 – 64 (12.3%), foreign-born citizens (23.1%), residents who do not speak English “very well” (13.3%), and women who have not received a mammogram in the past 12 months (36.3%).

San Francisco

Of the 805,235 people living in San Francisco County (2010 Census), the two largest race/ethnic groups are Whites (44.6%) and Asian/Pacific Islanders (31.6%). Latinos comprise 13.6% of the population, followed by Blacks at 6.4%, 2.3% Other races and 0.3% American Indian or Alaska Native. In California, San Francisco has one of the highest proportions of foreign-born citizens (34.4%) and many residents (23%) that do not speak English very well. This county also has the highest breast cancer mortality rate for Black women (32.1); in 2007 it had the largest percentage of women ages 18-64 that were uninsured (17.8%) and; the greatest percentage of women that did not receive a mammogram within the last 12 months (36.3%). The median household income is \$70,040 and 7.0% of families live below the federal poverty line.

Santa Clara

The population of Santa Clara County, at more than 1.7 million individuals, is the largest county in the SFBAA service area. Like Alameda, the county is diverse with a majority of residents being non-white: 38.4% are White; 30.3% API; 25.7% Latino; 2.8% Other; 2.4% Black; and 0.3% American Indian or Alaska Native. Among the Komen SFBAA counties of interest, in 2007, Santa Clara had the second highest number of uninsured women (51,749) after Alameda (84,151). Santa Clara also has the highest proportion of foreign-born citizens (36%) of all nine counties and almost 22% of the residents do not speak English very well.

Conclusions

In summary, the four counties of interest represent significant concentrations of breast cancer incidence, mortality, a large racial and ethnically diverse population, a higher number of women who need mammograms, are uninsured, are foreign-born, and/or do not speak English well.

Health Systems Analysis of Target Communities

Overview of Continuum of Care

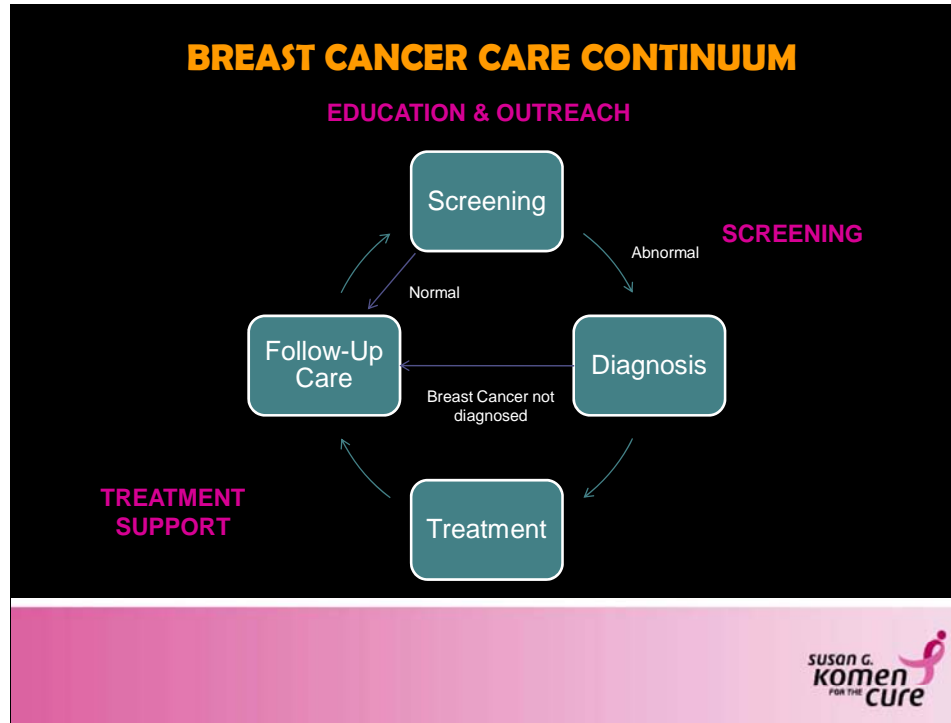


Figure 3: Breast Cancer Continuum of Care

A Continuum of care is a concept involving an integrated system of care that guides and tracks a patient over time through a comprehensive array of health services spanning all levels of intensity of care (*Creating the Continuum of Care*, Evashwick C., Health Matrix 1989 Spring 7 (1) 30-9.) Theoretically, a patient would enter the breast cancer continuum of care at the preventive care stage -- screening -- and would remain at that level on a continuing basis unless diagnosed with breast cancer. Advancement to the next levels of care would occur upon diagnosis and then treatment and post treatment follow up care. The continuum would include medical services as well as social support.

The Breast Cancer Care Continuum is an “ideal” model. The statistical data in the previous section of this report showing differing rates of mortality for women in our community indicates that there are gaps or barriers for certain women in progressing through the continuum. An examination of the continuum in the counties of interest includes determining the type, availability and location of services in those counties.

Methodology and Limitations

A primary source for provider and organizational inventory data was the online Bay Area Breast Cancer Resource Guide on the website of the Cancer Prevention Institute of California (CPIC). The Bay Area Breast Cancer Resource Guide, including a print and online version, was originally created by the Better Health Foundation with funding by KomenSFBA. When the Better Health Foundation ceased operations in 2005, it donated the online version of the Guide to CPIC. Information for the present online version is updated by agencies listed in the Guide.

Therefore a limitation of this information source is the breadth of and timeliness of the information.

Information from the Guide was supplemented by lists of resources derived from: Commission on Cancer (CoC) Accreditation Program – Hospital Locator; US Food and Drug Administration’s list of accredited mammography facilities; and discussions with local county health department staff to identify additional local organizations in their knowledge base.

An online survey of service providers was conducted via “Survey Monkey” utilizing a subset of questions used in the prior community profile survey. Questions included available services provided by each respondent’s institution and their opinions regarding gaps and barriers in the continuum of care and the causes of those gaps and barriers. The survey was sent via email to a list of 260 providers on two separate dates with follow up reminder emails. Thirteen survey responses were returned for 5% response rate. Given the low response rate, the survey provides limited information. However, the responses were consistent with the survey conducted for the last Community Profile which asked the same questions. Therefore, we will rely on the previous survey for drawing conclusions about the providers’ perspective on available services and gaps and barriers across the continuum of care.

In addition, five key informant “one on one” interviews were conducted of management staff at 5 separate institutions and organizations providing breast cancer health services in the four counties of interest. Each organization was selected because they provide services in more than one county of interest. All five serve populations of color and low-income women from the counties of interest. Three provide breast cancer educational outreach and referral services. One is a comprehensive medical facility. One provides referrals and funding for screening, diagnostic and treatment services. Three provide support group services. And two provide financial funding for medical and non-medical resources and services. Each interview was conducted over the phone and ranged in duration from 30 minutes to one hour. The interviews were conducted by the Affiliate’s Executive Director.

Overview of Community Assets/ Counties of Interest

Table 9 : Available Programs and Services, by County, 2011

Description	Alameda	Contra Costa	San Francisco	Santa Clara	Total
Comprehensive medical facilities that offer screening, diagnostics, & treatment	18	12	9	14	53
Free-standing mammography clinics	41	31	27	42	141
Community health clinics that provide referrals for mammography screening	28	8	15	23	73
Resource, support group, or other information centers for cancer and breast health	41	13	36	22	112
Prostheses/wigs etc.	8	3	5	8	24
Religious Institutions that offer support groups or meeting place for community health	25	13	15	5	58

The four counties of interest include 53 comprehensive medical facilities that provide comprehensive screening, diagnostic and treatment services. These include one National Institutes of Health (NIH) designated Comprehensive Cancer Center (University of California, San Francisco) in SF County and one NIH designated Cancer Center (Stanford Medical Center) in Santa Clara County. Table 9 shows that there are an additional 214 resources for mammography and screening referrals, as well as 136 sources for non-medical support and post-treatment services. There are a total of 58 religious institutions offering support groups or a meeting place for community health services. Appendix A lists the available programs and services in each county of interest.

Table 9 appears to show a wealth of services in the 4 county area; a closer look shows that Contra Costa County, with higher than average breast cancer mortality rates across all ethnicities in our service area, also has the lowest number of total programs and services of our 4 counties of interest. Alameda has a total of 161, Santa Clara has 114, San Francisco has 107, and Contra Costa has 80. Contra Costa County has fewer community clinics and community resource organizations than San Francisco County, although its total population exceeds that of San Francisco County's by 21% (see Table 1).

Basic static Google maps that pinpoint the locations of all organizations in our asset database have been produced for each county of interest (Alameda, Contra Costa, San Francisco and Santa Clara) with a legend for the types of health resources pinpointed by color. For consistency, organizations are categorized using the descriptions and titles from Komen SFBAAs previous 2009-2010 Community Profile (e.g. Community health clinics that provide referrals for mammography screening, Free-standing mammography clinic, Comprehensive medical facilities that offer screening, diagnostics, treatment). These maps will also be posted on the KomenSFBAAs website and the pinpoints on the website maps will be interactive, i.e. clicking on the pinpoints will provide links with the organization's contact information. We have also created separate maps for each county for health resources and for religious institutions that offer support groups or meeting place for community health activities. We did so in order to make it easier for the reader to more easily see locations of specific health resources in relation to the locations of specific religious institutions.

ASSET MAPS OF THE FOUR COUNTIES OF INTEREST

Alameda County



- Community health clinics that provide referrals for mammography screening
- Comprehensive medical facilities that offer screening, diagnostics, treatment
- Free-standing mammography clinic
- Prosthesis/wigs etc.

Figure 7, Available Breast Health Programs and Services – Alameda County

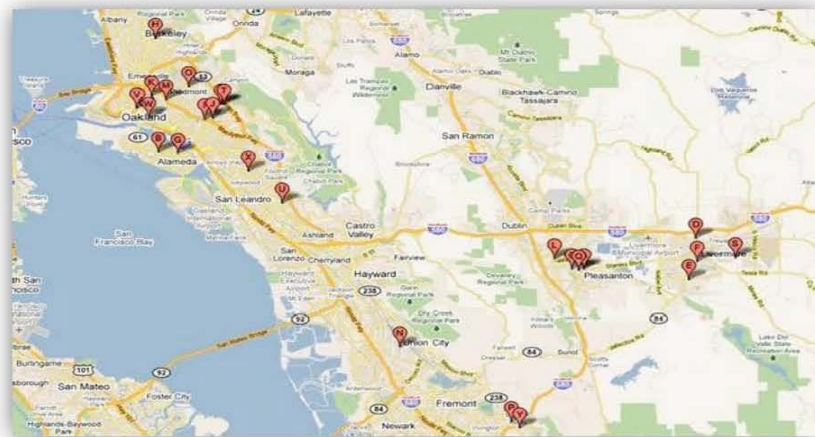


Figure 8, Faith based organizations offering support – Alameda County

Contra Costa County



Figure 9, Available Breast Health Programs and Services – Contra Costa Count

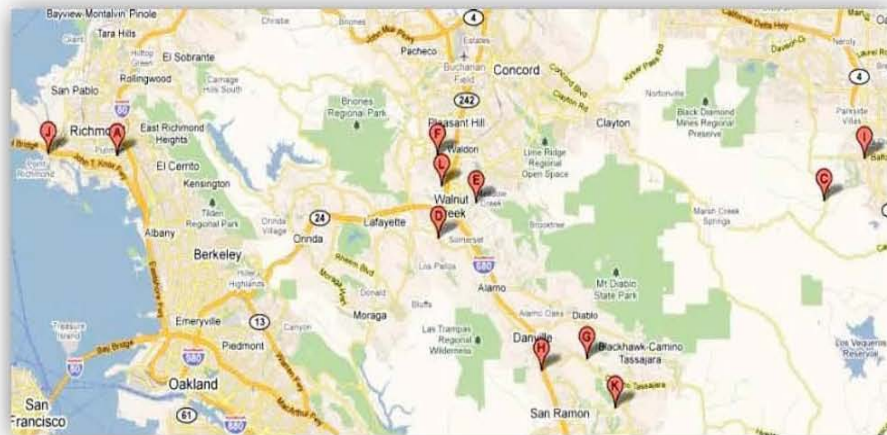


Figure 10, Faith based organizations offering support – Contra Costa County

San Francisco City & County

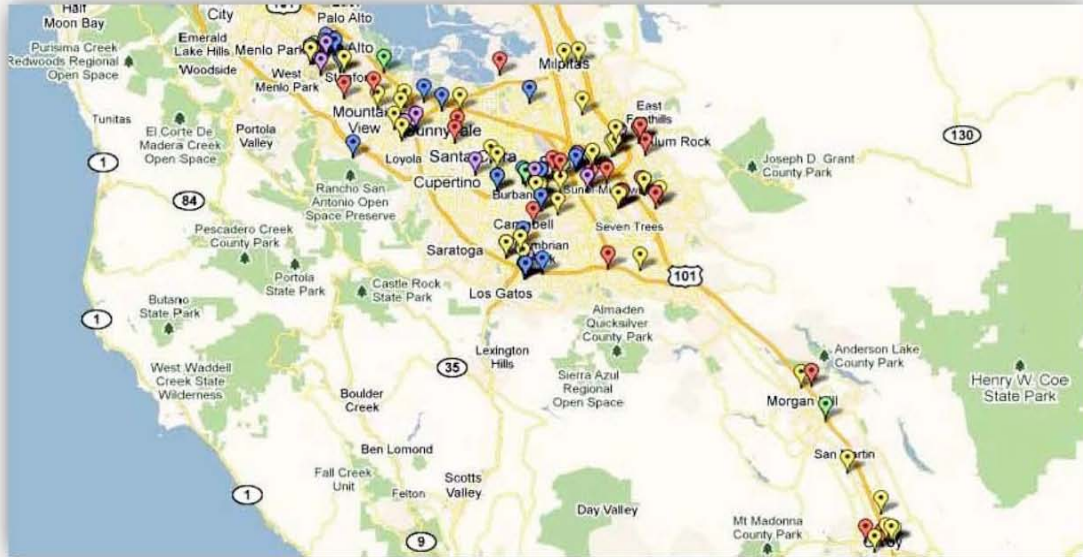


Figure 11, Available Breast Health Programs and Services – San Francisco County



Figure 12, Faith based organizations offering support – San Francisco City and County

Santa Clara County



- 📍 Resources, support group or other information centers for cancer breast health
- 📍 Free-standing mammography clinic
- 📍 Community health clinics that provide referrals for mammography screening
- 📍 Comprehensive medical facilities that offer screening, diagnostics, treatment
- 📍 Prosthesis/wigs etc.
- 📍 A diagnostic imaging facility.

Figure 13, Available Breast Health Programs and Services – Santa Clara County

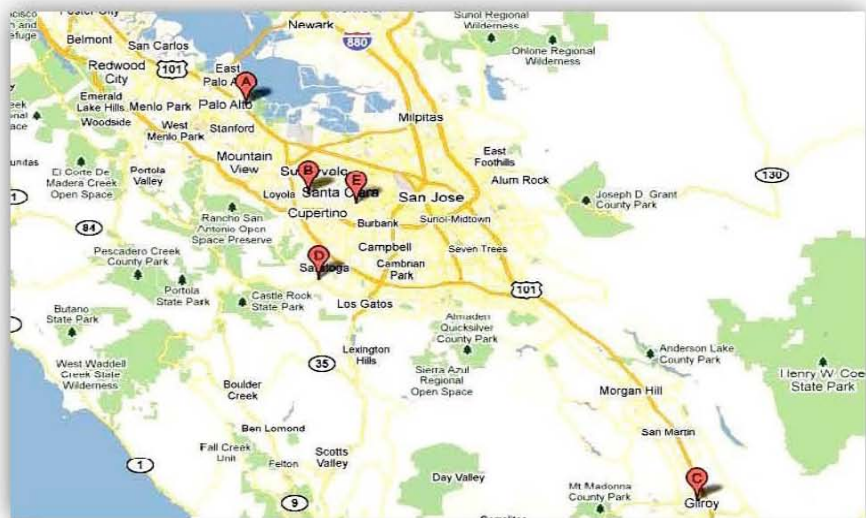


Figure 14, Faith based organizations offering support – Santa Clara County

Health Programs and Services

The facilities and organizations providing health and medical services include organizations along the entire gamut of the continuum of care, from small community-based or faith-based organizations that may be the point of entry for women in need, to medium sized facilities like community health care clinics where a woman might receive some screening services such as a clinical breast exam, to the larger comprehensive hospitals/medical facilities that could also provide mammography and multiple treatment options as well as post-treatment follow-up care. There is no one standard point of entry for all women, i.e., beginning at a community-based organization and progressing to a clinic and then to a hospital. Women can enter the continuum at any one of the three types of organizations/institutions previously described. Point of entry can be determined by multiple factors, including income, health insurance coverage, location of residence or work place, and the location of a clinic or hospital providing screening and/or treatment services.

The maps of health resources for all four counties, Figures 4 to 7, show that health resources appear geographically clustered in each county along major roadways and freeways. Many larger institutions (hospitals, medical centers) may be found in the cities or larger urban centers of each county. For example, in Contra Costa County (see Figure 4), 5 of the 13 comprehensive medical facilities are in Walnut Creek, one of the incorporated towns in the central area of that county. Outer-lying county areas appear to have fewer resources. For example, in Santa Clara County (Figure 5) resources are heavily concentrated in San Jose, the largest city in the county, with few services south and west of San Jose. While the geographic concentration of health resources in each county might lead us to conclude that women residing outside these “cluster” areas would have greater difficulty accessing breast cancer medical services, that is not true for all 4 counties. San Francisco (see Figure 6) is both a city and a county and it appears that almost all health resources are concentrated in the northeast commercial area of the city, with none in the western areas of the city. But geographic accessibility is not as great an issue for women in San Francisco as it may be for women residing in other counties. San Francisco is only 49 sq. miles with a comprehensive public transportation system.

In the provider survey conducted by Komen SFBA, responses indicated that a large number of women are either lacking education regarding breast cancer risk factors and screening options and guidelines, or are fearful of a diagnosis and refuse educational materials or screening services. Another major impediment was not having any means to pay for the service, i.e. lack of medical insurance and low income, and sometimes a lack of knowledge of available financial resources, such as government or charity care programs. The survey responses also noted the following gaps or barriers in the continuum of care:

- Need for breast health educational materials in multiple languages
- Lack of linguistically capable, culturally competent staff and trained medical interpreters
- Lack of outreach to discover unserved women in all of the different populations
- Lack of accessible information source about all available breast health service providers
- Little information on all public and private financial aid programs available (and creation of more sources)

- Incomplete coordination between/among providers to facilitate a smoother flow through the continuum of care.
- Inconsistent follow-up for compliance with treatment plans/future appointments.

Collaborative or Partnership Networks

There are several existing collaborative or partnership networks for breast cancer services in the counties of interest. Membership include representatives from community-based nonprofit providers of educational outreach, comprehensive medical centers – including county and private hospitals, and representatives from government agencies such as county public health departments and the State of California’s Department of Health Breast and Cervical Cancer Program, aka “Every Woman Counts” (EWC).

The San Francisco Women’s Cancer Network consists of a collaborative by and between San Francisco General Hospital (the county hospital for San Francisco) and community-based organizations providing cancer services to women in San Francisco. San Francisco General Hospital staff and its Foundation have taken a leadership role in facilitating the activities of the Network, including seeking funding for services that can be accessed by Network community based members. The Bay Area Women’s Health Advocacy Council (BAWHAC) is a coalition of SF Bay Area organizations and institutions whose common goal is to advocate for increased access for underserved women to breast cancer and cervical cancer screening and diagnostic services. Organizations represented include those from San Francisco, Alameda, Contra Costa, San Mateo, Sonoma, and Marin counties. BAWHAC was founded in 2007 by the Latina Breast Cancer Agency (LBCA) with a grant from the California Endowment. LBCA continues in its role as the facilitating agency of BAWHAC. The Bay Area Disparities Coalition (BAD-Co) is a consortium of representatives from local organizations/agencies and community members in the San Francisco Bay Area whose common mission is to provide uninsured and underinsured African American women under 40 information regarding breast cancer health resources. BAD-Co emanated from a one-day conference in 2006 of San Francisco Bay Area organizations providing breast cancer services to the African American community. The conference was initiated by the late Carolene Marks, a breast cancer survivor and member of Komen SFBAA’s Community Council. Komen SFBAA, through its enabling grants program, was one of the funders of that conference. BAD-Co members meet to share information and resources and collaborate on educational activities by, and for, the African American community. No single collaborative or partnership focuses on all underserved women within the Komen SFBAA service area, or the four counties of interest.

Komen SFBAA has historically partnered with community-based organizations and institutions through its annual grant making process. The priorities for Komen SFBAA’s grantmaking are directed by our Community Profile. During the 2009-2010 fiscal year, KomenSFBAA funded grants to 19 SF Bay Area community-based nonprofits and tax exempt clinics and hospitals. Appendix B shows a complete list of KomenSFBAA 2010-2011 grantees. Table 10 shows the 13 of those grantees who are presently providing services in the four counties of interest.

Table 10 : KomenSFBA 2010-2011 Grantees providing services in the counties of interest

Agency	Program Title	Service Area	Type	Location City
Asociacion Hispana del Cancer	Latina Breast Cancer Outreach and Early Detection Program	Contra Costa, Alameda	Education	Walnut Creek
Breast Cancer Connections	Gabriella Patser Program	ALL	Screening	Palo Alto
Breast Cancer Emergency Fund	Financial Assistance for Uninsured	San Francisco, San Mateo	Treatment Support	San Francisco
Circulo de Vida Cancer Support and Resource Center	In-Hospital Program	The Whole SF Bay Area	Treatment, Education	San Francisco
Delta Memorial Hospital Foundation	Save a Life Sister	Contra Costa	Screening, Education	Antioch
Hospice by the Bay	The Breast Cancer Care Fund	Marin, San Mateo, Sonoma, San Francisco	Treatment Support	Larkspur
Indian Health Center of Santa Clara Valley	Breast Cancer Screening and Awareness	Santa Clara	Screening, Treatment, Education	San Jose
Latina Breast Cancer Agency	Women Caring for Women	San Mateo, San Francisco	Education	San Francisco
Lyon Martin Health Services	Breast Health Program	Alameda, San Francisco	Screening, Education	San Francisco
Shanti	LifeLines	San Francisco	Treatment support, Education	San Francisco
Southeast Health Center	GOT SCREENED	San Francisco	Screening, Treatment, Education	San Francisco
The Latina Center	Circuitos de Mujeres/ Women's Circles	Alameda, Contra Costa	Education	Richmond
Thesecondopinion	Breast Cancer Project	ALL	Treatment Support	San Francisco

Organizations funded through the Komen SFBA grants program help to fill gaps in access to programs and services, especially for those individuals who may not qualify for state or federal programs. Komen SFBA funds three categories of grants: education, screening, and treatment. Education programs target various populations in order to promote the importance of early detection and screening. Screening programs typically seek to increase screening rates in underserved populations. Treatment programs provide breast cancer treatment services including diagnostic follow-up, biopsies, surgery, radiation, chemotherapy, and other treatments as appropriate.

An additional way that Komen SFBA fosters partnerships is through our annual breast cancer education conference. Since 2007, Komen SFBA has hosted an annual conference “Many Faces One Voice” (MFOV). Our goal in hosting the conference is to gather as many SF Bay Area stakeholders as possible in the areas of breast cancer health, treatment and advocacy, to meet, dialogue about priority issues, share relevant information and discuss short and long term strategies for our common goal to provide services to underserved women. We partner with representatives from local community-based organizations and members of the medical community in designing program topics and recruiting keynote speakers and session panelists. At our June 2010 MFOV conference, over 160 attendees participated in sessions with topics that focused on healthcare reform; the U.S. Preventative Services Task Force (USPSTF)

Mammography guidelines; Advances in therapy for high-risk patients; and Breast Health in Pacific Islander Communities.

State of California's Breast and Cervical Cancer Treatment Program (BCCTP)

Through its Department of Public Health, the State of California provides cancer treatment for eligible low-income California residents found to be in need of treatment for breast and/or cervical cancer. Services are provided through the Cancer Detection Program: Every Woman Counts (CDP-EWC) or Family Planning, Access, Care and Treatment (Family PACT) programs. CDP-EWC was developed in an effort to promote breast and cervical health among California's underserved women. In addition to offering screening and diagnostic services, the program is designed to facilitate repeat mammography screening among eligible women with normal or benign breast conditions and to provide follow-up services for women with possible diagnoses of breast cancer, including referral for treatment when necessary (Cancer Detection Programs: Every Woman Counts, 2009).

CDP-EWC administers the federal government's Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding for breast and cervical cancer screening and diagnostic services for low income, uninsured, underserved California women. California's services funded by CDC NBCCEDP are administered through Medi-Cal (California's Medicaid program). Eligibility is open to females who are citizens or have a satisfactory immigrant status; have no medical insurance; are below the age of 65; and with an income at or below 200% of the federal poverty level (\$22,050 for a family of four). There is no time limit on this program's treatment and diagnostic services.

In addition to the CDC NBCCEDP funded services, the State of California has also funded BCCTP services (called State-funded BCCTP) for an additional eligibility group for the "Every Woman" counts program. Eligibility for State-funded BCCTP is open to males of any age or immigration status; females under 65 who are undocumented immigrants; females over 65 who have medical insurance that does not cover these services or have a high insurance deductible or co-payment; and must not be receiving these services through Medi-Cal or another government-sponsored program. Despite the fact that EWC helps bridge the gap in access to breast health care among low-income women, state-wide only 25% of the 1.2 + million eligible women make use of the program's services (Cancer Detection Programs: Every Woman Counts, 2009). In 2005, only 17% of women in the Komen SFBA service area who were eligible for EWC services actually received those services.

State-funded BCCTP (EWC) does not receive General Fund Support from the State and has two funding sources including Prop 99 (its primary source), and the Breast Cancer Control Account (2 cent tobacco tax revenue). In recent years, EWC has faced funding shortages that the California Department of Public Health attributed to increased caseload and decreasing tobacco tax revenue. In mid-December 2009, the California Department of Public Health announced two significant policy changes that took effect January 1, 2010: A permanent increase in the minimum age eligibility for all breast cancer screening services from age 40 to age 50 and a "temporary" enrollment freeze for all women seeking breast cancer screening services from January 1 to June 30th, 2010. That freeze was extended beyond June 30 to November 30th, 2010.

While the projected savings from both of those actions was \$25 million in the budget year, it was also estimated that those changes would delay or deny services to approximately 100,000 women, state-wide, and put an estimated 1,000 lives at risk by delaying breast cancer diagnosis (Assembly Budget Committee, 2010). Komen SFBAA, as a member of the California Komen Collaborative, joined with the six other CA Komen affiliates in collaborating in a state-wide coalition of medical provider and community-based advocacy organizations. The goals of that coalition were to build support for and lobby state politicians and elected officials to secure additional funding for the EWC program; resume enrollment; and advocate for longer-term alternatives that addressed the program's funding shortfall. With bi-partisan support, in the Fall of 2010, the California legislature and Governor approved \$20 million in the state budget to restore EWC services. The California Department of Public Health announced that it would reopen its BCCTP services and begin considering new enrollees as of December 1, 2010.

The abrupt "shutdown" of EWC during 2010 had a profound negative effect on breast cancer care services and the continuum of care in the Komen SFBAA service area. Medical care providers that had been reimbursed for screening and treatment services through EWC had to secure alternate reimbursement funding sources on two weeks' notice or cease providing services. The timing of the January 2010 shutdown of EWC coincided with the final stages of Komen SFBAA's fiscal year 2010 major grantmaking process. The proposals and grants that were under consideration by our affiliate had not contemplated or planned for additional services for women who would normally have been served by EWC. Our Affiliate did not have the funds to cover both previously EWC funded services in our area as well as the services outlined in the grant proposals submitted to our Affiliate.

We learned that another California Department of Public Health program, Family Planning, Access, Care and Treatment (Family PACT) would continue to provide mammography reimbursement for low income women of child bearing age. But unlike EWC, Family PACT did not provide reimbursement for diagnostic services. To help fill that gap, Komen SFBAA created a Diagnostic Services Fund through which providers could receive diagnostic services reimbursement for women they had screened through Family PACT or other "no cost to the patients" screening programs.

Legislative Issues in Target Communities

Given the high number of uninsured women in the four counties of interest (see Table 2), government legislation and programs at the federal, state and county levels that help address lack of breast cancer diagnosis and treatment services due to lack of insurance would have a strong positive effect in the target communities.

As demonstrated in the successful re-opening of the California's EWC program, elected officials are key players in breast health care, especially in funding for screening, provision of care to low-income and uninsured, and research. Komen SFBAA, in concert with the other California Komen Affiliates, will continue to strengthen relationships with elected officials state-wide and nationally in order to educate them on the importance of breast health services and improved access to screening and diagnostic services.

Key Informant Findings

As previously stated, interviews with five community "Key Informants" in the communities of interest were conducted. Key informants have first-hand knowledge about the communities, the residents and the impact of breast cancer in the four counties of interest.

All Key Informants agreed that the continuing effect of a struggling economy resulted in increasing numbers of women losing medical insurance coverage when they lost employment. And several indicated that the experience navigating through the continuum of care for insured and uninsured women is profoundly different. Low income and uninsured women have much fewer resources to receive breast cancer services. Without insurance and a regular relationship or "medical home" with a medical provider, low income and uninsured women are less apt to be initiated into the continuum, i.e. receive baseline screening services. As a result, they are more apt to receive a late stage diagnosis. Key Informants stated that even if uninsured women are able to enter the continuum, services for uninsured are fragmented or nonexistent. If an uninsured woman is able to receive a no cost clinical breast exam, it might be at a community clinic that does not have mammography equipment. Or if she receives a no cost mammogram, the mammography provider may not have funds to provide further no cost diagnosis and/or treatment services.

All Key Informants stated that with the cessation of the Every Woman Counts program in 2010, many low income women in our service area had no alternatives when they needed screening or treatment. The EWC program "reopened" to clients as of January 2011. At the point of time that Key Informant interviews were conducted, there had not been a sufficient passage of time since the reopening for the interviewees to gauge whether all the women who could have received services in 2010 are now receiving eligibility approval. One Key Informant expressed concerns whether all the providers who had been participating in EWC prior to the shutdown have now also returned to being EWC providers. She stated that if the shutdown has a permanent long term effect of reducing EWC providers, the fact that a woman achieves eligibility status may be meaningless if she cannot find a provider in her county of residence. Key Informants who provide services to immigrant women with undocumented status stated that the shutdown of EWC meant that these women had no other options for free screening services unless a screening provider either had a new private source of funding or chose to increase its "charity care" services to cover undocumented women.

Some Key Informants noted that in addition to swelling the number of uninsured women who needed no cost services, the struggling economy also meant private philanthropy as an alternate funding source also dropped. In addition, county hospitals which are often the first and only health service option for the low income, uninsured also had reduced budgets due to reduced tax revenues. One Key Informant stated that due to severe county funding cuts, Contra Costa County no longer provides any breast cancer services to undocumented women. And because other government programs are restricted to county residents, undocumented women residing in Contra Costa county cannot travel to an adjacent county – like Alameda – to receive services.

Key informants stated that women of color – Latinas, African American and API women-- were also less apt to successfully enter and negotiate the continuum of care. Common issues expressed for all three communities of color were a higher number of uninsured women in comparison to white women. It was stated that monolingual immigrant women were also less apt to receive breast cancer educational services due to literacy issues – i.e. either breast health materials are not in their native languages or their literacy level in their native language is also low. There are also often no or few multi language medical providers or staff at clinics and hospitals – including community clinics and county hospitals which would normally be the medical care entry point for low income, monolingual immigrant women. In addition, there are cultural issues that cut across all communities. Many women choose not to get mammograms because of a belief that getting a screening would cause them to get the disease, and they “would rather not know”.

All key informants agreed that greater collaboration between and amongst agencies providing services to underserved women would improve their ability to successfully navigate the breast cancer continuum. Three of the five Key Informants stated that the county with the most successful models of collaborative networks between and amongst a county hospital, public health department and community-based providers is San Francisco County. In comparison, service providers in the other three counties of interest are much more fragmented. While all agreed that a more cohesive and collaborative network in Alameda, Contra Costa and Santa Clara counties would be beneficial to underserved women, there wasn't unanimity on the barriers to greater collaboration. Some said that all staff at service agencies are so overwhelmed in providing direct services they don't have the time and resources to focus on coalition building. Some said that “turf – protection” and/or a fear that collaboration by providers will result in a reduction in net funding from private funders prevented more effective partnerships.

Conclusions

While the four counties of interest have multiple providers of all the services along the continuum of care, underserved women may not be able to access those services due to a low economic status and/or a lack of insurance. In addition, while increased and improved educational, outreach and medical services provided in the native language of monolingual immigrant speakers may improve their ability to access services, some cultural beliefs that are barriers are not related to language or literacy. And even if translated materials and/ or no cost or low cost services may be available to low income, uninsured women, a lack of collaboration between and amongst providers may still prevent these women from successfully navigating the continuum of care.

Breast Cancer Perspectives in the Target Counties

Methodology

Six focus groups, with a total of 49 Latina, African American and Chinese immigrant women, were conducted in the four priority counties. Discussions were conducted in Spanish, English and Cantonese. Two Latina groups were held in San Francisco and Contra Costa counties; two African American groups were held in San Francisco and Alameda counties; and one Chinese group was held in San Francisco. Community-based organizations who are also past or present Komen grantees provided focus group facilitators and recruited participants from among members of ongoing support groups. All women were survivors or currently undergoing cancer treatment. A “script” of discussion questions was drafted by Advisory Team member, Galen Joseph, PhD. Discussion topics included barriers and facilitators to screening, treatment and follow-up care.

Women were asked to talk about their own experiences, as well as their beliefs about the experiences of friends, family and other women in their communities. Questions included follow up “probe” questions. Facilitators were asked to ensure that all participants joined in the discussion. All women who participated provided verbal informed consent, and were given an incentive of a \$50 gift card immediately after completion of the discussion. The focus groups were digitally recorded and a note-taker was present during each group. Galen Joseph, PhD, also drafted “tips” on note taking that were given to all note takers. Note takers included MPH students at local universities; a professional translator, and the Affiliate Executive Director. Note takers present at focus groups made up of Latina and Chinese immigrant women were fully bilingual in English and the native language and/or dialect of the focus group participants. The note taker used the digital recording to supplement notes after the discussion was over. The notes provide the basis for the results summary that follows.

Review of Qualitative Findings

The focus group findings are organized by point in the continuum of care (screening, treatment and follow-up care), and by ethnic group. Some findings were consistent across the three ethnic groups and the continuum of care. Lack of insurance and financial concerns (even for insured participants) were paramount in all three groups across the continuum of care. For example, one insured woman discussed her inability to take her medications consistently due to high co-pays. Transportation issues, the need for better information about services and for assistance with the navigation of care were also themes across the groups and stages of care. For both Latina and Chinese women, language barriers were significant and immigration status was also a concern; most important was a need for interpreters for medical appointments and other related activities (e.g. utilizing transportation support such as a taxi voucher).

I. Screening

While there were some differences across ethnic groups, key concerns regarding lack of insurance (and therefore a primary care doctor), financial costs even if insured, and transportation crossed all groups. In addition, Latina and Chinese women faced language barriers. Chinese women also discussed the lack of a preventive health orientation on the part of healthy women as a barrier to screening.

African Americans

Most of the African American participants reported that they obtained mammograms regularly before being diagnosed (in one group all had health insurance). The primary reasons for getting mammograms were reminders from their doctor or a close relative with breast cancer. The primary reasons for not getting mammograms were a lack of insurance and discomfort with the procedure. Additionally, African American women thought that other women they know did not get mammograms because they were afraid to find out if something was wrong; lack of insurance or money for co-pay; long waits at the county hospital; embarrassment; belief that mammogram can cause cancer; bad experiences with doctors who do not treat black patients respectfully: “they don’t want to believe you.”

Regarding clinical breast exams, most insured African American participants said they received them at annual exams with primary care doctor or ob/gyn. Other women said they did not have clinical breast exams because the doctor did not have enough time (only 15 minute appointments); they did not have a primary care doctor and thus only go to the doctor when they have a problem, not for annual exams; lack of insurance coverage; no time to go to doctor or you have to ask the doctor.

Latinas

Most Latina participants had regular or intermittent mammograms before being diagnosed. Those who did get them typically had reminders from their doctor or the radiology department. Others were unable to get them regularly when they lost insurance, did not have enough money for the insurance co-pay or due to embarrassment or fear of being diagnosed with cancer. Additionally they mentioned that other women might not get screening due to lack of insurance; inability to pay co-payments; lack of education/awareness; husband’s machismo; immigration status; no one to translate; lack of social support; or choosing other methods such as prayer and meditation. Most women in the groups were offered clinical breast exams by their primary care providers or gynecologists. A few reasons mentioned for not getting a clinical breast exam were: embarrassment; lack of time; and husband’s machismo.

Chinese

Some Chinese women obtained regular mammograms prior to their diagnosis, usually if they were encouraged to go by their doctor and they were insured. Those who did not go, cited as reasons the need to work and immigration status. The participants thought that other women sometimes skip a mammogram if they have had a previous one in which nothing was found to be wrong. They also indicated that “healthy people usually don’t go.” And women sometimes don’t go out of fear, lack of insurance, or because of the long wait.

The Chinese women participants said that they would only get a clinical breast exam if the doctor offered it, and that they need to find a female doctor. Lack of insurance and lack of knowledge about the exam were also barriers to obtaining clinical breast exams.

II. Treatment

Social support facilitated treatment for all three ethnic groups, and the stigma of having cancer contributed to the difficulty of getting the needed support during treatment. Financial concerns as well as transportation were also significant barriers.

African Americans

African American participants mentioned a number of things that made it easier for them to get their treatments, including various kinds of transportation assistance (parking validation, arranged rides); social support from family: “my cousin came with me and asked questions”; friends and “church family”; learning how to navigate the system (getting to know staff, listening and learning what to ask doctors and what to expect from other members of a support group); being assertive: “I asked a lot of questions; I was forceful.” One woman who was living in Marin at the time was offered massage and meditation. She said, “Women in Marin get a lot more than here [in the Bayview].”

The barriers to getting treatment were the long waits and overcrowding at the county hospital where they did not have confidence in the quality of care; lack of continuity of care even at a private hospital: “they didn’t know my case, didn’t have my paperwork”; and the cost of parking. Participants believed that barriers to care for other women included transportation; lack of insurance; fear (of side effects; denial, not wanting to deal with it); no support system: “family, friends without cancer don’t understand”; stigma: “people fear that cancer will rub off on them”; no money; lack of information or knowledge; and the belief that “god will take care of it.”

Latinas

For the Latina women, treatment was facilitated by transportation; availability of a translator; someone to accompany a patient to chemo treatments or help with medications; and support from husband, family, friends, and a support group. Barriers to treatment included the stigma associated with cancer; financial concerns including fear that Medi-Cal would run out; lack of education; lack of insurance and lack of an available translator. The participants believed that barriers for other women included machismo from a husband; work (i.e. no paid time off); embarrassment; and denial about having cancer.

Chinese

For the Chinese women, family (including children) and friends’ support was the key factor that facilitated their ability to obtain treatment. There were several factors that made it more difficult: Not knowing English (Couldn’t call taxi; difficult to use ACS taxi voucher); lack of social support; inability to work; and lack of money/financial concerns. They believed that for other women, barriers to getting treatment included lack of insurance and stigma: “Don’t want people to know”; “afraid of what others think”; “it’s frowned upon if someone is sick”; “if they know the cause you would be cursed”; “people ostracize you”.

III. Follow Up Care

A striking finding in discussions of follow-up treatment across all groups was the lack of continuity of care, and the failure of providers to pay adequate attention after the “crisis” of active treatment.

African Americans

Some participants in the African American groups felt that once they were out of active treatment, their providers became less attentive, and this made it difficult to get the care they needed for persistent side effects and other issues. For others, they found that obtaining care was facilitated by: relationships with particular providers (a “nurse who helps me”; “my GP coordinates everything”); the support of other survivors; education (“Gone to conferences; learned my rights”); mailed reminders; transportation vouchers; and support of family.

Latinas

For Latinas, getting care after active treatment was difficult due to providers lack of attention and lack of continuity of care: “Oncologist didn’t remember clinical history/had not read my file to find out why I was there”; “doctor left hospital and the new doctor walked out on me when I was asking questions”; “I was seen by students (at a teaching hospital) and you have to repeat everything.” One participant also mentioned that depression made it difficult for her to get follow up care.

The Latina women also discussed several things that made it easier to get their follow up care: navigator referrals for financial help, food, wigs, bras; transportation (volunteers, funding); social support (support groups, friends, peer support counselors, husband) to help with medicines, cooking etc.; doctors and staff reminders of appointments.

Chinese

Like the African American women, Chinese women felt that their providers were much less attentive after they were out of active treatment: “I feel like doctors don’t ‘care’ in the same way as when sick”; “only want money, don’t pay attention to complaints”; “verbal check in, not much else.” In addition, the Chinese women felt they didn’t have the same level of support as other women and that they were afraid of getting bad news again.

Conclusions

Key findings of the survivor focus groups with African American, Latina and Chinese women are that lack of insurance, financial costs of treatment and related activities, and transportation are barriers for accessing care across the continuum of care. In addition, Latina and Chinese women have difficulty accessing care at all stages due to a lack of adequate interpretation services. Social support is a major facilitator of accessing care –whether from family, friends, church or services provided by navigators, peer counselors and others. Lack of social support is likewise a barrier to accessing adequate care across the continuum. The lack of continuity of care, particularly in the period following active treatment is a significant barrier to sufficient care.

A common theme regarding a barrier to care is financial: A lack of health insurance was cited for all steps along the continuum. An additional financial challenge cited was having to choose between either losing employment income while receiving treatment or foregoing or limiting treatment to maintain an income. Latinas and immigrant Chinese shared concerns regarding immigration status and language barriers. There was agreement with providers who were surveyed and key informant interviewees that cultural beliefs create additional barriers. For Latinas that included the “machismo” culture of the men in their lives. A belief shared by all three groups is that some women will not be screened because they believe that if they are screened, they will be diagnosed with breast cancer. One common barrier cited that was not identified by providers or key informants was the lengthy waits at hospitals for screening and treatment. And while transportation has been cited in the past by providers as a barrier, these women focused on two less obvious aspects of transportation challenges. One is the high cost of parking at hospital garages while receiving treatment. While taxi scrip has been advanced by providers as a good method to overcome transportation challenges, women noted that the scrip available is not enough to carry them through full treatment periods. And Chinese immigrants were hampered in using scrip due to language barriers between them and the taxi drivers.



Conclusions: What We Learned, What We Will Do

Review of the Findings and Conclusions

Resource mapping for our four target counties shows that each has a variety of health resources. For our target counties the major issue regarding breast cancer health services is not lack of resources, but access. Barriers to access that were identified were both individual and structural. Individual barriers that were identified by providers, key informants and women in our target communities were a lack of health insurance; language barriers; and personal and cultural beliefs. Structural barriers identified by providers and key informants was a lack of collaboration and information sharing by and between providers and a lack of a centralized source of information regarding resources for underserved women. An additional structural barrier recognized by providers and key informants was the reduced funding for state government programs and county health department budgets. That structural barrier was experienced by women in our community as lengthy waits for screening and treatment at county hospitals.

Our data analysis revealed that in our service area, mortality rates for women of color are not dropping. Perhaps a correlating factor is that women of color also have higher rates of late stage diagnosis. While we don't have data by race/ethnicity and rates of lack of insurance, we do know that our 4 target counties have high numbers of women who are uninsured. Providers, Key Informants and women in our target communities all agreed that a barrier to care along the continuum, but especially for screening and treatment, is the lack of health insurance.

While increasing funding for screening and treatment for uninsured women may be an obvious response, we see an additional solution. Providers and Key Informants cited structural barriers of a lack of collaboration and the lack of a centralized information resource about available services for underserved women. Programs and services to help uninsured women may already exist, but because of a lack of information sharing and collaboration by providers, women may not be accessing these resources. We believe that one strategy to increase screening and treatment for uninsured women would be to facilitate collaboration and information sharing by providers.

Another financial factor is the continuing struggling local and state economy, which has also exacerbated individual and structural barriers to care. Higher numbers of women lost employment and health insurance while the drop in state and local government tax revenues reduced services even further. The one year "cessation" of the Every Woman Counts program meant that a major government resource for screening and treatment services for underserved women was no longer available. We will continue our public policy efforts to support the Every Woman Counts program as a strategy to mitigate increasing economic barriers to screening and treatment.

Three of our target counties, Alameda, San Francisco and Santa Clara, have relatively higher percentages of immigrant populations than California as a whole (a county range of 30-36% vs. California average of 26.8%). Language barriers were cited by both providers and immigrant women in our service area. Providers see the language barrier as a lack of education materials in multiple languages or the lack of interpreters who can assist in diagnosis and treatment discussions with patients. Immigrant women expressed that language barriers may prevent

women from even accessing the continuum at the prevention stage and thus they may be diagnosed at a later stage. Chinese immigrant women indicated that language prevented them from accessing a transportation barrier solution often recommended by providers – taxi scrip. We believe that to effectively reduce language barriers, the strategies and solutions should come jointly from providers and women in the community.

A barrier cited by all three racial/ethnic groups of women in our community is the purported belief by some women that screening will either “cause” a cancer diagnosis or “fear”, i.e. if they have cancer they would rather not know. A cultural barrier expressed by Latina women that inhibits screening was the “machismo” attitude by the men in their lives, i.e. an attitude inhibiting clinical breast exams. Immigrant Chinese women spoke about the stigma of diagnosis in their community. To help overcome these personal and cultural barriers, we believe that strategic educational outreach would be a first step.

Many of the barriers cited during this community needs assessment were reflected in our previous Community Profile: lack of insurance, language barriers and cultural beliefs. As a result, our priorities remain similar to those in our previous Community Profile. But during this needs assessment we heard of some structural barriers not previously expressed: lack of providers’ collaboration and a lack of a centralized resource information site or tool. Accordingly, we have created objectives that focus on collaboration, information sharing and coalition building.

During our previous needs assessment the lack of transportation for patients had been cited often by providers as a structural barrier. The solution most often suggested was expansion of taxi scrip services. During this needs assessment we heard from women in our target communities that for them the transportation challenge was different than what had been previously expressed by providers. For women who have access to personal vehicles, the need for parking validation was cited. For immigrant Chinese women, language barriers meant that taxi scrip programs were not effective for them. As a result, we have decided that our objectives should include input and participation equally from providers and representatives from target populations.

Affiliate Action Plan

Based on findings from demographic and statistical data as well as community provider surveys, focus groups, and key informant interviews, we have selected three priorities:

Priority 1: Reduce economic barriers to screening and treatment for uninsured women.

Objective 1: Promote awareness of existing programs by providers. By Fall 2011, we will survey providers to determine what information sources exist and those they are presently using. By early 2012, we will bring together focus groups and other community supporters and sponsors to examine how an information source can either be made more effective or developed.

Objective 2: By Fall 2012, host at least two events that include a focus on coalition building with community providers.

Objective 3: Continue public policy efforts to build support for the Every Woman Counts Program. By March 2012, recruit and train additional affiliate volunteers for public policy so that meetings can be held with key affiliate area legislators to educate them on the value of EWC. Explore, by December 2011, opportunities to collaborate with other Komen California affiliates to support specific legislation to increase screening based on need not age.

Priority 2: Reduce language and cultural barriers to screening and treatment for foreign-born and non-English speaking populations.

Objective 1: By Fall 2011, reach out to key community-based partners to research existing available translated materials. Prioritize funding for translation for communities in target areas. By March 2012, partner with organizations focused on translating breast cancer educational materials, to explore fostering collaborations with providers. If appropriate, prioritize funding culturally competent translation programs for the 2012 grant process.

Objective 2: By March 2012, partner with organizations focused on involving culturally-competent advocates and survivors in educational efforts, to facilitate collaborations with institutions providing services to underserved women in communities of color.

Priority 3: Reduce late-stage breast cancer diagnosis and mortality rates among Latinas, Black women and API women.

Objective 1: Develop at least one educational program for African American women, API women, and Latinas by Fall 2012, by partnering with local faith-based organizations and/ or community-based organizations.

Objective 2: By the end of 2011, identify and reach out to at least two underserved Asian/ Pacific Islander community groups to determine the most effective way to develop additional education and screening services in their communities.

Objective 3: By March 2012, Host events to foster coalition building, for representatives from organizations serving Latinas, African American women, and API women within the counties of interest.

These priorities will direct the focus and work of the Komen San Francisco Bay Area Affiliate for the next two years. They will be used to guide not only our grantmaking, education and public policy efforts, but also our fundraising and volunteer recruitment. Our Community Profile will provide direction as we carry out our mission to serve underserved women and their families in the San Francisco Bay Area.

APPENDIX A

ALAMEDA COUNTY BREAST CANCER RESOURCES

Comprehensive medical facilities that offer screening, diagnostics, and treatment

1.	Alameda County Medical Center- Highland Campus	1411 East 31st Street	Oakland	94602	(510) 437-4064
2.	Alameda Hospital	2070 Clinton Avenue	Alameda	94501	(510) 522-3700
3.	Alta Bates Medical Center- Cancer Center	2001 Dwight Way	Berkeley	94704	(510) 204-1591
4.	Alta Bates Summit Campus	350 Hawthorne Avenue	Oakland	94609	(510) 655-4000
5.	Alta Bates Summit Medical Center- Carol Ann Reed Breast Center	3100 Summit Street	Oakland	94609	(510) 869-8833
6.	Eden Medical Center	20103 Lake Chabot Road	Castro Valley	94546	(510) 567-5700
7.	Kaiser Permanente Medical Center, Fremont	39400 Paseo Padre Parkway	Fremont	94538	(510) 795-3050
8.	Kaiser Permanente Medical Center, Hayward	27400 Hesperian Boulevard	Hayward	94545	(510) 784-4000
9.	Kaiser Permanente Medical Center, Oakland	280 West MacArthur Boulevard	Oakland	94611	(510) 752-6405
10.	Kaiser Permanente Medical, Pleasanton	7601 Stoneridge Drive	Pleasanton	94588	(925) 847-5172
11.	Regional Cancer Center at ValleyCare	5725 W. Las Positas Boulevard, Suite 100	Pleasanton	94588	(925) 734-8130
12.	San Leandro Hospital	13855 East 14th Street	San Leandro	94578	(510) 357-6500
13.	St Rose Breast Care Center	27206 Calaroga Avenue, Suite 214	Hayward	94545	(510) 264-4000
14.	Summit Health Center	450 30 th Street, #2810	Oakland	94609	(510) 869-8833
15.	Valley Memorial Center	1111 East Stanley Boulevard	Livermore	94550	(925) 447-7000
16.	ValleyCare Medical Center	5555 West Las Positas Boulevard	Pleasanton	94588	(925) 734-3313
17.	ValleyCare Medical, Livermore	1111-1133 E. Stanley Boulevard	Livermore	94550	(925) 454-4280
18.	Washington Hospital Healthcare System	2000 Mowry Avenue	Fremont	94538	(510) 745-6433

Free-standing mammography clinics

1.	Alta Bates Campus	2450 Ashby Avenue	Berkeley	94705	(510) 204-4444
2.	Alta Bates Medical Center- Breast Center	5730 Telegraph Avenue	Oakland	94609	(510) 204-1880
3.	Alta Bates Summit Medical Center	2999 Regents Street	Berkeley	94705	(510) 204-1080
4.	Asian Health Services	818 Webster Street	Oakland	94607	(510) 986-6830
5.	Bay Imaging Consultants	5730 Telegraph Avenue	Oakland	94609	(510) 204-2736
6.	Bay Valley Medical Group	27212 Calaroga Avenue	Hayward	94545	(510) 785-5000
7.	Berkeley Primary Care	2001 Dwight Way, #1366	Berkeley	94704	(510) 204-4666
8.	Berkeley Women's Health Center	2908 Ellsworth Street	Berkeley	94705	(510) 843-6194
9.	Dang, Chuc V. MD	16177 Hesperian Blvd, Suite C	San Lorenzo	94580	(510) 317-9990
10.	Eastmont Wellness Center	6955 Foothill Boulevard, Suite 200	Oakland	94605	(510) 577-5604
11.	Fremont Hospital	39001 Sundale Drive	Fremont	94538	(510) 791-1100
12.	Howard Daniel Clinic	9933 MacArthur Boulevard	Oakland	94605	(510) 568-3206
13.	Kaiser Medical Center, Livermore	3000 Las Positas Road	Livermore	94551	(925) 243-4300
14.	Kaiser Permanente Medical Center	3555 Whipple Road	Union City	94587	(510) 784-4000

15.	Kindred Hospital	2800 Benedict Drive	San Leandro	94577	(510) 357-8300
16.	La Clínica de la Raza, Inc.	3451 East 12th Street	Oakland	94601	(510) 535-4000
17.	Laural Grove Hospital	19933 Lake Chabot Road	Castro Valley	94546	(510) 357-2755
18.	Native American Health Center	2950 International Boulevard	Oakland	94601	(510) 535-4400
19.	NK TPMG Alameda	2417 Central Avenue	Alameda	94501	(510) 752-9222
20.	NorCal Imaging- Women's Center	5924 Stoneridge Drive, Suite 105	Pleasanton	94588	(925) 463-0554
21.	NorCal Imaging Oakland	3200 Telegraph Avenue	Oakland	94609	(510) 663-1950
22.	Okoronkwo, Uchenna A. MD	10520 MacArthur Boulevard	Oakland	94605	(510) 569-7326
23.	Pacific Imaging Consultants Medical Group	2450 Washington Avenue	San Leandro	94577	(510) 351-7734
24.	Pacific Imaging Consultants Medical Group	5720 Stoneridge Mall Road, #290	Pleasanton	95488	(925) 463-0554
25.	Palo Alto Medical Foundation, Dublin	4050 Dublin Boulevard	Dublin	94568	(925) 875-6100
26.	Palo Alto Medical Foundation, Fremont	3200 Kearney Street	Fremont	94538	(510) 490-1222
27.	Stuart S. London, MD, Inc.	3330 Telegraph Avenue	Oakland	94609	(510) 420-8800
28.	San Antonio Neighborhood Health Center	1030 International Boulevard	Oakland	94606	(510) 238-5400
29.	St. Rose Hospital-Diagnostic Imaging	27200 Calaroga Avenue	Hayward	94545	(510) 264-4055
30.	Summit Health Center	388 9th Street, Suite 218	Oakland	94607	(510) 839-0298
31.	The Permanente Medical Group - Oakland	3801 Howe Street	Oakland	94611	(510) 752-7593
32.	Tiburcio Vasquez Health Center, Inc.	22331 Mission Boulevard	Hayward	94541	(510) 471-5880
33.	Tiburcio Vasquez Health Center, Inc.	33255 Ninth Street	Union City	94587	(510) 471-5880
34.	Tom H. Piatt, M.D., Inc.	3300 Webster Street, Suite 109	Oakland	94609	(510) 451-0780
35.	Tri-City Health Center	39500 Liberty Street	Fremont	94538	(510) 252-5843
36.	US Prisons Bureau	7950 Dublin Boulevard, #3	Dublin	94568	(925) 803-4700
37.	West Berkeley Family Practice	2031 6th Street	Berkeley	94710	(510) 704-6000
38.	West Oakland Health Council, Inc.	700 Adeline Street	Oakland	94607	(510) 835-9610
39.	Women's Imaging at Valleycare	5735 W. Las Positas Boulevard	Pleasanton	94588	(925) 847-3000

Community health clinics that provide referrals for mammography screening

1.	Axis Community Health, Livermore	3311 Pacific Avenue	Livermore	94550	(925) 447-1881
2.	Bay Valley Medical Group	20126 Stanton Avenue, Suite 201	Castro Valley	94546	(510) 581-2559
3.	Bay Valley Medical Group	4725 First Street	Pleasanton	94566	(925) 462-7060
4.	Berkeley Free Clinic	2339 Durant Avenue	Berkeley	94704	(510) 548-4811
5.	Berkeley Public Health Clinic	830 University Avenue	Berkeley	94710	(510) 981-5350
6.	Breast Health Access for Women with Disabilities	2001 Dwight Way, 2nd Floor	Berkeley	94704	(510) 204-4866
7.	Charlotte Maxwell Complementary Clinic	5691 Telegraph Avenue	Oakland	94609	(510) 601-7660
8.	Clinica Alta Vista	1515 Fruitvale Avenue	Oakland	94601	(510) 535-6300
9.	Davis Street Family Resource	3081 Teagarden Street	San Leandro	94577	(510) 347-4620
10.	Davis Street Family Resource	951 Dowling Boulevard	San Leandro	94577	(510) 777-9317
11.	Healthy Oakland Family Resource Center	2580 San Pablo Avenue	Oakland	94612	(510) 444-9655

12.	Lifelong Medical Care: Oakland Clinic	616 6th Street	Oakland	94612	(510) 451-4270
13.	Newark Health Center	6066 Civi Terrace Avenue	Newark	94560	(510) 505-1600
14.	Over 60 Health Center: Oakland	10700 MacArthur Blvd, Suite 14B	Oakland	94605	(510) 615-4870
15.	Over 60 Health Center: Berkeley	3260 Sacramento Street	Berkeley	94702	(510) 601-6060
16.	Planned Parenthood/Golden Gate Community Health	1866 B Street	Hayward	94541	(800) 967-7526
17.	Golden Gate Community Health, Eastmont	7200 Bancroft Avenue, Suite 210	Oakland	94605	(510) 613-8085
18.	Golden Gate Community Health	482 W Macarthur Boulevard	Oakland	94609	(510) 967-7526
19.	Sutter VNA & Hospice	1651 Alvarado Street	San Leandro	94577	(510) 618-5200
20.	Valley Medical Oncology Consultants: Castro Valley	20055 Lake Chabot Rd, Suite 130	Castro Valley	94546	(510) 888-0657
21.	Valley Medical Oncology Consultants: Fremont	1999 Mowry Avenue	Fremont	94538	(510) 794-5320
22.	Valley Medical Oncology Consultants: Hayward	27206 Calaroga Avenue, Suite 201	Hayward	94545	(510) 887-4074
23.	Valley Medical Oncology Consultants: Pleasanton	5776 Stoneridge Mall Road	Pleasanton	94588	(925) 225-0427
24.	Vida Con Esperanza Support Group, Tiburcio Vasquez Health Clinic	33255 Ninth Street	Union City	94587	(510) 471-5880

Resources, support group or other information centers for cancer and breast health

1.	American Cancer Society, California Chinese Unit	39235 Liberty Street #D-0	Fremont	94538	(800) 227-2345
2.	American Cancer Society, East Bay Unit	1700 Webster Street	Oakland	94612	(510) 227-2345
3.	American Cancer Society, East Bay Metro Unit	3977 Liberty Street	Fremont	94538	(510) 797-4553
4.	Asian Community Mental Health Services	310 Eighth Street #201	Oakland	94607	(510) 451-6729
5.	Asian Network, Inc	821 Harrison Street	Oakland	94607	(510) 268-1118
6.	Bay Area Breast and Cervical Health Collaborative	1411 East 31st Street D-3	Oakland	94602	(510) 437-5084
7.	Bay Area Tumor Institute	400 30th Street #301	Oakland	94609	(510) 465-8570
8.	Berkeley High School Health Center	1980 Allston Way, H 105	Berkeley	94704	(510) 644-6965
9.	Better Health Foundation	426 17th Street, Suite 450	Oakland	94612	(510) 444-5096
10.	Black Women Rise Up To Survive	2926 High Street, #105	Oakland	94619	andersonportia@hotmail.com
11.	California Health Collaborative	519 17th Street, Suite 520	Oakland	94612	(510) 625-1390
12.	Cancer Risk Assessment and Genetic Testing	824 Cragmont Avenue	Berkeley	94708	(510) 527-8938
13.	Circle of Care	2540 Charleston Street	Oakland	94602	(510) 531-7551
14.	DES Action	610 16th Street, #301	Oakland	94612	(510) 465-4011
15.	East Bay Agency for Children	303 Van Buren Avenue	Oakland	94610	(510) 268-3770
16.	East Bay Cancer Support Groups	20080 Redwood Road	Castro Valley	94546	(510) 889-8766
17.	Friends of Faith	418 30th Street, Suite B	Oakland	94612	(510) 834-4142
18.	HERS Breast Cancer Foundation	43521 Mission Boulevard	Fremont	94539	(510) 573-2089

19.	Hope Hospice	6500 Dublin Blvd, Suite 100	Dublin	94568	(925) 829-8770
20.	In Our Own Image- Cancer Support Group for African American Women	8501 International Boulevard	Oakland	94621	(510) 544-8910 (510) 635-8507
21.	IPM Medical Group, Inc.	170 Santa Clara Avenue, #101	Oakland	94610	(925) 691-9806
22.	IPM Medical Group, Inc.	501 S. Shore Center West, #103F	Alameda	94501	(925) 691-9806
23.	John A. Graziano Memorial Library	400 Hawthorne Avenue	Oakland	94609	(510) 869-8693
24.	La Clinica de la Raza, Clinica Alta Vista	1515 Fruitvale Avenue	Oakland	94601	(510) 535-4000
25.	La Clinica de la Raza, Community Health Edu.	1531 Fruitvale Avenue	Oakland	94601	(510) 535-6400
26.	La Clinica de la Raza, Tiger Health Clinic	4610 Foothill Boulevard	Oakland	94601	(510) 879-1600
27.	Mothers' Living Stories Project	www.motherslivingstories.org			
28.	National California Cancer Center (now Cancer Prevention Institute of California)	32690 Alvarado Niles Road, Suite 600	Union City	94587	(510) 429-2500
29.	National Cancer Institute, Cancer Information Service	2201 Walnut Avenue, #3	Fremont	94609	(800) 4-CANCER
30.	National Latina Health Organization	3507 International Blvd	Oakland	94601	(510) 534-1362
31.	National Lymphedema Network	1611 Telegraph Ave, 1111	Oakland	94612	(510) 208-3200
32.	Northern California Cancer Center	2201 Walnut Avenue, 300	Fremont	94538	(510) 608-5000
33.	Pathways Home Health, Hospice & Private Duty	333 Hegenberger Road,700	Oakland	94621	(888) 755-7855
34.	Project Open Hand	1921 San Pablo Avenue	Oakland	94612	(510) 622-0221
35.	Samual Merritt College Library	3100 Telegraph Avenue	Oakland	94609	(510) 273-8123
36.	Sisters 3 Health Resource Network	509 Clay Street	Oakland	94607	(510) 272-4436
37.	Sutter VNA & Hospice	1900 Powell Street, Suite 300	Emeryville	94608	(510) 450-8500
38.	ValleyCare Health Library, Cancer Resource Center	5725 W. Las Positas Boulevard	Pleasanton	94588	(925) 734-3315
39.	Vida Con Esperanza Group, Centro de Vida Servicios	525 H Street	Union City	94587	(510) 489-4100
40.	Women's Cancer Resource Center	5741 Telegraph Avenue	Oakland	94609	(510) 601-4040 (510) 420-7900
41.	Women's Health Education Network	1 Captain Drive, #D158	Emeryville	94608	(510) 601-5054

Prosthesis/wigs etc.

1.	A Lady's Touch	3232 Elm Street	Oakland	94609	(510) 655-4547
2.	An Elegant Form (aka SHK Boutique)	930 Centre Street	Hayward	94541	(510) 537-6601
3.	Anita's Salon & Scalp Clinic	206 S J Street	Livermore	94550	(925) 455-4998
4.	HERS Breast Cancer Foundation	2500 Mowry, 103	Fremont	94538	(510) 790-1911
5.	Imani's Breast Care	546 Ninth Street	Oakland	94607	(510) 465-7333
6.	Marzel's Inc	5980 Stoneridge Drive, Suite 119	Pleasanton	94588	(925) 227-1402
7.	Norstrom-Stoneridge	1600 Stoneridge Mall Road	Pleasanton	94588	(925) 463-5050
8.	Valley Rags And Wigs	7286 San Ramon Road	Dublin	94568	(925) 829-3333

Religious institutions offering some sort of support group/meeting place for community health

1.	Allen Temple Baptist Church	8501 International Boulevard	Oakland	94621	(510) 544-8910
2.	Ashbury United Methodist Church	4743 East Avenue	Livermore	94550	(925) 447-1950
3.	Buddhist Church of Oakland	825 Jackson Street	Oakland	94607	(510) 832-5988
4.	Buddhist Temple of Alameda	2325 Pacific Avenue	Alameda	94501	(510) 522-5243
5.	Church of Jesus Christ of LDS	1201 Grand Street	Alameda	94501	(510) 521-8000
6.	Church of LDS-Oakland Temple	4766 Lincoln Avenue	Oakland	94602	(510) 531-5742
7.	First Congregational Church	2345 Channing Way	Berkeley	94701	(510) 848-3696
8.	First Presbyterian Church	33115 Central Avenue	Union City	94587	(510) 429-6806
9.	First Unitarian Church	685 14th Street	Oakland	94612	(510) 893-6129
10.	Fruitvale Presbyterian Church	2735 MacArthur Boulevard	Oakland	94602	(510) 530-0915
11.	Grace Church-Pleasanton	1155 Santa Rita Road	Pleasanton	94566	(925) 560-0094
12.	Greek Orthodox Cathedral	4700 Lincoln Avenue	Oakland	94602	(510) 531-3400
13.	Harvest Valley Christian Church	3200 Hopyard Road	Pleasanton	94588	(925) 484-2482
14.	Our Savior Lutheran Church	858 Washington Boulevard	Fremont	94539	(510) 657-3191
15.	Piedmont Community Church	400 Highland Avenue	Piedmont	94611	(510) 547-5700
16.	St. Charles Borromeo Catholic Church	1315 Lomitas Avenue	Livermore	94550	(925) 447-4549
17.	St. Jarlath's Catholic Church	2620 Pleasant Street	Oakland	94602	(510) 532-2068
18.	St. Matthews Missionary Baptist Church	1239 N Livermore Avenue	Livermore	94551	(925) 449-3824
19.	Temple Beth Abraham	327 MacArthur Boulevard	Oakland	94610	(510) 832-0658
20.	Temple Beth Sholom	642 Dolores Avenue	San Leandro	94577	(510) 357-8505
21.	Temple Beth Torah	42000 Paseo Padre Parkway	Fremont	94539	(510) 656-7141
22.	Temple Sinai	2808 Summit Street	Oakland	94609	(510) 451-3263
23.	Trinity Lutheran Church	1225 Hopyard Road	Pleasanton	94566	(925) 846-6363
24.	United Christian Church	1886 College Avenue	Livermore	94550	(925) 449-6820
25.	Valley Community Church	4455 Del Valle Parkway	Pleasanton	94566	(925) 846-6622

CONTRA COSTA COUNTY**Comprehensive medical facilities that offer screening, diagnostics, and treatment**

1.	Brookside Community Health Center	2023 Vale Road, Suite 107	San Pablo	94806	(510) 215-9092
2.	Contra Costa Oncology	500 Lennon Lane	Walnut Creek	94598	(925) 939-9610
3.	Contra Costa Oncology, San Ramon Office	5601 Norris Canyon Road, Suite 340	San Ramon	94583	(925) 939-9610
4.	Contra Costa Oncology, Concord Office	2339 Almond Avenue	Concord	94520	(925) 939-9610
5.	Contra Costa Oncology, Rossmoor Office	1210 Rossmoor Parkway	Walnut Creek	94595	(925) 939-9610
6.	Delta Memorial Hospital Foundation	3901 Lone Tree Way	Antioch	94509	(925) 382-7593
7.	John Muir Cancer Institute	2540 East Street	Concord	94520	(925) 682-8200
8.	John Muir Cancer Institute-Walnut Creek Campus	1601 Ygnacio Valley Road	Walnut Creek	94598	(925) 947-3322

9.	John Muir, Mt. Diablo Medical Center	2540 East Street	Concord	94520	(925) 674-2001
10.	Kaiser Permanente - Antioch Health Education	4501 Sand Creek Road	Antioch	94531	(925) 813-6500
11.	Kaiser Permanente Medical Center, Richmond	901 Nevin Avenue	Richmond	94801	(510) 307-2300
12.	Kaiser Permanente Medical Center, Walnut Creek	1425 South Main Street	Walnut Creek	94596	(925) 295-4318
13.	Rossmoor Medical Center, Radiology	1220 Rossmoor Parkway #8	Walnut Creek	94595	(925) 988-7547

Free-standing mammography clinics

1.	Alta Bates Women's Health Center	3595 Mt. Diablo Blvd, Suite 350	Lafayette	94549	(925) 962-9129
2.	Antioch Medical Imaging	3450 Hillcrest Avenue	Antioch	94509	(925) 757-2100
3.	Bay Imaging Consultants	115 La Casa Via	Walnut Creek	94598	(925) 933-5212
4.	Bay Imaging Consultants	2540 East Street	Concord	94520	(925) 674-2184
5.	Bay Imaging Consultants	2000 Vale Road	San Pablo	94806	(510) 970-5239
6.	Bay Valley Medical Group Inc	319 Diablo Road, Suite 105	Danville	94526	(925) 314-0260
7.	Contra Costa Oncology, Scanning Office	3000 Oak Road, Suite 111	Walnut Creek	94597	(925) 939-9610
8.	Doctors Medical Center - San Pablo Campus	2000 Vale Road	San Pablo	94806	(510) 970-5490
9.	Doctors Medical Center Outpatient Center	100A Towne Center, San Pablo Dam Rd	San Pablo	94803	(510) 221-2400
10.	John Muir Health, Breast Health Services	177 La Casa Via, Suites 1 and 2	Walnut Creek	94598	(925) 947-3322
11.	John Muir Medical Center, Walnut Creek	133 La Casa Via, Suite 100	Walnut Creek	94598	(925) 947-5320
12.	John Muir Medical Imaging, Bishop San Ramon	2305 Camino Ramon, Suite 108	San Ramon	94583	(925) 327-0358
13.	John Muir Outpatient Center Brentwood	2400 Balfour Road	Brentwood	94513	(925) 952-2701
14.	John Muir Outpatient Medical Imaging	122 La Casa Via #120	Walnut Creek	94598	(925) 295-1500
15.	John Muir Women's Health Center	1656 N. California Boulevard, Suite 100	Walnut Creek	94596	(925) 941-7900
16.	Kaiser Permanente Medical Center, Martinez	200 Muir Road	Martinez	94553	(925) 372-1105
17.	Kaiser Permanente Medical Office Building, Antioch	3400 Delta Fair Boulevard	Antioch	94509	(925) 779-5147
18.	Kaiser Permanente Medical, Park Shadelands	320 Lennon Lane	Walnut Creek	94598	(925) 906-2190
19.	Kaiser Permanente Medical Offices	1301 Pinole Valley Road	Pinole	94564	(510) 243-4000
20.	Norcal Imaging - Concord	2300 Clayton Road., #160	Concord	94520	(925) 825-7777
21.	Pacific Imaging Consultants	1515 Ygnacio Valley Road, H and C	Walnut Creek	94598	(925) 937-6100 x207
22.	Palo Alto Medical Foundation - Dublin	4050 Dublin Boulevard	Dublin	94568	(925) 875-6144
23.	PIC Medical Group Inc	2600 Park Avenue	Concord	94520	(925) 825-8181
24.	Permanente Medical Group, Delta Fair	3400 Delta Fair Boulevard	Antioch	94509	(925) 779-5286
25.	San Ramon Regional Medical Center	6001 Norris Canyon Road	San Ramon	94583	(925) 275-9200

26.	San Ramon Regional Hospital, Outpatient Center	5801 Norris Canyon Road	San Ramon	94583	(925) 275-8800
27.	Sutter Delta Medical Center	3901 Lone Tree Way	Antioch	94509	(925) 779-7200
28.	Todd, Michael A. MD	2260 Gladstone Drive, #5	Pittsburg	94565	(510) 427-0203
29.	VA Northern California Health Care System	150 Muir Road	Martinez	94928	(925)372-2000

Community health clinics that provide referrals for mammography screening

1.	Bay Point Family Health Center	215 Pacifica Avenue	Bay Point	94565	(800) 905-4545
2.	Brentwood Health Center	171 Sand Creek Road Suite A	Brentwood	94513	(877) 905-4545
3.	Concord Health Center	3052 Willow Pass Road	Concord	94519	(877) 905-4545
4.	Contra Costa Regional Medical Center	2500 Alhambra Avenue	Martinez	94553	(925) 370-5320
5.	La Clinica de la Raza, Pittsburg Medical Clinic	901 Nevin Avenue	Pittsburg	94565	(925) 431-1250
6.	La Clinica Monument	2100 Monument Boulevard	Pleasant Hill	94523	(925) 363-2005
7.	Pittsburg Health Center/Los Medanos Community Health	2311 Loveridge Road	Pittsburg	94565	(877) 905-4545
8.	Richmond Health Center	100 38th Street	Richmond	94805	(877) 905-4545
9.	Brookside Community Health Center	2023 Vale Road, Suite 107	San Pablo	94806	(510) 215-9092
10.	Contra Costa Oncology	500 Lennon Lane	Walnut Creek	94598	(925) 939-9610
11.	Contra Costa Oncology, San Ramon Office	5601 Norris Canyon Road, Suite 340	San Ramon	94583	(925) 939-9610
12.	Contra Costa Oncology, Concord Office	2339 Almond Avenue	Concord	94520	(925) 939-9610
13.	Contra Costa Oncology, Rossmoor Office	1210 Rossmoor Parkway	Walnut Creek	94595	(925) 939-9610
14.	John Muir Cancer Institute	2540 East Street	Concord	94520	(925) 682-8200
15.	John Muir Cancer Institute-Walnut Creek Campus	1601 Ygnacio Valley Road	Walnut Creek	94598	(925) 947-3322
16.	John Muir/Mt. Diablo , Breast Health Center	2540 East Street	Concord	94520	(925) 674-2001
17.	Kaiser Permanente - Antioch	4501 Sand Creek Road	Antioch	94531	(925) 813-6500
18.	Kaiser Permanente Medical Center, Richmond	901 Nevin Avenue	Richmond	94801	(510) 307-2300
19.	Kaiser Permanente Medical Center, Walnut Creek	1425 South Main Street	Walnut Creek	94596	(925) 295-4318
20.	Rossmoor Medical Center	1220 Rossmoor Parkway, #8	Walnut Creek	94595	(925) 988-7547

Resources, support group or other information centers for cancer and breast health

1.	ADDUS HealthCare	1800 Sutter Street	Concord	94520	(800) 678-6703
2.	Anna's Program	3470 Buskirk Avenue	Pleasant Hill	94523	(925) 887-5675
3.	American Cancer Society, Dublin	7000 Village Parkway, Suite E	Dublin	94568	(925) 833-2784 option 3, x302
4.	American Cancer Society, Walnut Creek	1538 Locust Street	Walnut Creek	94596	(925) 944-1991
5.	American Cancer Society, Pleasant Hill	1885 Oak Park Boulevard	Pleasant Hill	94523	(925) 934-7640
6.	Asociacion Hispana del Cancer	351 Caroni Street	Walnut Creek	94597	
7.	Hospice and Palliative Care of Contra Costa	3470 Buskirk Avenue	Pleasant Hill	94523	(925) 887-5678
8.	Hospice of Contra Costa	2051 Harrison Street	Concord	94520	(925) 609-1830

9.	IPM Medical Group, Inc	450 N. Wiget Lane	Walnut Creek	94598	(925) 691-9806
10.	IPM Medical Group, Inc	4053 Lone Tree Way, #206	Antioch	94531	(925) 691-9806
11.	La Clinica de la Raza, Pittsburg Admin Office	339 East Leland Road	Pittsburg	94565	(800) 556-0477
12.	Pittsburg Preschool and Community Council, Inc. Community Health Outreach Department	1760 Chester Drive	Pittsburg	94565	(925) 439-2061
13.	Sutter VNA & Hospice	1900 Bates Avenue, Suite A	Concord	94520	(925) 677-4240
14.	The Latina Center	3919 Roosevelt Avenue	Richmond	94805	(510) 233-8595
15.	The Wellness Community Cancer Support Community	3276 McNutt Avenue	Walnut Creek	94597	(925) 933-0107
16.	Wall of Hope Breast Cancer Survivors' Project	2415 San Ramon Valley Boulevard, #4	San Ramon	94583	(925) 820-6443

Prosthesis/wigs etc.

1.	Jackson Medical Supply	480 Redwood Street	Vallejo	94590	(707) 644-4170
2.	Marzels	5980 Stoneridge Drive, 119	Pleasanton	94588	(925) 227-1402
3.	Nordstrom	1200 Broadway Plaza	Walnut Creel	94596	(925) 930-7959

Religious institutions offering some sort of support group/meeting place for community health

1.	Awakening: A Center for Exploring Living and Dying	9701 Deer Valley Road	Brentwood	94513	(925) 755-0086
2.	Church of Jesus Christ of LDS	5025 Crow Canyon Road	San Ramon	94582	(925) 735-9081
3.	Church of Jesus Christ of LDS	2369 Overlook Drive	Walnut Creek	94597	(925) 946-0221
4.	Church of Jesus Christ of LDS	2201 Golf Club Road	Pittsburg	94565	(925) 432-8732
5.	Danville Congregational Church	989 San Ramon Valley Boulevard	Danville	94526	(925) 804-6948
6.	Easter Hill United Methodist Church	3911 Cutting Boulevard	Richmond	94804	(510) 235-4226
7.	Immaculate Heart of Mary Catholic Church	2400 Balfour Road	Brentwood	94513	(925) 954-5064
8.	Japanese Christian Church	1955 Geary Road	Walnut Creek	94597	(925) 944-5252
9.	Jewish Family & Children's Services of the East Bay	1850 Tice Valley Boulevard	Walnut Creek	94595	(925) 927-2000
10.	United Methodist Church	14671 Byron Highway	Byron	94514	(925) 634-1411
11.	Mount Diablo Unitarian Universalist Church	55 Eckley Lane	Walnut Creek	94596	(925) 935-5154
12.	St. Isidore Catholic Church	440 La Gonda Way	Danville	94526	(925) 362-1919

SAN FRANCISCO COUNTY

Comprehensive medical facilities that offer screening, diagnostics, and treatment

1.	California Pacific Medical Center - Women's Care	45 Castro Street	San Francisco	94114	(415) 565-0320
2.	California Pacific Medical Center, Breast Health Center	3698 California Street, 2 nd Floor	San Francisco	94118	(415) 750-6420
3.	Kaiser Permanente Medical Center, San Francisco	2238 Geary Boulevard, 3 rd Floor	San Francisco	94115	(415) 833-0083
4.	Saint Francis Memorial Hospital	900 Hyde Street	San Francisco	94109	(415) 353-6000
5.	San Francisco General Hospital	1001 Potrero Avenue	San Francisco	94110	(415) 206-8000
6.	Smith Integrative Oncology	55 Francisco Street, Suite 700	San Francisco	94133	(415) 682-0843
7.	Smith Integrative Oncology	350 Parnassus Avenue, Suite 701	San Francisco	94117	(415) 682-0843

8.	St. Luke's Hospital, Breast Health Center	3555 Cesar Chavez Street	San Francisco	94110	(415) 641-6545
9.	UCSF, Helen Diller Family Comprehensive Cancer Center	1600 Divisadero Street	San Francisco	94115	(415) 353-7070
10.	Women's Health Resource Center	3698 California Street	San Francisco	94118	(415) 600-0500

Free-standing mammography clinics

1.	Breast Imaging/Cancer Resource Center at UCSF	1600 Divisadero Street, 1 st Floor	San Francisco	94143	(415) 885-3693
2.	African American Breast Health Program	633 Folsom Street, 5th Floor	San Francisco	94107	(415) 600-7572
3.	Chinese Hospital, Radiology	845 Jackson Street	San Francisco	94133	(415) 677-2320
4.	Ha, Hwang Dong MD	402 8th Avenue, # 201	San Francisco	94118	(415) 831-6068
5.	North East Medical Services	1520 Stockton Street	San Francisco	94133	(415) 391-9686
6.	North East Medical Services	82 Leland Avenue	San Francisco	94134	(415) 391-9686
7.	NK The Permanente Medical Group San Francisco	2238 Geary Boulevard	San Francisco	94115	(415) 833-3700
8.	Pacific Imaging Consultants (aka Diagnostic Radiologists)	490 Post Street, #323	San Francisco	94102	(415) 421-3382
9.	Radnet Medical Imaging - SF Medical Group	3440 California Street	San Francisco	94118	(415) 922-6767
10.	SF Dept of Public Health - Southeast Health Center	2401 Keith Street	San Francisco	94124	(415) 671-7062
11.	SF Dept of Public Health - Tom Waddell Health Center	50 Ivy Street	San Francisco	94102	(415) 554-2950
12.	SF Dept of Public Health - Ocean Park Health Center	1351 - 24th Avenue	San Francisco	94122	(415) 682-1900
13.	SF Dept of Public Health - Potrero Hill Health Center	1050 Wisconsin Street	San Francisco	94107	(415) 920-1221
14.	SF Dept of Public Health - Maxine Hall Health Center	1301 Pierce Street	San Francisco	94115	(415) 292-1300
15.	SF Dept of Public Health - Silver Avenue Family Health Center	1525 Silver Avenue	San Francisco	94134	(415) 715-0351
16.	SF Dept of Public Health - Chinatown Public Health Center	1490 Mason Street	San Francisco	94133	(415) 364-7600
17.	SF General Hospital Women's Health Center	1001 Potrero Avenue, 5M5	San Francisco	94110	(415) 206-3409
18.	SFSU Student Health	1600 Holloway Avenue	San Francisco	94132	(415) 338-1251
19.	South of Market Health Center	551 Minna Street	San Francisco	94103	(415) 626-2951
20.	St. Luke's Health Care Center	1580 Valencia Street, #506	San Francisco	94110	(415) 647-8111
21.	St. Mary's Medical Center	450 Stanyan Street	San Francisco	94117	(415) 750-5770
22.	SWBH dba CPMC Breast Health Center	3698 California Street 2/F	San Francisco	94118	(415) 600-6474
23.	VA Medical Center	4150 Clement Street	San Francisco	94121	(415) 221-4810

Community health clinics that provide referrals for mammography screening

1.	American Cancer Society, San Francisco County Unit	201 Mission Street, Suite 720	San Francisco	94105	(800) 227-2345
2.	ACM Health Center	738 40th Avenue	San Francisco	94121	(415) 387-8886
3.	Charlotte Maxwell Complimentary Clinic	2601 Mission Street, Suite 100	San Francisco	94110	(415) 821-9966
4.	Chinatown Public Health Center	1490 Mason Street	San Francisco	94704	(415) 364-7600
5.	Family Health Center, SFGHMC	995 Potrero Ave	San Francisco	94110	(415) 206-5252

6.	Glide Memorial Health Clinic	330 Ellis Street	San Francisco	94102	(415) 674-6000
7.	Haight Ashbury Medical Clinic	558 Clayton Street	San Francisco	94117	(415) 746-1967
8.	Lyon-Martin Women's Health Services	1748 Market Street, #201	San Francisco	94102	(415) 565-7667
9.	Mission Neighborhood Health Center	240 Shotwell Street	San Francisco	94110	(415) 552-3870
10.	Mission Neighborhood Health Center, Excelsior Clinic	4434 Mission Street	San Francisco	94112	(415) 406-1353
11.	Curry Senior Center, aka North of Market Senior Services	333 Turk Street	San Francisco	94102	(415) 885-2274
12.	Golden Gate Community, formerly Planned Parenthood	815 Eddy Street, #200	San Francisco	94109	(800) 967-7526
13.	SF Dept of Public Health - Castro-Mission Health Center	3850 17th Street	San Francisco	94114	(415) 934-7700
14.	San Francisco Health Dept. City Clinic	356 7th Street	San Francisco	94103	(415) 487-5500
15.	General Medical Clinic, SFGH	1001 Potrero Avenue	San Francisco	94110	(415) 206-8492
16.	Sunset Health Services	1800 - 31st Avenue	San Francisco	94112	(415) 566-0633
17.	The Women's Community Clinic	1833 Fillmore Street	San Francisco	94115	(415) 379-7800

Resources, support group or other information centers for cancer and breast health

1.	Art for Recovery @ UCSF Comprehensive Cancer Center	1600 Divisadero Street	San Francisco	94115	(415) 885-7221
2.	Bay Area Jewish Healing Center	3330 Geary Boulevard	San Francisco	94118	(415) 750-4197
3.	Bay Area Young Survivors (BAYS)	P.O. Box 190056	San Francisco	94119	bayareayoungsurvivors@yahoo.com (415) 243-9301
4.	Breast Cancer Action	55 New Montgomery Street, Suite 323	San Francisco	94105	(415) 750-5848
5.	Breast Cancer Consultation Service	450 Stanyan Street	San Francisco	94117	(415) 558-6999
6.	Breast Cancer Emergency Fund	12 Grace Street, Suite 300	San Francisco	94103	(415) 346-8223
7.	The Breast Cancer Fund	1388 Sutter Street, Suite 400	San Francisco	94109	(415) 600-3503
8.	CPMC, Institute for Health and Healing	2300 California Street	San Francisco	94115	(415) 923-3503
9.	Health and Healing Clinic	2300 California Street, Suite 200	San Francisco	94118	(415) 600-2690
10.	CPMC: Health & Healing Library-PlaneTree	3700 California Street	San Francisco	94110	415 206 5912
11.	CARE (Cancer, Awareness, Resource, Education)	1245 Alabama Street	San Francisco	94110	(415) 642-4400
12.	CARECEN (Central American Resource Center)	920 Sacramento Street	San Francisco	94108	(415) 781-0401 x127
13.	Cameron House	835 Jackson Street, #413	San Francisco	94133	(415) 677-2473
14.	Chinese Community Cancer Information Center	845 Jackson Street	San Francisco	94133	(415) 677-2473
15.	Chinese Community Health Resource Center	2601 Mission Street, Suite 702	San Francisco	94110	(415) 648-9423
16.	Circulo de Vida Cancer Support and Resource Center	1902 Van Ness Avenue	San Francisco	94109	(415) 626-5900
17.	Hospice By The Bay	6 Monterey Boulevard	San Francisco	94131	(415) 584-3444
18.	Latina Breast Cancer Agency	1069 Connecticut Street	San Francisco	94107	(415) 642-1125
19.	Margie Cherry Complementary Breast Health Center				

20.	National Asian Women's Health Organization (NAWHO)	250 Montgomery Street, #900	San Francisco	94104	(415) 989-9747
21.	Newcomers Health Program: SF Dept of Public Health	1490 Mason Street	San Francisco	94702	
22.	Osher Center, UCSF	1545 Divisadero Street	San Francisco, Ca	94115	(415) 353-7700
23.	Pathways Home Health, Hospice & Private Duty	395 Oyster Point Boulevard, #128	San Francisco	94080	(888) 755-7855
24.	Pilipino Senior Resource Center	953 Mission Street	San Francisco	94103	(415) 278-0484
25.	Project Open Hand	730 Polk Street	San Francisco	94109	(415) 447-2300
26.	Purple Moon Dance Project	3543 18th Street, #25	San Francisco	94110	(415) 552-1105
27.	Redes en Acción - UCSF	P.O. Box 0856	San Francisco	94143	(415) 502-7046
28.	SF Dept of Public Health Breast an Cancer Services	30 Van Ness Avenue #2300	San Francisco	94102	(415) 581-2431
29.	Self-Help for the Elderly Home Care and Hospice	407 Sansome Street	San Francisco	94111	(415) 677-7628
30.	Shanti's Breast Cancer Program	730 Polk Street, 3 rd Floor	San Francisco	94109	(415) 674-4780
31.	Sisters Network: SF Chapter	P O Box 885091	San Francisco	94188	(415) 310-3207
32.	Sunflower Wellness Inc	234 Grand View Avenue	San Francisco	94114	
33.	Sutter VNA & Hospice	700 South Claremont Street, Suite 220	San Mateo	94402	(650) 685-2800
34.	Sutter VNA & Hospice	1625 Van Ness Avenue, 4 th Floor	San Francisco	94109	(415) 600-0400
35.	Susan G. Komen for the Cure	26 O'Farrell Street, Suite 900	San Francisco	94108	(415) 397-8812
36.	Thesecondopinion	1200 Gough Street, Suite 500	San Francisco	94109	(415) 775-9956
37.	Vietnamese Community Health Promotion Project	44 Page Street, #500	San Francisco	94102	(415) 476-0557
38.	Volunteer Legal Services Program	465 California Street, #1100	San Francisco	94104	(415) 982-1600
39.	WomanKind Health Resource Center	450 Stanyan Street	San Francisco	94117	(415) 750-5775

Prosthesis/wigs etc.

1.	A Lady's Touch	3698 California Street	San Francisco	94118	(415) 454-6058
2.	Bischoff's Medical Supplies	1635 Divisadero Street, #105	San Francisco	94115	(415) 921-0440
3.	Nordstrom: Westfield Center	865 Market Street	San Francisco	94103	(415) 243-8500
4.	Nordstrom: Stonestown Mall	285 Winston Drive	San Francisco	94132	(415) 753-1344
5.	Studio International Inc.	2850 22nd Street, D	San Francisco	94110	(415) 550-9447

Religious institutions offering some sort of support group/meeting place for community health

1.	Congregation Beth Sholom	301 14th Avenue	San Francisco	94118	(415) 221-8736
2.	Congregation Emanu-El	2 Lake Street	San Francisco	94118	(415) 751-2535
3.	Congregation Sha'ar Zahav	290 Dolores Street	San Francisco	94103	(415) 861-6932
4.	Congregation Sherith Israel	2266 California Street	San Francisco	94115	(415) 346-1720
5.	First Baptist Church	22 Waller Street	San Francisco	94102	(415) 863-3382
6.	Glide Memorial United Methodist Church	330 Ellis Street	San Francisco	94102	(415) 674-6150
7.	Grace Cathedral Episcopal Church	1100 California Street	San Francisco	94108	(415) 749-6300
8.	Greek Orthodox Cathedral of the Annunciation	245 Valencia Street	San Francisco	94103	(415) 864-8000

9.	Old First Presbyterian Church	1751 Sacramento Street	San Francisco	94109	(415) 776-5552
10.	Jewish Community Center of San Francisco	3200 California Street	San Francisco	94118	(415) 292-1200
11.	San Francisco Buddhist Center, FWBO	37 Barlett Street	San Francisco	94110	(415) 282-2018
12.	St. Boniface Catholic Church	133 Golden Gate Avenue	San Francisco	94102	(415) 863-7515
13.	St. Francis Lutheran Church	152 Church Street	San Francisco	94114	(415) 621-2635
14.	St. Marks Lutheran Church	1111 O'farrell Street	San Francisco	94109	(415) 928-7770
15.	St. Patrick's Catholic Church	756 Mission Street	San Francisco	94103	(415) 421-3730

SANTA CLARA COUNTY

Comprehensive medical facilities that offer screening, diagnostics, and treatment

1.	Cancer Care Institute	200 Jose Figueres Avenue, Suite 199	San Jose	95116	(408) 871-1062
2.	Community Hospital of Los Gatos	815 Pollard Road	Los Gatos	95032	(408) 866-3821
3.	El Camino Hospital, Cancer Center	2490 Hospital Drive, Suite 111	Mountain View	94040	(650) 962-4912
4.	Good Samaritan Hospital, Oncology Department	2425 Samaritan Drive	San Jose	95124	(408) 559-2431
5.	Kaiser Cancer Treatment Center	3800 Homestead Road	Santa Clara	95051	(408) 851-8000
6.	O'Connor Hospital	2105 Forest Avenue	San Jose	95128	(408) 947-2763
7.	Palo Alto Medical Foundation (PAMF)	795 El Camino Real	Palo Alto	94301	(650) 321-4121
8.	Palo Alto Medical Foundation for Healthcare	701 E. El Camino Real	Mountain View	94040	(650) 934-7700
9.	Regional Medical Center of San Jose	225 N Jackson Avenue	San Jose	95116	(408) 259-5000
10.	RotaCare Free Clinic of Mountain View	2400 Grant Road	Mountain View	94040	(650) 988-8200
11.	RotaCare Free Clinic of San Jose	100 Oak Street	San Jose	95110	(408) 715-3088
12.	Saint James Health Center	55 East Julian Street	San Jose	95112	(408) 918-2600
13.	Stanford Hospital and Clinics	900 Blake Wilbur Drive, #W130	Stanford	94305	(650) 725-8652
14.	Stanford Hospital and Clinics	300 Pasteur Drive, Room H1251 M/C 5227	Stanford	94305	(650) 723-8462
15.	Stanford Cancer Center	875 Blake Wilbur Drive	Palo Alto	94304	(650) 498-6000

Free-standing mammography clinics

1.	Baldeon, German E. MD	700 W 6th Street, Suite I	Gilroy	95020	(408) 842-5190
2.	Bui, Viet-Hong D. DO	696 E Santa Clara Street, Suite 210	San Jose	95112	(408) 295-9839
3.	El Camino Hospital Breast Screening Center	2480 Grant Road, Willow Pavillion	Mountain View	94040	(650) 988-7600
4.	El Camino Hospital Los Gatos	815 Pollard Road	Los Gatos	95032	(408) 866-4075
5.	Good Samaritan Breast Care Center	15400 National Avenue, #200	Los Gatos	95032	(408) 358-8414
6.	Hoang, Thuy T. MD	2593 S King Raod	San Jose	95123	(408) 238-7390
7.	HP Gulesserian MD Inc	393 Blossom Hill Road, Suite 310	San Jose	95123	(408) 578-5831
8.	Indian Health Center of Santa Clara Valley	1333 Meridian Avenue	San Jose	95125	(408) 445-3400
9.	Kaiser Permanente Medical Center, Santa Clara	700 Lawrence Expressway	Santa Clara	95051	(408) 851-1000
10.	Kaiser Permanente Medical Center	900 Kiely Boulevard	Santa Clara	95051	(408) 236-5684
11.	Mammography Specialists Medical Group, Inc.	14651 South Bascom Avenue, Suite 210	Los Gatos	95032	(408) 356-6611

12.	Mammography Specialists Medical Group	18525 Sutter Boulevard, Suite 240	Morgan Hill	95037	(408) 356-6611
13.	MayView Community Health Center	270 Grant Avenue	Palo Alto	94306	(650) 327-8717
14.	MayView Community Health Center	100 North Moffett Boulevard, #101	Mountain View	94043	(650) 965-3323
15.	MayView Community Health Center, Columbia Ctr	785 Morse Avenue	Sunnyvale	94085	(408) 746-0455
16.	RotaCare Bay Area Inc	7861 Murray Avenue	Gilroy	95020	(408) 676-3030
17.	Nguyen, Karl P. MD	1695 Alum Rock Avenue	San Jose	95116	(408) 923-9283
18.	NK TPMG Campbell MOB	220 Hacienda Avenue	Campbell	95008	(408) 851-5020
19.	NK TPMG Milpitas MOB	770 E. Calaveras Boulevard	Milpitas	95053	(408) 945-2062
20.	North East Medical Services, Lundy Clinic	1715 Lundy Avenue, Suite 108-116	San Jose	95131	(408) 573-9689
21.	Kaiser Permanente, Mountain View	555 Castro Street	Mountain View	94041	(650) 903-2600
22.	Northern California Women's Imaging Center	900 Welch Road, #101	Palo Alto	94304	(650) 617-8655
23.	Palo Alto Medical Foundation	49 Wells Avenue	Palo Alto	94301	(650) 853-2955
24.	Palo Alto Medical Foundation - Los Altos Center	370 Distrel Circle	Los Altos	94022	(650) 254-5259
25.	Phan, Dung M. MD	1693 Flanigan Drive, Suite 100	San Jose	95121	(408) 274-3881
26.	St. Louise Regional Hospital Breastcare Center	9460 No Name Uno, Suite 225	Gilroy	95020	(408) 848-8640
27.	San Jose Medical Center	675 E Santa Clara Street	San Jose	95112	(408) 977-4677
28.	San Jose Medical Group	400 Race Street	San Jose	95126	(800) 281-6575
29.	Santa Clara Valley Medical Center	750 South Bascom Avenue	San Jose	95128	(408) 885-4850
30.	Valley Health Center, Santa Clara Medical	751 S. Bascom Avenue	San Jose	95128	(888) 334-1000
31.	Santa Clara Valley Medical Center	90 Highland Avenue	San Martin	95046	(408) 686-2200
32.	Santa Clara Valley Medical Center Gilroy Clinic	7475 Camino Arroyo	Gilroy	95020	(408) 885-6350
33.	Them Huynh MD Inc	1855 Alum Rock Avenue, Suite C	San Jose	95116	(408) 254-7524
34.	Tran, Thang D. MD	2060 Aborn Road, Suite 125	San Jose	95121	(408) 223-8818
35.	TPMG Gilroy Medical Offices	7520 Arroyo Circle	Gilroy	95020	(408) 972-3464
36.	Valley Health Center, East Valley	1993 McKee Road	San Jose	95116	(888) 334-1000
37.	Valley Health Center, Tully	500 Tully Road	San Jose	95111	(888) 334-1000
38.	Valley Health Center, Milpitas	143 North Main Street	Milpitas	95035	(888) 334-1000
39.	Valley Health Center, Moorpark	2400 Moorpark Avenue	San Jose	95128	(888) 334-1000
40.	Van, Bui Rau MD	27 S. 13th Street	San Jose	95112	(408) 298-6706
41.	VA Radiologists	285 South Drive, Suite 5	Mountain View	94040	(650) 967-1331
42.	Welch Road Imaging	1101 Welch Road, #C-3	Palo Alto	94304	(650) 323-1343

Community health clinics that provide referrals for mammography screening

1.	ACM Health Center	167 N. Bascom Avenue	San Jose	95128	(408) 288-8882
2.	CompreCare Health Center	3030 Alum Rock Avenue	San Jose	95127	(408) 259-8400
3.	East Valley Mar Monte Community Clinic	2470 Alvin Avenue, #80	San Jose	95121	(408) 274-7100
4.	Foothill Health Center	2880 Story Road	San Jose	95127	(408) 729-9700
5.	Gardner Network Alviso Health Center	1621 Gold Street	Alviso	95002	(408) 262-7944

6.	Gardner Family Network CompreCare Health Center	3030 Alum Rock	San Jose	95127	(408) 259-8400
7.	Gardner Family Network, St. James Health Center	55 East Julian Street	San Jose	95112	(408) 280-1316
8.	Gardner Health Center	195 East Virginia Street	San Jose	95112	(408) 998-8925
9.	Gardner South County Health Center	7526 Monterey Street	Gilroy	95020	(408) 848-9400
10.	Indian Health Center of Santa Clara Valley	1333 Meridian Avenue	San Jose	95125	(408) 448-1727
11.	Morgan Hill Medical Association	18550 De Paul Drive, Suite 208	Morgan Hill	95037	(408) 776-8040
12.	O' Connor Community Clinic	749 Story Road	San Jose	95122	(408) 947-3977
13.	Planned Parenthood Blossom Hill	5440 Thornwood Drive, Suite G	San Jose	95123	(408) 281-9777
14.	Planned Parenthood Gilroy	7933 Wren Avenue, Suite D	Gilroy	95020	(408) 847-1739
15.	Planned Parenthood Eastside	3131 Alum Rock Avenue	San Jose	95127	(408) 729-7600
16.	Planned Parenthood Sunnyvale	604 Evelyn Avenue	Sunnyvale	94086	(408) 739-5151
17.	Planned Parenthood San Jose	1691 Alameda	San Jose	95126	(408) 287-7526
18.	Planned Parenthood Mar Monte	225 San Antonio Road	Mountain View	94040	(650) 948-0807
19.	Public Health West Valley	577 Salmar Avenue	Campbell	95008	(408) 874-5000
20.	Valley Health Center	1620 E Capitol Expressway	San Jose	95121	(408) 494-7513
21.	Valley Health Center, Chaboya	2410 Senter Road	San Jose	95111	(888) 334-1000
22.	Valley Health Center, Fair Oaks	660 S Fair Oaks Avenue	Sunnyvale	94086	(408) 885-5000
23.	Valley Health Center, Lenzen	976 Lenzen Avenue, Suite 1800	San Jose	95126	(888) 334-1000
24.	VA Palo Alto, Women's Primary Care/GYN	3801 Miranda Avenue	Palo Alto	94304	(650) 323-1343

Resources, support group or other information centers for cancer and breast health

1.	Asian American Community Involvement Health Clinic	2400 Moorpark Avenue, Suite 319	San Jose	95128	(408) 975-2763
2.	American Cancer Society, Santa Clara County Unit	747 Camden Avenue, Suite B	Campbell	95008	(800) 227-2345
3.	Bay Area Breast Cancer Network	4320 Stevens Creek Boulevard, #185	San Jose	95129	(408) 261-1425
4.	Billy DeFrank LGBT Community Center	225 N. Bascom Avenue	San Jose	95128	(408) 293-2429
5.	Breast Cancer Connections (BCC)	390 Cambridge Avenue	Palo Alto	94306	(650) 326-6299 Helpline: (650) 326-6686 (650) 968-5000
6.	Cancer Support Education	455 North Whisman Road, Suite 300	Mountain View	94043	(650) 968-5000
7.	Community Breast Health Project	545 Bryant Street	Palo Alto	94301	(650) 326-6299
8.	Community Health Partnership	614 Tully Road	San Jose	95151	(408) 289-9260
9.	Community Health Partnership	100 N. Winchester Boulevard	Santa Clara	95050	(408) 556-6605
10.	FamiliesCAN, The Ronald Whittier Family Foundation	P.O. Box 1887	Los Altos	94123	(510) 948-8268
11.	Hospice of the Valley	4850 Union Avenue	San Jose	95124	(408) 559-5600
12.	Kara	457 Kingsley Avenue	Palo Alto	94301	(650) 321-5272
13.	Latinas Contra Cancer	255 North Market Street, Suite 175	San Jose	95110	(888) 522-8110
14.	Pathways Home Health, Hospice & Private Duty	585 North Mary Avenue	Sunnyvale	94085	(888) 755-7855
15.	PlaneTree Health Library	15891 Almaden Road	Los Gatos	95032	(408) 358-5667

16.	Stanford Center for Integrative Medicine	1101 Welch Road, Building A #6	Palo Alto	94304	(650) 498-5566
17.	Stanford Hospital and Clinics	900 Welch Road, Suite 350	Palo Alto	94304	(650) 493-5000 x 64153
18.	Bay Area Cancer Network	4320 Stevens Creek Boulevard, #185	San Jose	95129	(408) 261-1425
19.	Breast Cancer Talk Project	1190 S. Bascom Avenue, Suite 211	San Jose	95128	(408) 920-1740
20.	The Center for Living with Dying	554 Mansion Park Drive	Santa Clara	95054	(408) 261-1425
21.	Las Isabelas	93 Devine Street, suite 206	San Jose	95110	(408) 287-4890

Prosthesis/wigs etc.

1.	Benton Medical, Palo Alto Orthopedic Company	2601 Garcia Avenue	Mountain View	94043	(650) 625-1000
2.	Bischoffs Medical Supplies	938 The Alameda	San Jose	95126	(408) 293-3040
3.	Ginger-K Center	16130 Juan Hernandez Drive, Suite 108	Morgan Hill	95037	(408) 782-1028
4.	Nordstrom	2400 Forest Avenue	San Jose	95128	(408) 248-2180
5.	Nordstrom	550 Stanford Shopping Center	Palo Alto	94304	(650) 323-5111
6.	New Look Institute	1190 S. Bascom Avenue, S 239	San Jose	95128	(408) 279-4247
7.	The Next Step: A Women's Boutique	15400 National Avenue, 120	Los Gatos	95032	(408) 358-8433
8.	Stanford Cancer Supportive Care	875 Blake Wilbur Drive	Palo Alto	94304	(650) 725-9481

Religious institutions offering some sort of support group/meeting place for community health

1.	Bay Area Christian Church	2471 E Bayshore Road, Suite 520	Palo Alto	94303	(650) 561-7049
2.	Presbyterian Church of Sunnyvale	728 W Fremont Avenue	Sunnyvale	94087	(408) 736-922
3.	St. Josephs Family Center	7950 Church Street	Gilroy	95020	(408) 847-0902
4.	Federated Church of Saratoga	20390 Park Place	Saratoga	95070	(408) 867-3456
5.	Church of Jesus Christ of LDS	875 Quince Avenue	Santa Clara	95051	(408) 241-1449

Appendix B - Komen San Francisco Bay Area Affiliate 2010-2011 Grantees

Agency	Program Title	Service Area	Type	Location City
Alexander Valley Regional Medical Center	Breast Friends for Life	Sonoma	Screening, Treatment, Education	Cloverdale
Alliance Medical Center	Rural Latina Breast Cancer Screening	Sonoma	Screening, Education	Healdsburg
Asian & Pacific Islander American Health Forum	Breast Cancer Awareness among Tongans Project	San Mateo	Screening, Education	San Francisco
Asociacion Hispana del Cancer	Latina Breast Cancer Outreach and Early Detection Program	Contra Costa, Alameda	Education	Walnut Creek
Breast Cancer Connections	Gabriella Patser Program	All Counties	Screening	Palo Alto
Breast Cancer Emergency Fund	Financial Assistance for Uninsured	San Francisco, San Mateo	Treatment Support	San Francisco
Circulo de Vida Cancer Support and Resource Center	In-Hospital Program	The Whole SF Bay Area	Treatment, Education	San Francisco
Delta Memorial Hospital Foundation	Save a Life Sister	Contra Costa	Screening, Education	Antioch
Hospice by the Bay	The Breast Cancer Care Fund	Marin, San Mateo, Sonoma, San Francisco	Treatment Support	Larkspur
Indian Health Center of Santa Clara Valley	Breast Cancer Screening and Awareness	Santa Clara	Screening, Treatment, Education	San Jose
Latina Breast Cancer Agency	Women Caring for Women	San Mateo, San Francisco	Education	San Francisco
Lyon Martin Health Services	Breast Health Program	Alameda, San Francisco	Screening, Education	San Francisco
Marin Center for Independent Living	Breast Cancer Benefits Planning Program	Marin	Education, Outreach	San Rafael
Ravenswood Family Health Center	Breast Health and Mammography	San Mateo	Screening, Education	East Palo Alto
Samaritan House	Samaritan House Breast Care Clinic	San Mateo	Screening, Education	San Mateo
Shanti	LifeLines	San Francisco	Treatment, Education/Outreach	San Francisco
Southeast Health Center	GOT SCREENED	San Francisco	Screening, Treatment, Education	San Francisco
The Latina Center	Circulos de Mujeres/ Women's Circles	Alameda, Contra Costa	Education	Richmond
thesecondopinion	Breast Cancer Project	All Counties	Treatment Support	San Francisco

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