



Office of Women's Health

Volume 1, Issue 2

Celebrating the Mind, Body, Spirit & Diversity of Women

October 2006

Welcome! October is Breast Cancer Awareness Month and September is National Ovarian Cancer Awareness Month. This issue contains articles and information on these important health issues, including an interview with Dr. Kimlin Tan Ashing-Giwa, a leading researcher on the influence of culture on breast cancer survivorship.

Also, spotlighted is one of our community partners, Partnered for Progress, and the work they do to prevent breast and cervical cancer.

We encourage our readers to submit articles and information about activities, and will appreciate your comments and suggestions.

Email submissions and comments to the Editor, Jessica St. John. jstjohn@ph.lacounty.gov

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OWH Mission

To improve the health status of women in Los Angeles County by providing education and promoting resources, programs and policies that are helpful and responsive to women, and increasing access to culturally competent, comprehensive health services.

Breast Cancer Awareness Month

On October 17th, L.A. County Supervisor Yvonne B. Burke introduced a motion proclaiming October *Breast Cancer Awareness Month*. This provides an opportunity to highlight the importance of prevention. Know your risk factors and if you are 40 years and over, have regular clinical breast exams and mammograms. Prevention Matters!

Transforming Breast Cancer Experiences into the Opportunity to Grow

When **Gloria Harmon** was diagnosed with breast cancer in 1993, she was 36 years old, single and working full time at the post office. She worried cancer was her punishment for some of the mistakes she'd made.

Her cancer was treated with a lumpectomy and radiation therapy and she's been cancer free for 13 years. Part of her experience with breast cancer involved understanding that although her friends and family helped in the ways they could, they couldn't be there for her in the ways she wanted them



to be during her treatment and recovery. She says, "Some women can't talk to their friends about cancer because friends get tired of hearing about it. They say, 'Can't you talk about something else?' They don't understand."

Gloria remembers praying before her lumpectomy that if she could have a second chance at life, she'd do whatever she could to spread the word about breast cancer. She says, "At first I thought I got breast cancer because I was being punished for something; but now I think I got it so I could spread the word to other women." She came to think of having breast cancer as a second chance to live and an opportunity to grow.

Two years after she was diagnosed, she founded a breast cancer support group for women called Women of Essence (WOE). She wanted WOE to be a place for breast cancer survivors that would welcome and support everyone. She says of WOE, "Some women have their husbands leave them, or their kids are out of control, or they just have no family support.

Transforming Breast Cancer Experiences (con't)

We step in and help when the family doesn't. Some women don't have money for the gas or the electric bill. Some may need a ride to the doctor. We're family. If something goes wrong we can call each other in the middle of the night. We spend holidays together. We're there for each other."

Gloria explains that support groups sometimes step in when friends and family aren't there; but they also provide a kind of support that only other women who have experienced breast cancer can provide. Members inspire each other by sharing their stories. They become examples that it's possible to live and grow from the

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experience. Gloria says, "Women come to the group and see all the other women and then they know they can survive, too. It gives them hope."



Through WOE, Gloria has helped many women through the experience of having breast cancer. **Mildred Allen** is one of them. Mildred was diagnosed with breast cancer in 2003 when she was 45 years old. She had 4 rounds of chemotherapy, 36 treatments of radiation and a mastectomy. She's been cancer free for 3 years.

Mildred helped herself heal in a lot of different ways. She had a party to celebrate the start of her treatment as a new beginning. She spent as much time as possible with her family and friends. Their companionship kept her attention focused on the present so she wouldn't worry so much about the future or the past. She shared her fears with her husband and allowed him to comfort her. She didn't like when he had to leave to go places. Even when he was only going to work or to the store, it was everything she could do to keep from crying because she didn't want to be left alone.

After her mastectomy, she also worried

he would see her as less of a woman. She says, "I took the bandage off and called She worried that her husband would see her as less of a woman.

him into the room. He gave me a hug and a kiss and he was smiling. He said it was going to be fine. After that I was ok. I didn't care what anyone else said or thought."

During her radiation treatments, Mildred talked with God. She closed her eyes and thanked God for getting her through chemotherapy. Prayer gave her the feeling this was happening for a reason. The reason was to do something positive and be there for someone else.

Journaling helped her make sense of her experiences. She wrote in a journal every day for the first year after she was diagnosed. She put her pictures there and her feelings there. It's a private record of the transformation she made and what she accomplished.

OWH

Speakers' Bureau

Providing our community

partners with speakers

Every Month is Women's Health Month

To request a speaker or to join our roster of speakers, contact Esther McDowell 626-569-3823 or emcdowell@ladhs.org



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is OWH's multi-lingual, multi-cultural umbrella campaign that addresses general preventive health for women with an emphasis on heart disease, the #1 killer.

Working together with community partners, the goal is to reduce the burden of chronic disease among low-income women by eliminating disparities in access, utilization and quality of care; promoting awareness and education on living a healthier lifestyle; increasing access to screenings, treatment, and establishing a medical home; and promoting advocacy and policy opportunities.

Attending the monthly WOE meetings with Gloria was one of the most powerful ways Mildred transformed her experience with breast cancer into an opportunity to give and to grow. She found that hearing and sharing stories with the other women in the group really mattered to her. She says, "When you keep things bottled-up inside, you're not really letting yourself heal. Part of healing is talking about it. It's too much to hold in. For me, talking about it is a healing."

When you keep things bottled up inside, you're not really letting yourself heal. She adds, "The first time I tried to say, 'I'm a breast cancer survivor' in the support group, I couldn't say it. I just cried. Once I said it for the first time, I <u>felt</u> like a survivor. It heals you to say it out loud. You're not just thinking it, you've actually said it and when you say it out loud, you actually hear it. And it gets better each time you say it."

Mildred thinks of cancer as something in the past that happened that motivated her to change. She likes herself better now. She says, "If I had the choice to go through it all again I would, because I'm different now. I have a different attitude. Before, I used to be quiet and shy, and modest and meek. I've gotten to be more assertive now. I'm more outgoing and I appreciate life more. Even if I'm afraid to ride that horse, I'm going to ride that horse."

Women of Essence - African American breast cancer support group. Phone for information: (310) 537-8227 Meets the first Saturday of the month at AC Bilbrew Library in El Segundo.



Spotlight on our Community Partners Partnered for Progress



Turn your face to the sunshine and all shadows fall behind. - Helen Keller

Partnered for Progress, the Los Angeles County Regional Cancer Detection Partnership, is a broadbased network of concerned agencies and individuals dedicated to decreasing breast and cervical cancer mortality and promoting healthy lifestyles in Los Angeles County.

Partnered for Progress administers locally the statewide Cancer Detection Programs: Every Woman Counts (CDP:EWC), and develops and implements local strategies to increase access to breast and cervical cancer screening and early detection services for medically underserved women.

Director Brian Montaño and his dedicated staff provide workshops on breast and cervical health, technical assistance in enrolling women in the CDP:EWC program, multi-lingual education materials, and a multi-lingual hotline offering free clinical breast exams and mammograms to women over 40 who qualify.

Partnered for Progress's philosophy is that by empowering women with information, support, and advocacy, by educating health care providers, and by raising public consciousness, they can deliver comprehensive services that are respectful, sensitive, compassionate and of the highest quality, culminating in the reduction of breast and cervical cancer mortality.

website: www.partneredforprogress.org

OWH Website preventionmatters.org

Visit our website for multi-lingual health education materials including fact sheets, the mobile clinic schedule and community calendar, and information on women's health issues and the *Prevention Matters!* campaign.

Save the Date - Thursday, May 24, 2007 - 8am-6pm Los Angeles County Women's Health Policy Summit

Breast Cancer and Culture: An Interview with Kimlin Tam Ashing-Giwa, Ph.D.

Breast Cancer touches everything. To prevent it and to treat it, we need to understand the way women experience it. How does it impact body, family, future, God, work, and self? What is surviving cancer like for women? What is the impact of ethnicity and socioeconomic status? How is it different? How is it the same? Even as we make remarkable progress in early diagnosis and treatment, ethnic and socioeconomic disparities persist. With many more women surviving, there are as many good questions as there are answers.

Kimlin Tam Ashing-Giwa wants more answers. As Professor and Director of the Center of Community Alliance for Research & Education (CCARE) at the City of Hope National Medical Center in Duarte, CA, Dr. Ashing-Giwa talks with women of color about their experiences with breast cancer. She works to bring their experiences to the surface to find ways to improve access to services and quality of care for underserved women.



The OWH's Merritt Beckett spoke with Dr. Ashing-Giwa about her research with women of color and the influence of ethnicity, socioeconomic status, and insurance on quality of life and breast cancer survivorship.

What factors have increased interest in understanding breast cancer survivorship?

The number of women who are diagnosed with breast cancer has increased. Previously there wasn't early detection and women were diagnosed at later stages. Breast cancer detection programs are working fairly well and more women are being diagnosed and treated earlier. So, we're seeing more women survive.

Do race and ethnicity impact stage of diagnosis?

My data shows there are some cultural components related to stage at diagnosis, but it actually has more to do with socio-ecological context and access to care. (By socio-ecological, I mean socio-economic status + life burden + living situation + neighborhood context + social support.) Yes, in some cultures there is the notion that if you're not symptomatic and you're not feeling sick, then you're not sick, and you don't need a check-up. Getting screened might be viewed as something that will bring bad health on you.

However, if a woman of color, regardless of her education and income, receives culturally and linguistically-

The primary barrier for most women is access. appropriate information about the benefits of cancer screening and has free access to screenings, my research shows she will choose to get screened. The primary barrier for most women is access. Even though women are getting the message more and more about mammography, not all women have the information and resources for an annual screening. This is a major barrier for Asian- and Latina-American women.

How are ethnicity and socioeconomic status related to treatment outcomes?

Euro-American women have the highest incidence of breast cancer but African-American women and Latinas have disproportionately higher morbidity and mortality and are diagnosed at younger ages. That means African-American women and Latinas have more burden related to the disease and higher death rates. It may be related to stage of diagnosis but it can also be related to quality of care and access to adjuvant therapies like radiation, chemotherapy and hormonal treatment that increase survival.

African-Americans and Latinas with breast cancer are less likely to get adjuvant therapies. I don't know if that's an individual physician-patient relationship issue or systemic discrimination. It may be related to the actual biology of the disease. Some cancers are estrogen positive or negative or progesterone positive or negative. That influences the treatment because hormonal treatment may be implicated or not.

Breast Cancer and Culture (con't)

Regardless of the stage of diagnosis, women of color, including Asian breast cancer survivors, are more likely to get a mastectomy rather than breast-conserving treatment_____

or a lumpectomy. Mastectomy is a much more invasive surgery. This is a major concern for minority women because minority women are also less likely to get reconstructive surgery. More women might choose reconstruction if it was available to them.

Women of color are more likely to get a mastectomy rather than breastconserving treatment.

When women are not getting state-of-the-art care, we're doing something wrong. Whether it has to do with cost or discrimination or the health care system, I don't know. Adjuvant therapies are more expensive, so there could be a bias in terms of insurance covering them. These are all questions that are still unanswered.

How appropriate is the language we use to describe breast cancer?

We use terms like "survive" cancer and "beat" cancer and "fight" cancer. In terms of language, these words may not be similarly appropriate for all women. They may not think of it in terms of fighting it or beating it. "Overcoming" might be a terminology that resonates more with some women or even "dealing" with the cancer.

Some people see cancer as part of their fate, and it serves some purpose or function in the life course. It can be seen as a way to challenge them to grow or to live life to the fullest. And that can be part cultural or part personal characteristics in terms of how individuals view trauma and make meaning of their life experiences.

How is the experience of breast cancer the same for all women?

We're all human and breast cancer is a life-threatening illness for any woman regardless of her ethnicity and regardless of her economic background. All survivors have challenges in terms of physical well-being, access to care, quality of care, relationships with family, social support, spirituality, personal resilience, and finding meaning in their breast cancer experience.

Can you share an example of how surviving breast cancer is different for women of color?

African-American and Latina breast cancer survivors experience more physical challenges including pain due to the breast cancer and its treatments. This may be linked to the fact that ethnic minority and underserved breast cancer survivors are more likely to have surgery by non breast cancer surgical specialists, and therefore their surgery may be more intrusive. This is documented in the literature and supported by my own research with 703 multi-ethnic breast cancer survivors who self-reported that they experienced greater physical impairments compared to European-American breast cancer survivors. This in turn affects their work life and other daily activities.

Women of color must deal with systemic discrimination. For example, women prefer a prosthesis that

A simple thing like finding prostheses in darker shades can be difficult. approximates their own skin tone. A simple thing like finding prostheses in darker shades can be difficult. They are much harder to find and more expensive. It's another trauma - psychological, body-image, womanhood, financial - for women of color in addition to the breast cancer.

We know family well-being is an issue for all women but how family functioning is affected by the cancer may differ for women across various ethnic groups. Partner support influences a breast cancer survivor's emotional well-being, however African-, Asian- and Latina-American breast cancer survivors most often rely on their sisters, adult children and comadres for support and assistance. *Continued on next page*

Breast Cancer and Culture (con't)

What is the future of breast cancer research?

Future directions need to address systemic discrimination, cultural competency, and barriers to care. We need to stimulate community-involved, multidisciplinary, culturally-responsive approaches that integrate physical and behavioral medicine to improve survivorship outcomes for all breast cancer survivors.

How can we eliminate disparities in breast cancer survivorship?

Federal and State cancer control programs should include longer-term coverage to at least 3 years post diagnosis. One of the sad things is that as we make advances in treatment,

the disparity still stays with us. So even though more African-American women are surviving now than ever before, the benefits for women of color always lag behind white women. As well as addressing systemic issues like cost and access, we need to address individual patient-doctor relationships. Women who trust their doctors feel that they have a

Women who trust their doctors feel that they have a better chance to overcome the disease.

better chance to overcome the disease. When women feel that they weren't treated with dignity and respect, they wonder if it's because they're Latina or Black or Asian or older. This is an additional, unnecessary burden. When women feel valued by their doctors and medical team, they have more confidence that they're getting the best treatment possible.

Why are you passionate about this work?

I want to understand the factors that influence quality of care and what can enhance quality of life. I want to bring the voices of women of color and underserved women to the forefront. By understanding their experiences, we can have more appropriate medical and psychosocial care for all breast cancer survivors. My work endures because of strong collaborations with the survivorship community and my multi-culturally competent staff. We recently completed a study documenting the experiences of one of the most diverse group of survivors including 135 African-, 206 Asian-, 183 Latina-, and 179 European-American breast cancer survivors. We now have intervention studies going on. With this intervention, there is even greater direct benefit to survivors, and I hope this work will promote more solutions to our survivorship community.

Recent Women's Health Legislation

Signed by the Governor, effective January 1, 2007

SB 1245 by Senator Liz Figueroa (D-Fremont): Health Care Coverage: Cervical Cancer Screening Test - This bill expands the coverage for an annual cervical cancer screening test provided by a health care service plan or a health insurance policy to include the human papillomavirus (HPV) screening test and the option of any cervical cancer screening test approved by the FDA upon the referral of the patient's health care provider.

SB 1851 by Senate Committee on Health: Cancer: Informed Consent: This bill modifies a requirement that patients with breast cancer be provided a written summary of alternative methods of treating breast cancer by requiring that it be furnished after cancer diagnosis. It also permits the physician and surgeon to provide the summary prior to a screening or biopsy for breast cancer.

AB 2583 by Assemblymember Joe Nation (D-San Rafael): Dispensing prescription drugs and devices; refusal to dispense: This bill would require the Pharmacy Board to create and provide a sign informing a patient of their rights, including timely access to a prescribed drug or device that a pharmacist has refused to provide based on ethical, moral or religious grounds. This bill would require pharmacies to post in a visible place or near entrance of business or provide a written receipt containing the required information.

Ovarian Cancer - Awareness is Best

By Erika Graves

While less publicized than other cancers that affect women, ovarian cancer has a much higher mortality rate: approximately 3 in 5 women who are diagnosed die. Deaths from ovarian cancer outnumber those from cervical and endometrial cancers combined.

Because many women are unaware of the earliest symptoms, ovarian cancer is typically not detected until it is very advanced, making treatment much more difficult. While researching new diagnostic and treatment methods is important, improving the timeliness of detection is the most immediate way in which we can help lower the high mortality rate of ovarian cancer.

What is ovarian cancer? Ovarian cancer begins in the ovaries, the female organs that produce eggs and hormones. The ovaries have three types of tissue (germ, stromal, and epithelial) that can be sites for tumors. About 85-95% of ovarian cancers start from cancerous tumors on the surface (epithelial) lining of the ovary.

How common is it? Ovarian cancer is the seventh most common Cancer but the fourth most deadly. It is estimated that there will be 20,180 new cases and 15,310 deaths in 2006. Ovarian cancer mainly develops in older women following menopause (two-thirds of affected women are 55 or older); however, younger women can also develop it.

What are the symptoms? Many women do not experience symptoms until the disease is advanced which is why ovarian cancer has a lower survival rate than many other types of cancer. Early symptoms are often very mild and common to many other conditions. Getting yearly pelvic examinations and paying attention to symptoms improves the odds of early diagnosis and successful treatment.

Find out more about ovarian cancer:

American Cancer Society - 1-800-ACS-2345 - www.cancer.org Ovarian Cancer National Alliance - 202-331-1332 - www.ovariancancer.org Ovarian Cancer Coalition of Greater CA - 1-800-500-1877 - ovariancancercalifornia.com

Ask The Doctor...

Is there a screening test available for ovarian cancer at this time? Ovarian cancer is primarily detected when a woman has certain symptoms and signs that prompt a health care provider to run specific tests to look for cancer.

If you have a strong family history or personal history of breast or ovarian cancer, the health care provider may also choose to do additional testing to look for ovarian cancer. Although there has been a lot of news about the

blood test CA-125 being used to detect ovarian cancer, it has not been approved for screening in the general public due to its poor accuracy. There is no screening test for ovarian cancer at this time, but getting regular women's health examinations and paying attention to your symptoms improves the odds of early diagnosis and successful treatment.

If you have a question for Ask the Doctor, please submit it to jstjohn@ph.lacounty.gov

Early symptoms for ovarian cancer include:

- Low back pain
- Persistent lack of energy
- Unexplainable indigestion, gas, or bloating
- An unusual feeling of fullness or pain in the pelvic area
- Abdominal pressure and swelling
- Frequent need to urinate
- Pain during sexual activity
- Loss of appetite

• Unexpected weight loss or gain Consult a doctor if you experience a combination of symptoms over a period of time.



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OWH in Action

Recognition of Outstanding Programs and Individuals

The OWH works with the Board of Supervisors in acknowledging achievements in women's health.

October Breast Cancer Awareness Month



Gloria Harmon 13 year Breast Cancer Survivor Founder, Women of Essence Support Group



Dennis Holmes, MD

Director, New Technology Development, & Intraoperative Radiotherapy for the USC/Norris Comprehensive Cancer Center Breast Cancer Program; Chief of the Breast Surgical Service at LAC+USC Medical Center.

Collaboration with ABC7

The OWH partnered with television station ABC7 and 8 other organizations including the American Diabetes Association, the American Cancer Society and the American Heart Association to develop a women's health campaign for the month of October. The campaign's emphasis was to empower women to live a healthier life by eating healthy food, increasing their physical activity level and having regular preventive screenings. A healthy lifestyle brochure, *The ABCs of Women's Health, Prevention Matters!*, was developed and is now available to our community partners.

To focus public attention on women's health, ABC7 solicited nominations for individuals and providers who have made a sustainable impact on women's health or have overcome personal health issues and become advocates to help others. In the Individual category, we nominated community partner **Gayle McKenna**, founder of the Ovarian Cancer Coalition of Greater California, for her inspiring advocacy work, and in the Provider category, we submitted **Debra R.Judelson, MD**, renowned cardiologist and Chair of our Women's Health Policy Council. Dr. Judelson was selected to be a recipient of the Women of Courage award and was interviewed on *The ABCs of Women's Health* special which aired on Sunday, October 22nd.