

Implementing a Bidirectional Process With Community Stakeholders to Co-Develop a Cancer Prevention and Control Agenda for the Antelope Valley, a Semi-Rural Area of Los Angeles County

N. Acuna, R. Balingit, E. Rodriguez, Z. Surani

Community Outreach and Engagement, Cancer Research Center for Health Equity, Cedars-Sinai Cancer

1. Background

The landscape of Los Angeles County is vastly diverse with over 10 million residents. Each neighborhood can vary greatly in race/ethnicity, socioeconomic status, rurality, and health care access. Establishing priorities for cancer prevention and control can help advance progress in communities that are impacted by cancer at higher rates and face barriers with accessing care. Community Outreach and Engagement (COE) at Cedars Sinai Cancer Center engaged community stakeholders in the Antelope Valley, a semi-rural area of Los Angeles, in partnership activities to share publicly available data on the cancer burden by cancer site and engaged the community in decisions around interventions and how to address data gaps. COE identified gaps in data for cancer screening and behavioral risk factors and garnered community support to implement a survey to assess their community's cancer needs. This effort was modeled after the success of survey response rates in other populations, and insight on the needs of Korean, LGBTQ+, Filipino and Hispanic/Latino/a/e/x populations.

2. Goals

We sought to implement a health needs assessment in a semi-rural area of Los Angeles County known as the Antelope Valley to characterize the population, understand barriers/motivations to health care, and report the cancer screening rates in this population to ultimately co-develop local priorities.

3. Solutions and Methods

Bidirectional partnerships were established between Cedars-Sinai Cancer COE and 8 community-based organizations that make up the Antelope Valley Health Equity Coalition, which COE had established in the Antelope Valley in 2023. Using stakeholder feedback on the survey, we tailored it for this community. The CHILAS was given out at invited community events in the Antelope Valley to participants.

4. Outcomes

The survey was completed by 207 participants. On average, participants were 47 years old at the time of completing the questionnaire, were female (68.1%), self-identified as Hispanic/Latino/a/e/x (44.4%) and African American/Black (33.8%), had a high school degree or less (56.5%), and were foreign-born (29.0%). There were 18.8 percent who were current smokers and varied by racial/ethnic groups whereby African American/Black individuals had the highest smoking rates compared to white and Hispanic/Latinos (37.1%, 23.1%, and 3.3%, respectively). The most common types of insurance among participants included Medicaid or other state program (30.4%) and through an employer or union (26.1%). There was a high proportion of individuals who were unsure if the HPV vaccine reduced cervical cancer risk (33.3%) and venereal warts (43.0%). Breast cancer screening rates was high and cervical cancer screening rates were modest among eligible women (84.2% and 70.6%, respectively). However, colorectal cancer screening, from either a colonoscopy or stool-based test, were low (54.4%), as well as prostate cancer screening (38.9%) and lung cancer screening (13.7%). The highest reported reason among everyone as to why they would not undergo screening was that they did not know when to get screened (19.7%). The highest reported motivations to get cancer screening was to stay healthy (42.7%) and that screening was covered by insurance (39.3%).

5. Lessons Learned and Future Directions

Colorectal, prostate, and lung cancer screenings are low among this population. Additionally, culturally tailored smoking cessation interventions should be prioritized, given the high smoking rates among African American/Black individuals. Finally, HPV vaccine education is needed to reduce the uncertainty of the benefits from the vaccine. Data collected were shared with stakeholders in the Antelope Valley and researchers at Cedars-Sinai Cancer to invite input on implementation of interventions to reduce cancer health disparities. Cedars-Sinai Cancer will partner collaborate with community stakeholders and local cancer centers (UCLA Jonsson Comprehensive Cancer Center and City of Hope Comprehensive Cancer Center) to build capacity in the region to address the needs of these communities.