



# Community Health Workers and Promotoras

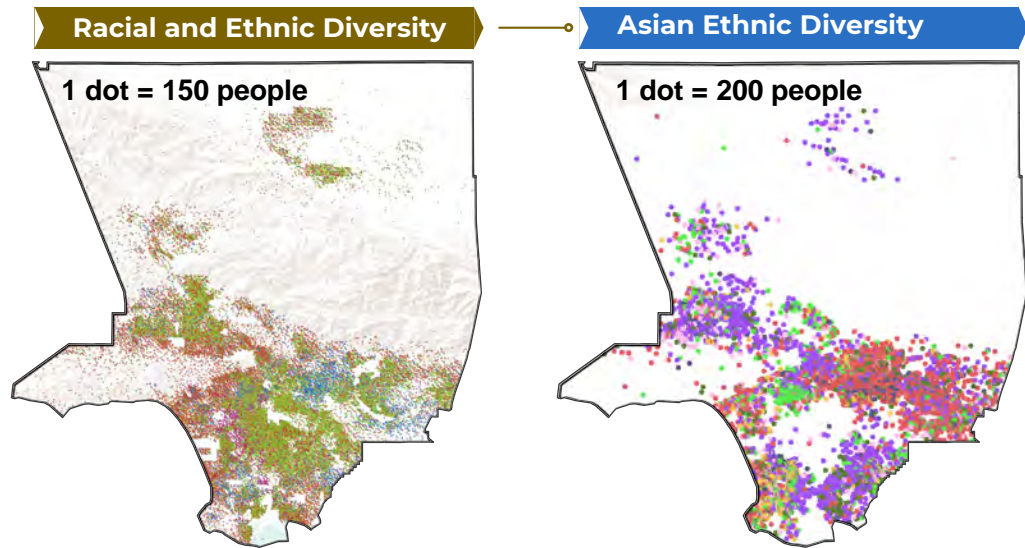
## Impact on Cancer Disparities in Los Angeles

Zul Surani  
Associate Director  
Community Outreach & Engagement

# LA County largest immigrant, LGBTQ+, and ethnically-diverse population

10M people

87.3% of CSCC patient population\*\*\*



- American Indian/Alaska Native
- Asian
- Black
- Hispanic/Latino/a/e/x
- Native Hawaiian/Pacific Islander
- Some other races
- Two or more races
- Non-Hispanic Latino/a/e/x White
- Filipino
- Korean
- Chinese
- South Asian
- Japanese
- Vietnamese
- Other

	LA County (%)*	US (%)*
<b>Hispanic/Latino/a/e/x</b>	▲ ▲ 48.7	18.4
Mexican Ancestry	▲ 74.7	60.8
Central American Ancestry	▲ 16.8	9.5
<b>Black</b>	7.9	12.6
<b>Asian</b>	▲ ▲ 14.8	5.7
Filipino	▲ 23.1	15.6
Korean	▲ 13.9	7.8
<b>LGBT**</b>	▲ 5.1	4.5
<b>Limited English-speaking household</b>	▲ ▲ 12.1	4.2
<b>Foreign-born</b>	▲ ▲ 33.5	13.6
<b>Below Poverty level</b>	▲ 13.9	12.6

\* U.S. Census Bureau, American Community Survey 2017-2021

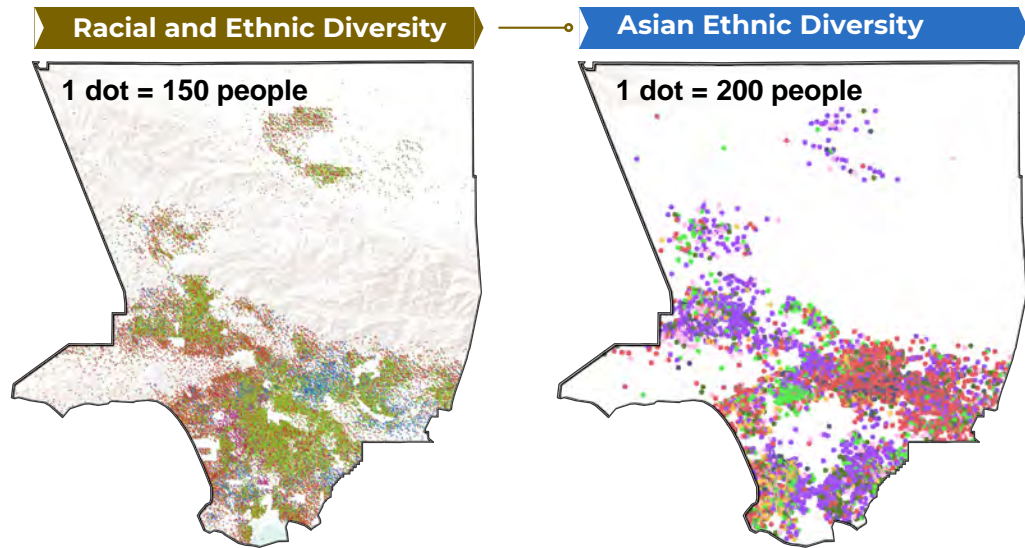
\*\* LGBT Adults in Large US Metropolitan Areas and in US, Gallup Daily Tracking Survey, 2012-2017

\*\*\* Cedars Tumor Registry data (received on July 21, 2023), includes newly registered patients from 2018-2022 from CSMC, Tower Hematology, TACRI and Breast Center

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- Other

	Catchment Area/LAC	California	US
Limited English-speaking households*	402K	1.1M	5.2M
Foreign-born*	3.4M	10.5M	44.1M
LGBT**	523K	1.5M	9.4M
Hispanic/Latinx/a/o/e***	645K	15.6M	62.1M
Asian***	1.4M	6.1M	19.9M
<i>Filipino*</i>	<i>340K</i>	<i>1.3M</i>	<i>2.9M</i>
<i>Korean*</i>	<i>205K</i>	<i>471K</i>	<i>1.5M</i>

\* U.S. Census Bureau, American Community Survey 2017-2021

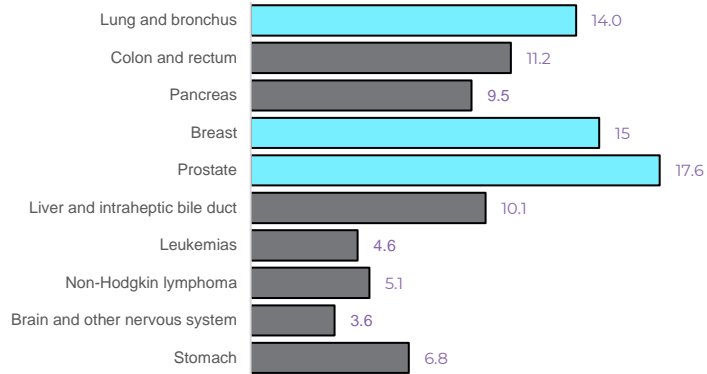
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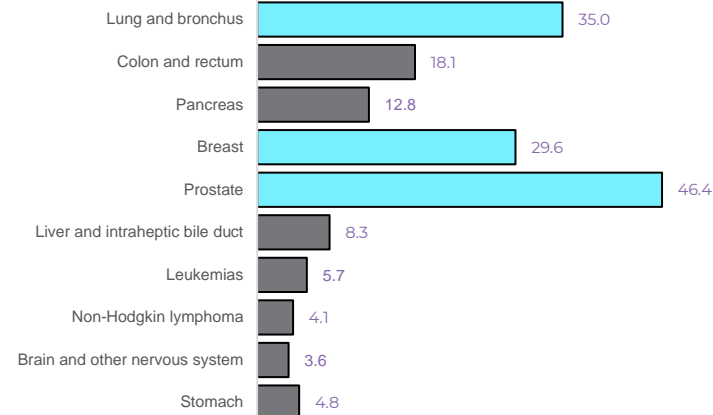
# Top 10 Cancer Mortality Rates by Ethnicity in Los Angeles

Age-Adjusted mortality Rates (per 100,000) Los Angeles County (2016-2020)

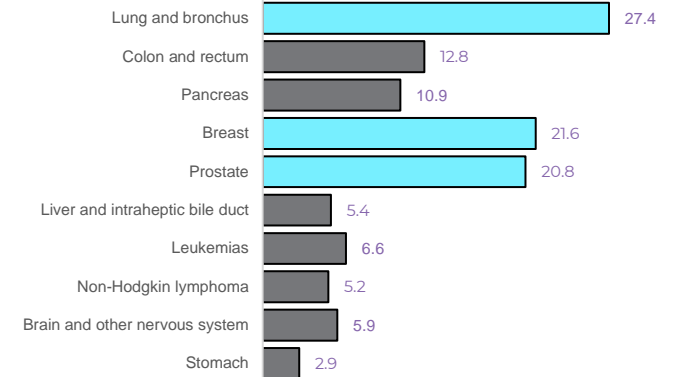
## Hispanic/Latinx/o/a/e



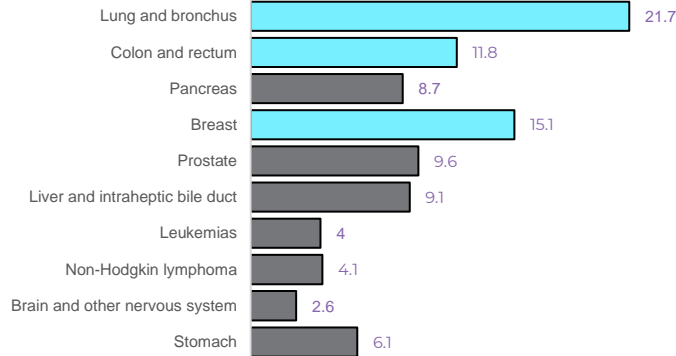
## Black



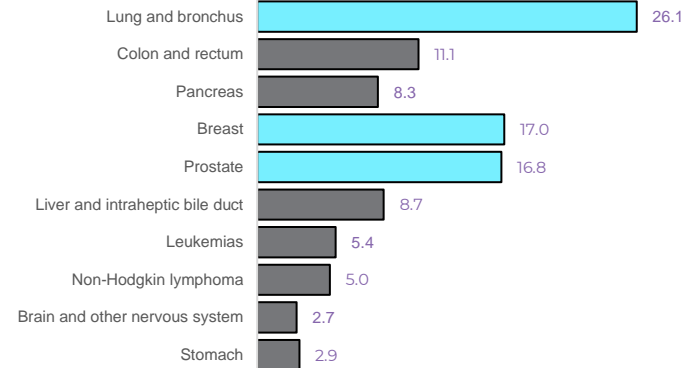
## Non-H/L White



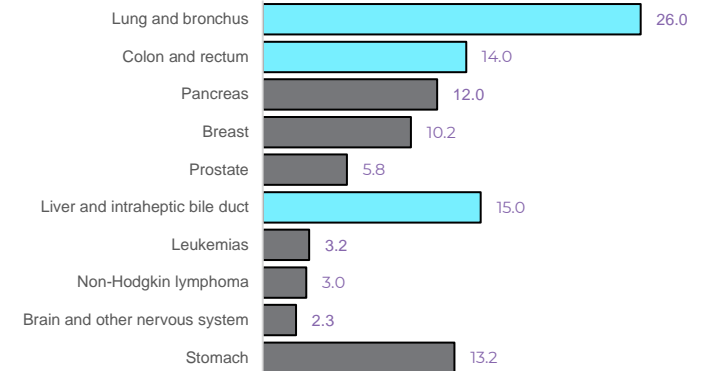
## Asian and Pacific Islander



## Filipino



## Korean

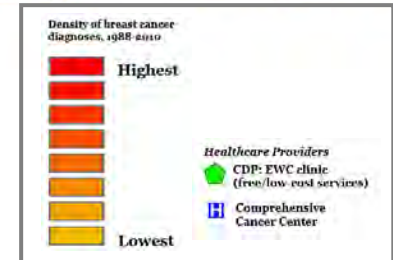
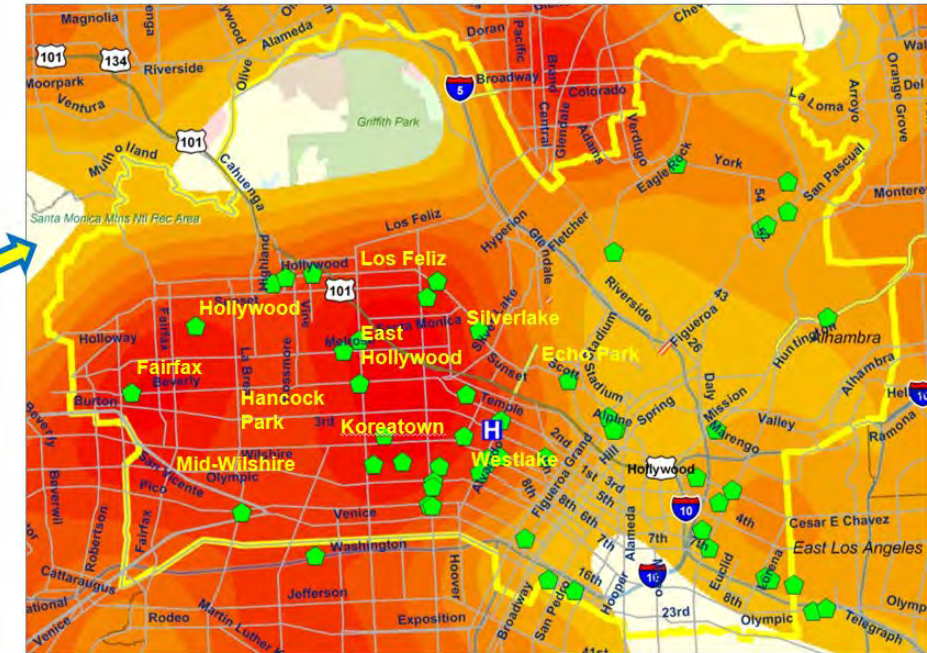
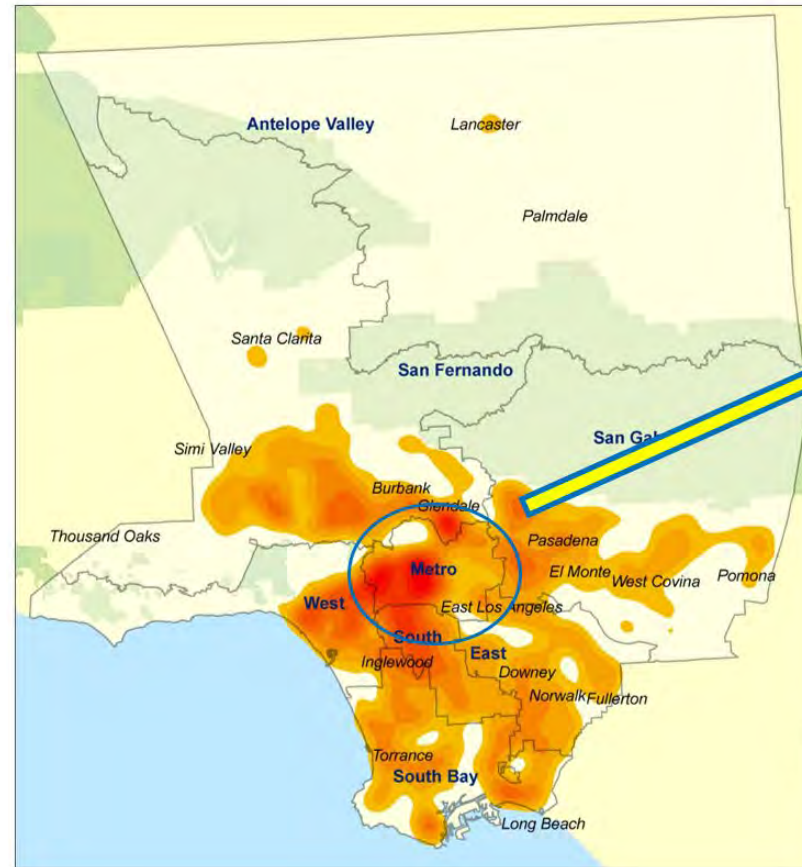


# Cancer Related Lifestyle/Behavioral Risk Factors in Los Angeles County

	Catchment Area / Los Angeles County						US
	H/L	Black	Filipino	Korean	Non-H/L White	LGBTQ+	All
<b>Modifiable Risk Factors</b>							
Obese (ages 18+)	37.0	32.5	19.8	7.3*	21.9	29.6	30.9
Overweight (ages 18+)	35.8	32.5	34.2	28.4	34.2	28.3	35.0
Current smoker (18+)	10.2	17.0	13.2	18.4	12.2	11.3	13.7
<b>Cancer Screening and Prevention</b>							
Mammogram in past 2 years (females, ages 50-74)	77.1	79.0	56.8	47.5	79.3	74.1	72.9
Pap test in past 3 years (females, ages 21-65)	82.3	82.4	43.6	43.6	82.6	52.4	76.7
Prostate-Specific Antigen test in past year (males, ages 40+)	21.4	28.2	8.7	8.7	41.1	19.6	35.8
Colonoscopy in past 10 years (ages 50-74)	42.0	57.7	34.7	34.7	64.4	49.5	60.8
Ever received HPV vaccines (ages 18-26)	58.1	56.7	NA	NA	69.7	53.8	47.0

# Incidence of Late-stage Breast Cancer in Koreatown and Pico-Union Neighborhoods of Los Angeles

Mapping the density distribution of late-stage breast cancer cases in Los Angeles County reveals geographic disparities and local communities to prioritize in efforts to improve breast cancer screening

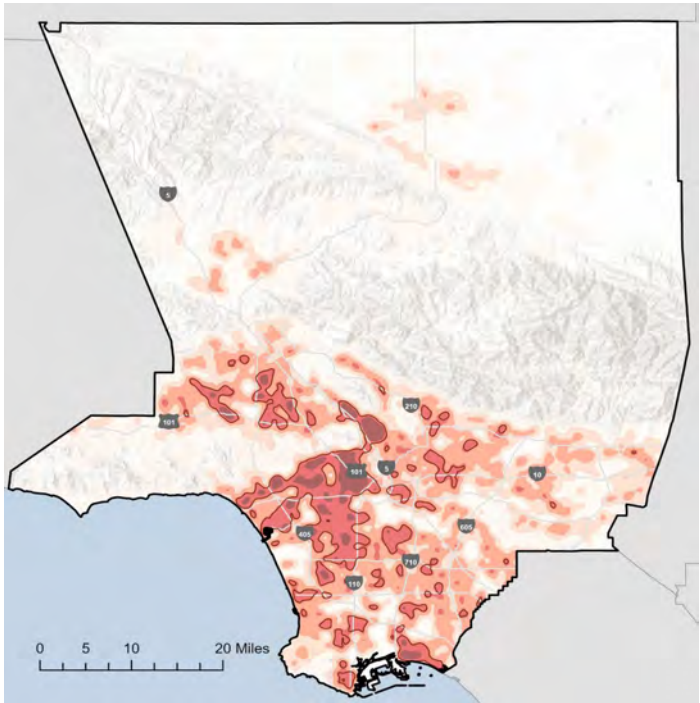


Breast cancer cases were obtained from the Cancer Surveillance Program (n=138,965) and were limited to women diagnosed between 1988 and 2010. Among these women, 82.3% (n=114,421) were diagnosed with invasive breast cancer (local, regional and distant stages). Among invasive breast cancer cases, 38.4% (n=43,937) were diagnosed at later stages (regional and distant stages). From Agustin AL, Surani Z, Cockburn M, Baezconde-Garbanati L. (2011, June). Creating tailored local cancer control plans: Are Cancer Surveillance Units at the table? Poster session at the annual meeting of the North American Association of Central Cancer Registries, Louisville, KY (<https://goo.gl/MbC6PF>)

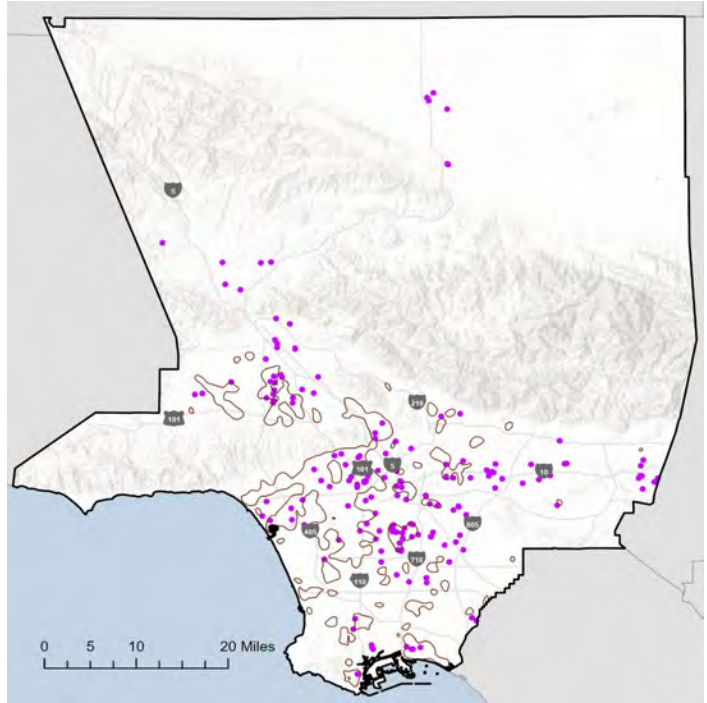
Geospatial analyses revealed geographic disparities in breast cancer among Korean women. Data is utilized to identify clinics and potential community partners



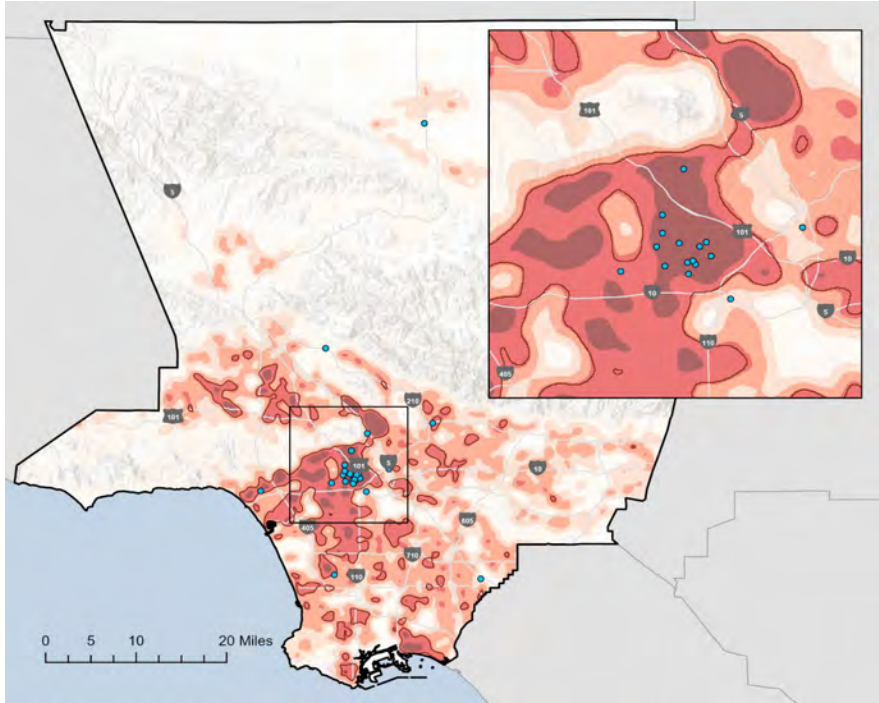
Heat Map of Late-Stage Breast Cancer



Hotspots + Free/Low-Cost Mammogram Clinics



Hotspots + Korean Churches



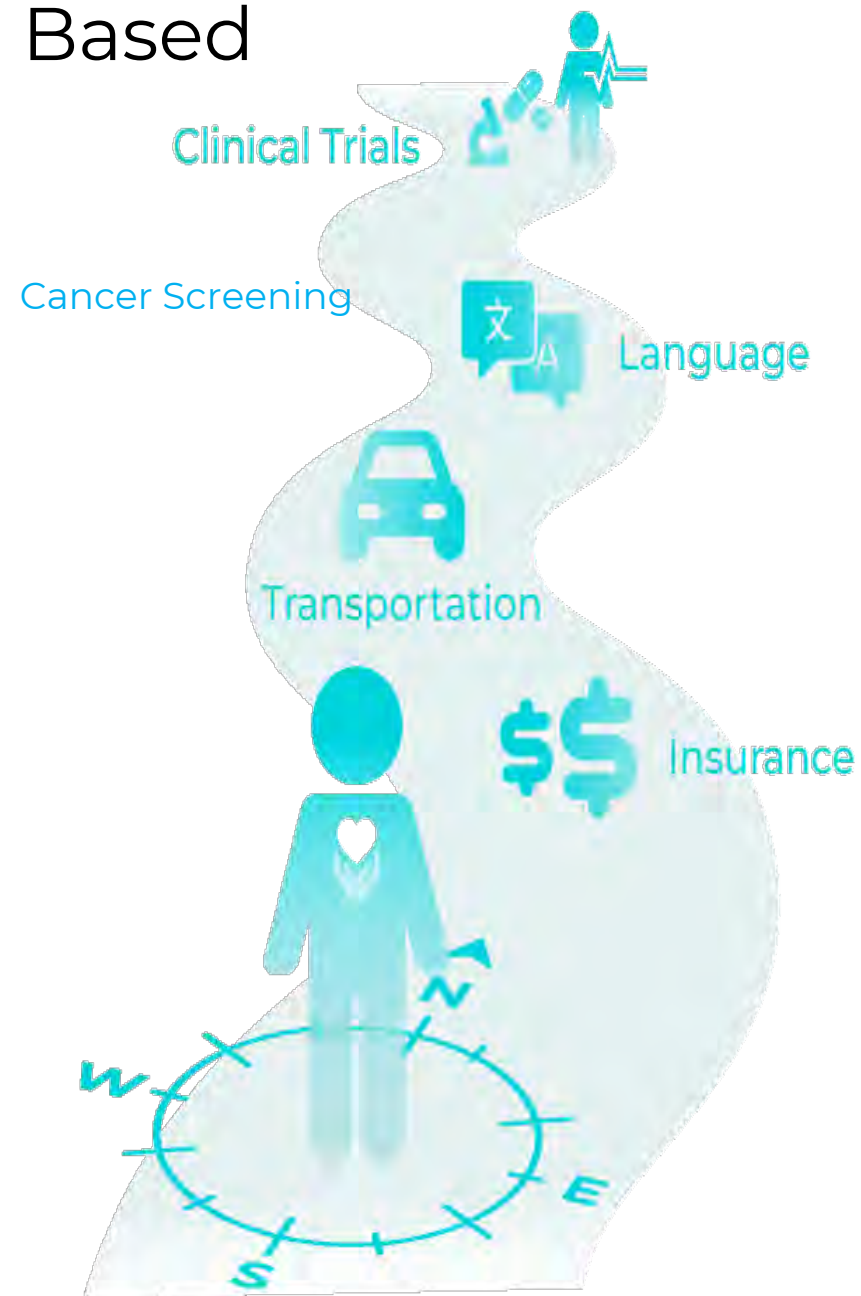
# Community Health Workers – Evidence Based

Community health workers (including *promotores de salud*, community health representatives, community health advisors, patient navigators, and others) are frontline, culturally competent, public health workers who serve as a bridge between underserved communities and healthcare systems. They are from, or have a close understanding of, the community served.

The [Community Preventive Services Task Force \(CPSTF\) recommends](#) interventions that engage community health workers for the following.

- Cancer Screening
  - [Breast cancer](#)
    - Recommended based on strong evidence of effectiveness in increasing breast cancer screening (by mammography).
  - [Cervical cancer](#)
    - Recommended based on strong evidence of effectiveness in increasing cervical cancer screening (by Pap test).
    - Cost-effective
  - [Colorectal cancer](#)
    - Recommended based on strong evidence of effectiveness in increasing colorectal cancer screening (by colonoscopy or fecal occult blood test [FOBT])

Source: <https://www.thecommunityguide.org/pages/community-health-workers.html>





# Promotora Training in Hispanic/Latinx Community



# CHW Training in Korean Community



## Health Navigation Training Program In Partnership with Korean Churches

### An Opportunity to Build Healthy Korean Communities

#### Course Topics:

- Cancer among Korean population
- Cancer risk factors and risk reduction
- Cancer screening and early detection
- Free cancer screening resources

#### Course Details:

- Learn effective health navigation
- 20 hours of training
- Stipend provided

**Saturday, Dec. 9, 2023**

**9 AM – 3 PM New Life Oasis Church (1041 S Oxford Ave, LA, CA 90006)**

**Saturday, Dec. 16, 2023**

**9 AM – 3 PM New Life Oasis Church (1041 S Oxford Ave, LA, CA 90006)**

**For more information, please contact:**  
Dong Hee Kim, Lead Community Health Associate  
Phone: 310-423-7410 Email: [donghee.kim@cshs.org](mailto:donghee.kim@cshs.org)



# Cancer 101 Education Tailored for Korean, Spanish and Tagalog Speakers

Cancer 101: Version 2 (October 2011)

Modul

Module 101: Version 2 (October 2011)

Module 10

## Module 2: What is Cancer?

### Target Audience

- Community members
- Staff of health programs serving Korean

### Contents of Learning Module

- Instructor's Guide with Pre/Post Self-Assessment and Self-Assessment Answer Key
- PowerPoint presentation
- Glossary
- Resources for Learning More
- References
- Length
  - Introduction of session/module overview (:05)
  - Pre self-assessment (:07)
  - Presentation of module (:30)
  - Post self-assessment (:05)
  - Closing (:03)

### Goals

In this session, participants will gain an understanding the following:

- The meaning of the word "cancer"
- The difference between benign and malignant tumors
- The process by which cancer spreads
- Types of cancer

### Objectives

At the completion of Learning Module 2, participants will be able to demonstrate the following:

#### Section 1

Define cancer by describing the process through which normal cells become cancerous.

#### Section 2

Describe the difference between benign and malignant tumors.

#### Section 3

Describe two types of cancers and where they occur in the body.

### Measures of Objective Accomplishment

The presenter will administer a pre self-assessment and a post self-assessment to measure participants' knowledge of the module's objectives. The pre self-assessment measures existing knowledge and the post self-assessment measures what was gained through the learning module.

### NOTE

- Each major learning point is clearly identified by **boldface** type throughout the guide and emphasized in the PowerPoint presentation.
- See the glossary (at the end of the module) for words that are in **bold blue italics** throughout the module.

## 모듈 6: 암 진단 및 진행단계(병기)

### 대상자

- 미주 한인
- 미주 한인들 대상으로 하는 활동 참여 대상자

### 학습 모듈 내용

- 사전, 사후 자가 평가에 대한 강의 가이드
- 피워포인트 프레젠테이션
- 용어 해설
- 추가 학습을 위한 참고자료
- 참고문헌

### 학습길이

- 사전 소개 및 모듈 개요(05)
- 사전 자기 평가(07)
- 모듈 프레젠테이션(30)
- 사후 자기 평가(05)
- 마무리(03)

### 목표

이 세션에서 참여자는 암을 어떻게 진단하고 암의 병기 또는 병기를 판단하는 방법에 대해 이해하게 됩니다.

### 목적

학습 모듈 6 완료 시 참여자는 다음을 설명할 수 있게 됩니다.

#### 섹션 1

- "생검"(조직검사, biopsy)이란 용어가 의미하는 것이 무엇인지 설명합니다.
- 종양이 서로 어떻게 다르게 행동하는지 설명합니다 (예: 고분화 대 저분화).

#### 섹션 2

- 2가지 암의 진행단계(병기, staging)의 예와 그 의미를 제시합니다.
- 암의 진행단계(병기, staging)를 분류하는 것이 왜 중요한지 2가지 이유를 제시합니다.

### 학습 달성 의 의도

진행자는 참여자의 모듈 목적에 대한 지식을 측정하기 위해 사전 자기 평가 및 사후 자기 평가를 수행합니다. 사전 자기 평가는 기존에 가지고 있는 지식을 측정하고 사후 자기 평가는 학습 모듈을 통해 획득한 것이 무엇인지 측정합니다.

### 참고

- 각각의 주요 학습 포인트는 가이드 전반에 걸쳐 **굵은 글씨**로 분명하게 식별되어 피워포인트 프레젠테이션에 강조됩니다.
- 모듈 전반에 걸쳐 **파란색 굵은 글씨**로 된 단어의 용어해설(모듈 마지막 부분)을 참조하십시오.

## Factores de Riesgo Que Sí Puede Cambiar

- No siendo físicamente activa
- Tomar hormonas que pueden aumentar su riesgo
- Historial reproductivo
- Beber alcohol
- Tener sobrepeso o ser obesa después de la menopausia



## Can diet impact cancer outcomes?



## HGNA

- HGNA, también conocido como Enfermedad de Hígado Graso No Alcohólico, es el resultado de la acumulación de grasa en el hígado no debido al consumo de alcohol excesivo.
  - Casi uno de cada tres Americanos tienen Enfermedad de Hígado Graso No Alcohólico (HGNA).
  - Casos van subiendo en países desarrollados.
  - HGNA causa la inflamación y la cicatrización del hígado.
  - Un ácido graso se acumula en hígados con HGNA y es tóxico para las células inmunes que combaten el cáncer.
  - Esto puede permitir que células defensivas faciliten el crecimiento de tumores porque evaden detección inmune.



# Community Health Workers (CHW)/ Promotoras Expand Reach and Provide Support

42 CHWs and Navigators funded  
and actively deployed

Cancer **education**

**Navigate**  
to screening and  
diagnostic facilities

**Follow up** abnormal  
finding treatment  
support

**Recruit** for  
clinical trials



Navigate through Cancer Continuum for Underserved Communities

Prevention

Survivorship or End of Life

# CHWs Reduce Barriers & Improve Screening In Faith-Based Organizations

## CA Assessment

○ 2,647 survey respondents

**Korean:** Low breast cancer screening

**Hispanic/Latino/a/e/x:** Low MASLD awareness

**Filipino:** Low colorectal Cancer screening

**Black:** Low lung cancer screening

○ Community Engagement

Korean, H/L, Filipino and Black churches and FQHCs



**Cedars Sinai Cancer Center**

### 7 MANERAS PARA REDUCIR EL RIESGO DE CÁNCER

**La prevención está en tus manos**

El taller será completamente gratuito e impartido en tu comunidad  
Dirigido a las personas que deseen acompañarnos por primera vez

• Lugar	Escuela Santo Tomás
• Discusión 1	Jueves, 26 de julio
• Horario	7-8:30 p.m.
• Discusión 2	Jueves, 20 de septiembre
• Horario	7-8:30 p.m.

**TEMAS:**

- Qué es el Cáncer?
- Tipos de Cáncer?
- El Cáncer en mi comunidad
- Prevención de Cáncer
- Reducción de Riesgos de Cáncer

**BENEFICIOS:**

- Últimas investigaciones para reducir su riesgo de Cáncer
- Información precisa sobre Cáncer, que puede compartir con sus seres queridos
- Aquellos que completen las discusiones 1 y 2, recibirán un regalo y un certificado de finalización



○ Impact:

**11 Cancers detected**

**3 CRC detected**

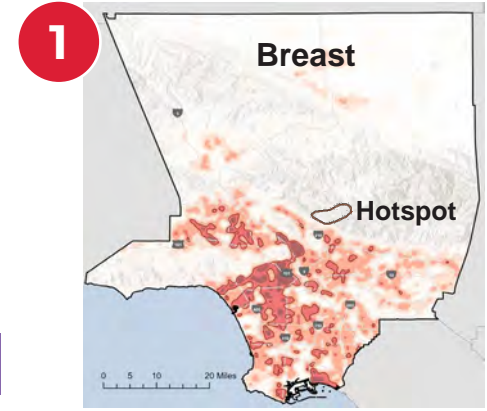
**8 breast cancer detected**

Materials translated into 3 languages (Korean, Tagalog & Spanish)



# Research Study Testing CHWs in Churches

Church-Based Navigation to Increase Breast Cancer Screening in Korean communities



Haile (CPC)



Pastor J. Lee  
LA Onnuri Church

California Breast Cancer Research Program funded

## 2 Bidirectional Engagement

Partnerships



협력

Curriculum development



Navigator training



교회

학교



Increased screening

검사

## 3 Evaluation



Church navigators

Scale: 300 Churches



교회 교회 교회  
Program implementation

Achieve adherence to breast cancer screening

Increase detection of early-stage breast cancers

Decrease breast cancer disparities, morbidity, and mortality

### Initial Results

COE trained 32 navigators in 16 churches who identified 237 women not compliant to screening recommendations

### Impact

- Went from 0% to 68% compliant in receiving mammograms
- Change church policy to incorporate navigators

# Community Outreach Accomplishments 2018-2022



**>360,000**  
cancer information

**>33,000**  
cancer screenings

**16**  
organizations and FQHCs using  
Evidence based Interventions (EBI)

**>430**  
cancer education  
events

**42**  
Lay navigators engaged  
**126** trained

**2023 Accomplishments**

- 100** cancer education events
- 1,287** cancer screenings
- 11** cancers diagnosed  
(8 breast cancer 3 colorectal cancer)

## Impact: CHW Interventions at FQHCs

**KORYO HEALTH  
FOUNDATION**

**85%** FIT kits  
returned

**SOUTHSIDE COALITION  
OF COMMUNITY HEALTH CENTERS**

**5** FQHC partners  
**15,885** FIT tests  
distributed  
**43%** FIT tests returned

**Clínica**  
*Monseñor Oscar A.*  
**Romero**

**4x increase** in  
mammography–  
in reach and outreach

**THE QUIT**  
**alliance**

Influenced  
adoption of EBI  
in **3 LGBTQ+**  
organizations



## Stories from the Community

- Korean woman in her 50s, who is busy working full time at a restaurant and helping others by volunteering at church, **received breast cancer screening for the first time.**
  - COE-trained Health Navigator kept telling her the importance of breast cancer screening and provided resources **with caring hearts.**
  - *“[COE-trained] Navigator really cares for [me]”.*
- Korean woman in her late 40s, who is uninsured and had 2 jobs, received breast cancer screening at a **convenient time.** COE-trained Health Navigator consistently sent breast cancer screening events by text message.
  - *“I am thankful for the navigator who sent information continuously until [I] could find the perfect time.”*



# Cancer Education in Hispanic/Latinx Community

A total of **40 Promotoras** were trained to conduct education, outreach, and navigation to women in need of breast cancer screening.

Promotoras facilitated **64 cancer prevention and education workshops** reaching a total of **935 community members**.



# Mobile Breast Cancer Screening Program with Latinx Community

Partnered with Clinica Monseñor Oscar Romero and provided **85 mammograms to EWC qualified women.**

A total of **811 patients** from Clinica Monseñor Romero were referred for mammograms to providers.



# Grateful to the *Promotoras* of Clinica Mosenor Oscar Romero For their dedication, support and commitment to Reduce Cancer Disparities

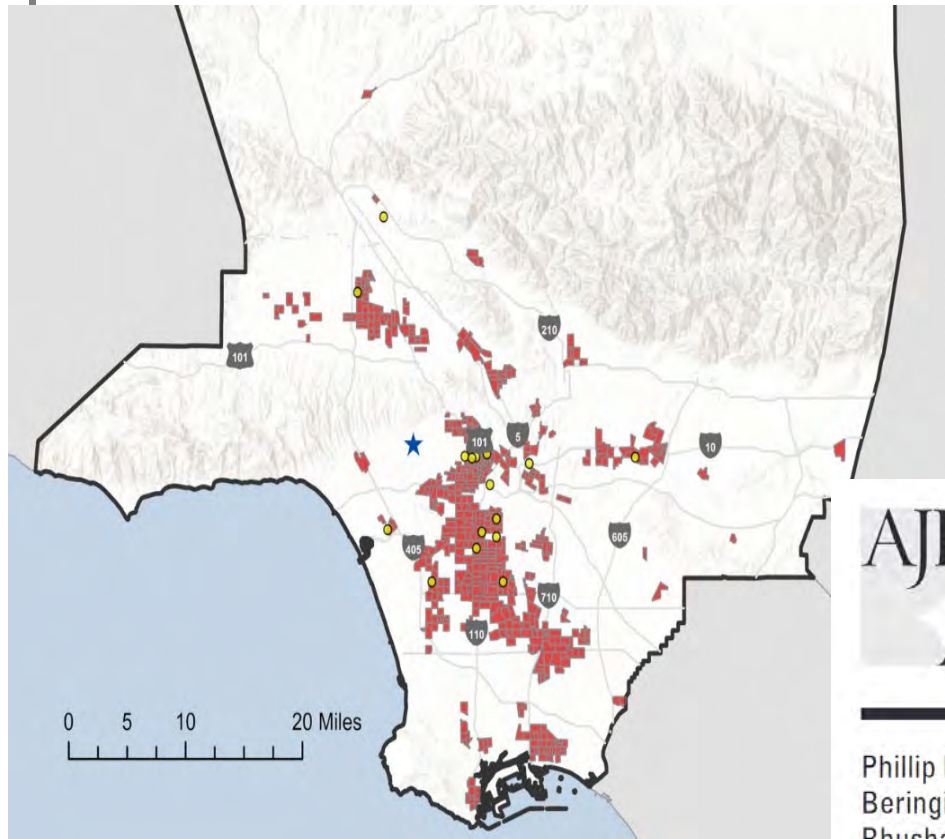


Special Thanks to Lourdes Barajas and Dong Hee Kim at Cedars-Sinai Cancer who trained and support Community Health Workers and Promotoras in their efforts.

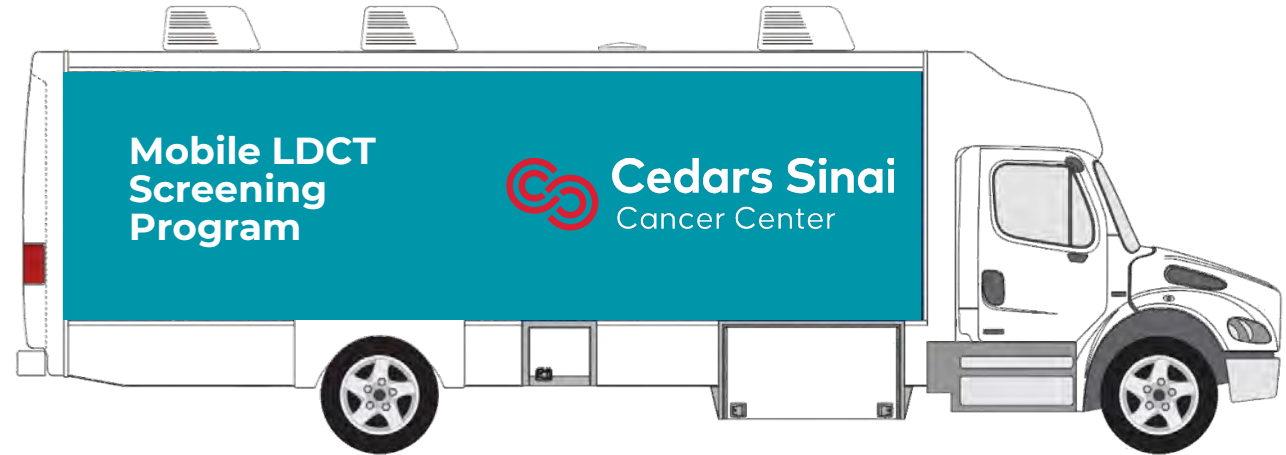
# Future Challenge: improving Lung Cancer Screening in LA

High lung cancer mortality in Black and Korean communities

■ High-risk Census Tracts



Lung Cancer Hotspots with High Smoking Prevalence



## Preliminary Results of Lung Cancer Screening in a Socioeconomically Disadvantaged Population

Phillip L. Guichet<sup>1</sup>  
Beringia Y. Liu<sup>1</sup>  
Bhushan Desai<sup>1</sup>  
Zul Surani<sup>2</sup>  
Steven Y. Cen<sup>1</sup>  
Christopher Lee<sup>1</sup>

**OBJECTIVE.** The objective of our study was to describe the preliminary results of our clinical low-dose CT (LDCT) lung cancer screening program targeting a minority, socioeconomically disadvantaged, high-risk population different from that studied in the National Lung Screening Trial (NLST).

**MATERIALS AND METHODS.** Community partner clinics in an underserved region of south Los Angeles County referred interested candidates to our program. All patients met National Comprehensive Cancer Network eligibility criteria for lung cancer screening.

Thank You

감사합니다

Gracias

तुजयचै (tujay-chay)

Salamat

நன்றி  
(Nandri)

Dhanyavaadaha (धन्यवादः)