

# **Effect of Advocacy, Gender, and Policy on Men's Health in California**

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**APHA 2007**

# Overview

- **Breast and Prostate Advocacy Movements**
- **California's Cancer Health Programs**
- **Moving toward Equity**

# Breast Cancer: An Advocacy Success Story

- Modeled after AIDS activism
- Effective because:
  - Organizational base
  - Ability to work with the government
  - Issue resonated with women
  - Reframed issue from victimization to gender equity
- Achieved
  - Research funding
  - New programs
  - Mammography quality standards
  - Involvement of consumers in policymaking

# Prostate Cancer: Paralleling the Breast Cancer Movement

- **Where the movement is today:**
  - Formation of local, state, and nationwide organizations
  - Need to define issue
  - Need to frame the issue
- **Achieved**
  - **California**
    - Saved IMPACT from closing
    - Made IMPACT permanent program
  - **Nationally**
    - Manton Bill
    - Implementing IMPACT in other states
    - Increased research funding from \$92 to \$500 million

# Breast, Cervical, and Prostate Cancer in California

	Breast	Cervical	Prostate
<b>New cases</b>	<b>2,750</b>	<b>170</b>	<b>3,010</b>
<b>Estimated deaths<sup>a</sup></b>	<b>1,460</b>	<b>NA</b>	<b>3,040</b>
<b>Incidence<sup>a</sup></b>	<b>129.8</b>	<b>NA</b>	<b>158.3</b>
<b>Death rate<sup>a</sup></b>	<b>24.6</b>	<b>NA</b>	<b>26.4</b>

<sup>a</sup>Refers to female breast cancer only

American Cancer Society, Facts & Figures, 2007

# Cancer Care in California

## Breast Cancer

- **Funding = combination of state and federal dollars**
- **Screening**
  - **Every Woman Counts**
- **Treatment**
  - **Breast and Cervical Cancer Treatment Program (BCCTP)**

## Prostate Cancer

- **Funding = state only**
- **Screening**
  - **No state or federal-funded program**
  - **Low cost or free screening**
- **Treatment**
  - **IMPACT Program**

# Enrollment Criteria

	<b>BCCTP</b>	<b>IMPACT</b>
<b>Gender</b>	<b>Female/Male</b>	<b>Male</b>
<b>Age</b>	<b>Any age</b>	<b>18 years or older</b>
<b>Residency</b>	<b>California resident or unsatisfactory immigration status</b>	<b>California resident</b>
<b>Income</b>	<b>200% FPL</b>	<b>200% FPL</b>
<b>Cancer diagnosis</b>	<b>For treatment</b>	<b>Yes</b>
<b>Length of enrollment</b>	<b>Federal: 12 months, renewable if in active treatment State: 18 months – breast; 24 months – cervical</b>	<b>12 months, annual renewal</b>
<b>Coverage</b>	<b>Uninsured or underinsured</b>	<b>Uninsured or underinsured</b>
<b>Services</b>	<b>Screening and treatment</b>	<b>Treatment only</b>

# Women's vs. Men's Cancer Health in California

## Women

- 1. Funding**
  - Steady and increasing
- 2. Education**
  - Screening and treatment
- 3. Full health care coverage**

## Men

- 1. Funding**
  - Program twice closed
  - Limited
- 2. Education**
  - Treatment only
- 3. Prostate cancer only**



# Funding Differences

## BCCTP

Fiscal Year	Total Funds <sup>a</sup>
2002-03	\$16,138,000
2003-04	\$27,154,000
2004-05	\$30,474,000
2005-06	\$32,201,300
2006-07	\$41,199,550

## IMPACT

Fiscal Year	Total Funds <sup>b</sup>
2002-03	\$9,614,753
2003-04	\$4,614,753
2004-05	\$5,829,954
2005-06	\$3,470,000
2006-07	\$3,470,000

<sup>a</sup>California Department of Finance

<sup>b</sup>IMPACT Program Office

# Moving toward Equity

- **Successful advocacy has created inequity in health care**
- **California should establish equitable breast and prostate cancer programs**
  - Screening
  - Treatment
- **California ensure that it's resources are equitable distributed based on need**

# Parting Thoughts

- Do we continue to fund disease-specific programs?

OR

- Should we create one cancer program for all?