



## Planning for Breast Cancer in Orange County

### Monograph IV



**Introduction:** This is a collaborative data analysis project conducted by researchers from the Department of Epidemiology, University of California, Irvine under the guidance of the Orange County Affiliate of Susan G. Komen for the Cure® and the project's community advisory group. We analyzed Department of Finance population projections and California Cancer Registry records for female residents of Orange County, who were diagnosed with breast cancer between January 1, 1991, and December 31, 2005.

**Project Implications:** As the 'baby boomers' enter retirement, the U.S. faces one of the largest demographic shifts in its history. The aging of the population will have implications on health care costs and capacities, public policy, social security, retirement, and economic productivity. The aim of the analyses was to predict the future financial burden of breast cancer in Orange County in order to help plan the provision of breast health and breast cancer treatment services.

### KEY FINDINGS

#### Local population is aging and becoming more diverse

The adult female population of Orange County is projected to rise 25% from 974,643 in 2005 to over 1.2 million in 2020. Increases will primarily occur among women aged 55-69 years (by 60%) and aged 70 years or older (by 47%); and among Asian Pacific Islander women (by 39%) and Hispanic women (by 76%).

#### Increased demands and costs

There will be a 30% increase in demand for breast cancer screening services by 2020, compared to 2005. More than 850,000 mammograms will be performed, costing \$213 million; more than double what was spent in 2005 due to inflation and the increased numbers of older women. By 2020, 611 *in situ* (91% increase) and 1,980 invasive (5% increase) breast cancers will be diagnosed; costing \$106 million in 2020, compared to \$64 million in 2005, for treatment. Breast cancer will cost Orange County \$109 million in lost productivity due to premature death, 5,500 years of lives lost and at least \$400,000 in financial support to survivors. The total cost of breast cancer is estimated to be \$424 million by 2020; a 69% increase compared to 2005.

#### Increased pressure on existing infrastructure and capacities

Projected demographic and societal changes may increase demands on public funding programs including Medicaid, Medicare, and Every Woman Counts; increase the number of uninsured patients; and cause a shortage of primary care physicians and other healthcare personnel, which may hinder the healthcare sector in meeting increased demands.

### CONCLUSIONS

We recommend increasing culturally-competent breast health and treatment services; screening, education, and treatment programs for low income/uninsured populations; training and education to create future health sector workforce; increasing health service provision in medically underserved areas, and increased funding of public programs including Medicaid, Medicare, and Every Woman Counts. Community-based organizations, healthcare providers, and local policy makers can use this information to plan future breast cancer screening, treatment and support services.

The findings presented are from one of four monographs that will be published during 2008. The entire monograph is available from [www.komenoc.org](http://www.komenoc.org) under 'Community Assessment'.