



Cancer Health Disparities— Why Should We Care?

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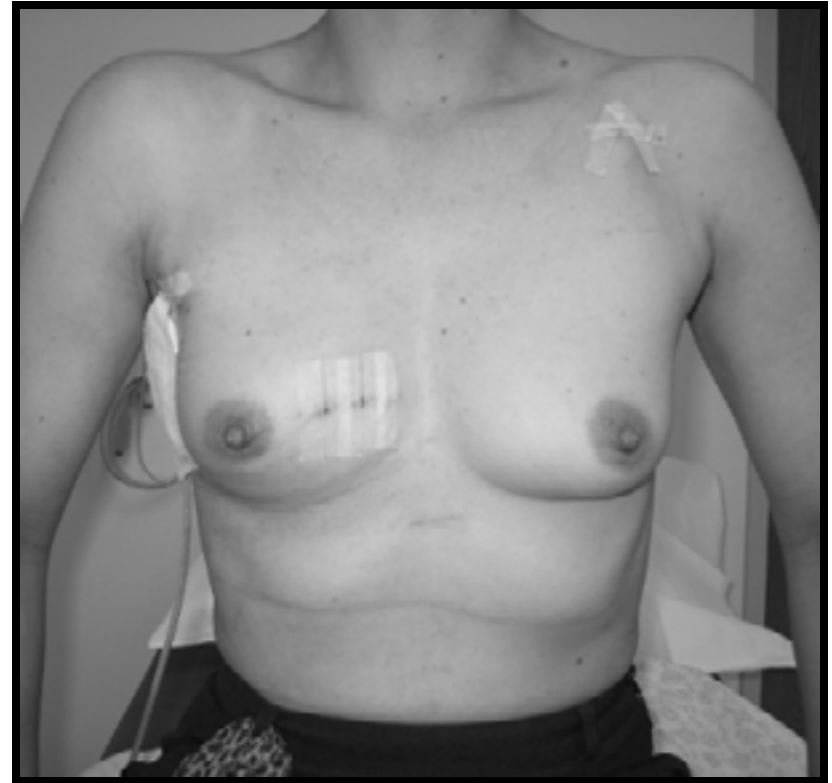
May 29, 2006



Outline

- **Definitions**
- **Background**
- **Why Should We Care?**
- **Reducing Cancer Disparities**
- **The Moffitt Experience**
- **Conclude**

How Far We've Come



Disease always occurs within a context of human circumstances including economic status, social position, culture, and environment (Freeman, Onc Issues, 2004)



Definitions

- **Disparities are determined and measured by three health statistics**
 - incidence (the number of new cancers)
 - mortality (the number of cancer deaths)
 - survival rates (length of survival following diagnosis of cancer)



Definitions

- **Health disparities occur when**
 - one group of people has a higher incidence or mortality rate than another
 - when survival rates are less for one group than another
 - when members of certain population groups do not enjoy the same health status as other groups



Definitions

- **Disparities are most often identified along racial and ethnic lines**
- **But can also involve biological, environmental, behavioral factors, income and education**



Background

- **In 2001, the President's Cancer Panel issued a report to President Bush**
- **Based on testimony of Americans who sought treatment for cancer**
- **Report indicated that barriers to obtaining cancer care exist for people at all socioeconomic levels**



Background

- **Panel reported**
 - that the Nation's "broken health care system is failing people with cancer"
 - a disconnect between cancer research and cancer care delivery in an equitable and timely manner to every patient in the country



Background

- **One of the panel's principle recommendations was that funding should be provided to help**
 - communities coordinate, promote and support community-based programs
 - people obtain cancer information, screening, treatment, and supportive services



Background

- **The report revealed 3 important conclusions**
 - No person with cancer should go untreated
 - No person with cancer should be bankrupted by a diagnosis of cancer
 - No person with cancer should be forced to spend more time fighting their way through the healthcare system than fighting their disease



Background

- **The Panel identified several categories of common barriers to care**
 - Systems
 - Financial
 - Physical
 - Information or education
 - Cultural differences and biases on cancer care



Why Should We Care?



Why Should We Care?



Why Should We Care?



Why Should We Care?



Why Should We Care?



Why Should We Care?

A look into the future...



Why Should We Care?

- **Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population**



Why Should We Care?

- **The minority population will account for nearly 90% of the total growth of the U.S. population from 1995-2050**



Why Should We Care?

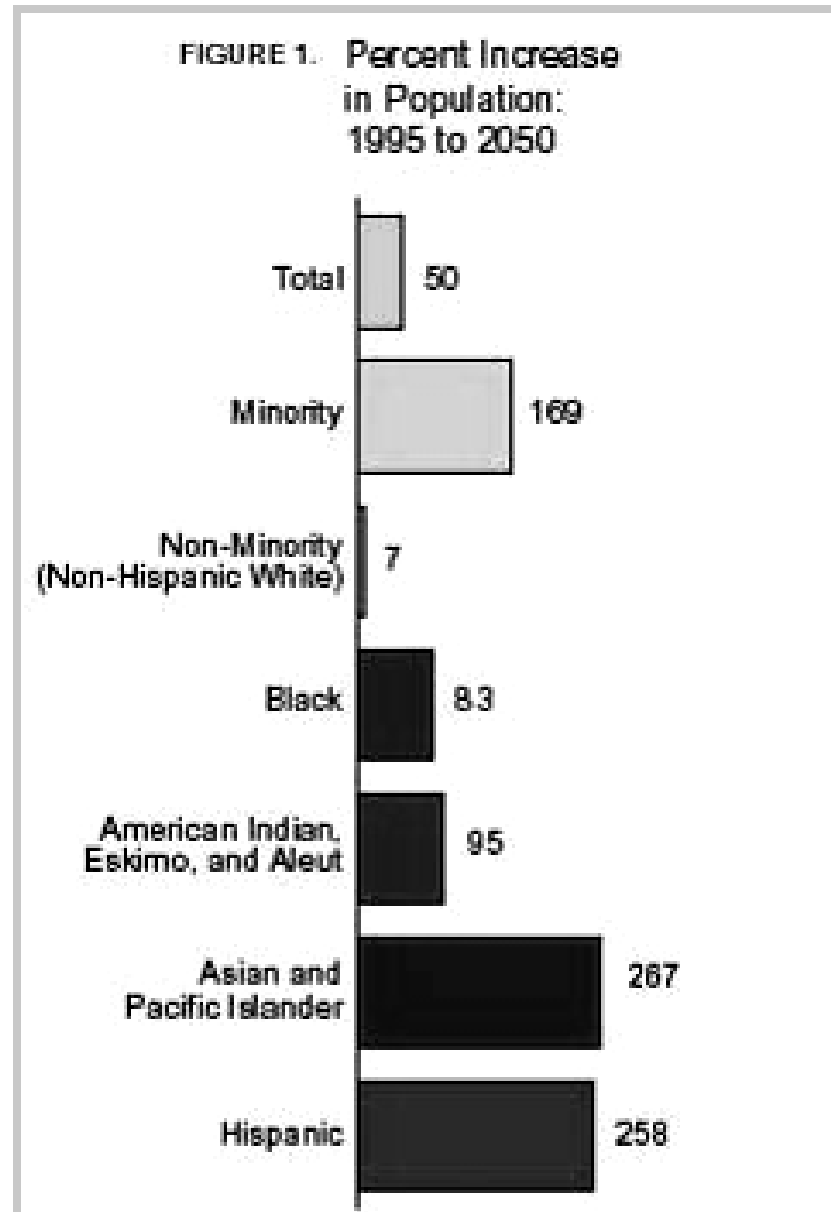
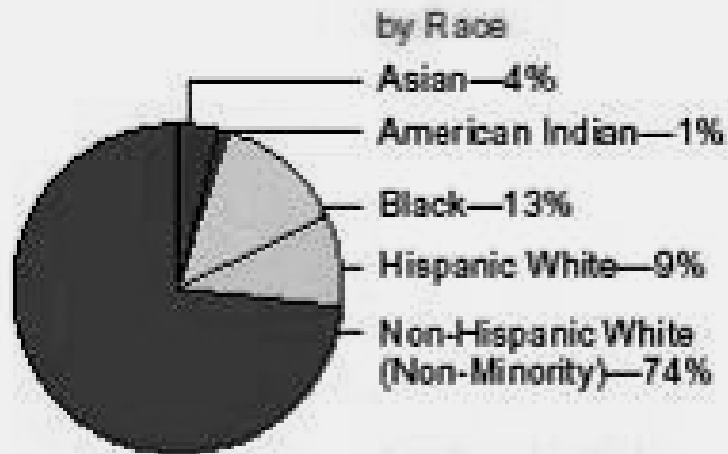


FIGURE 2. Percent Distribution of U.S. Population

1995

Total Population 262.8 million



Why Should We Care?

2050

Total Population 393.9 million

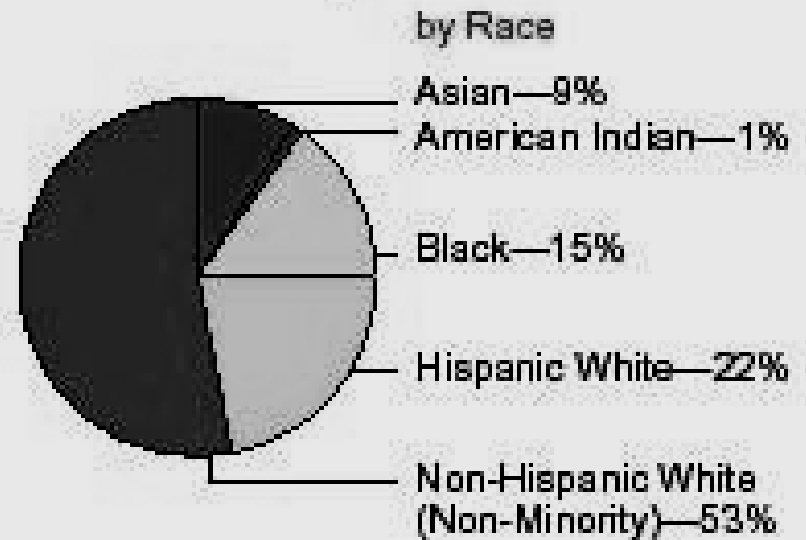
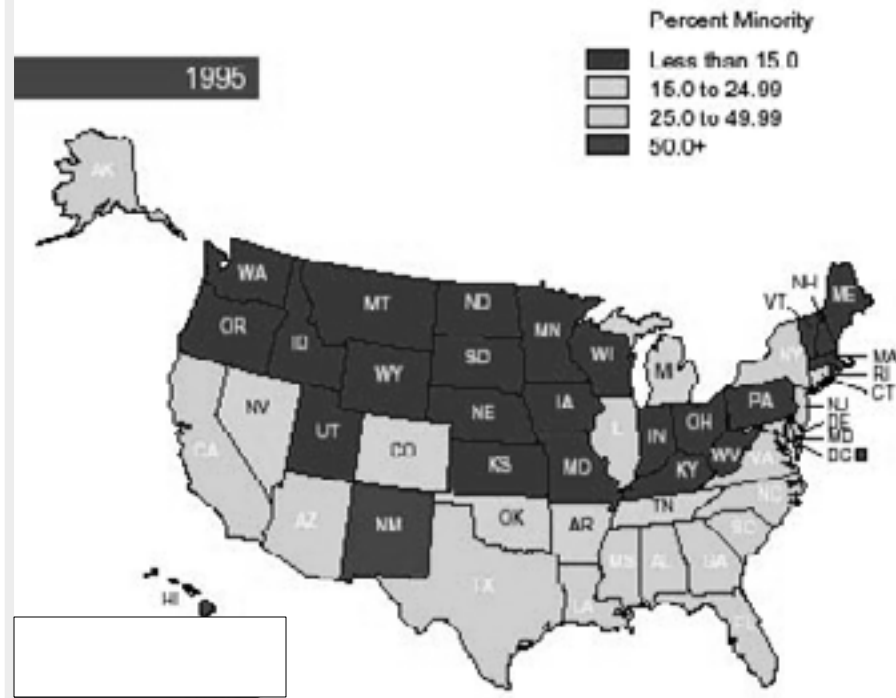
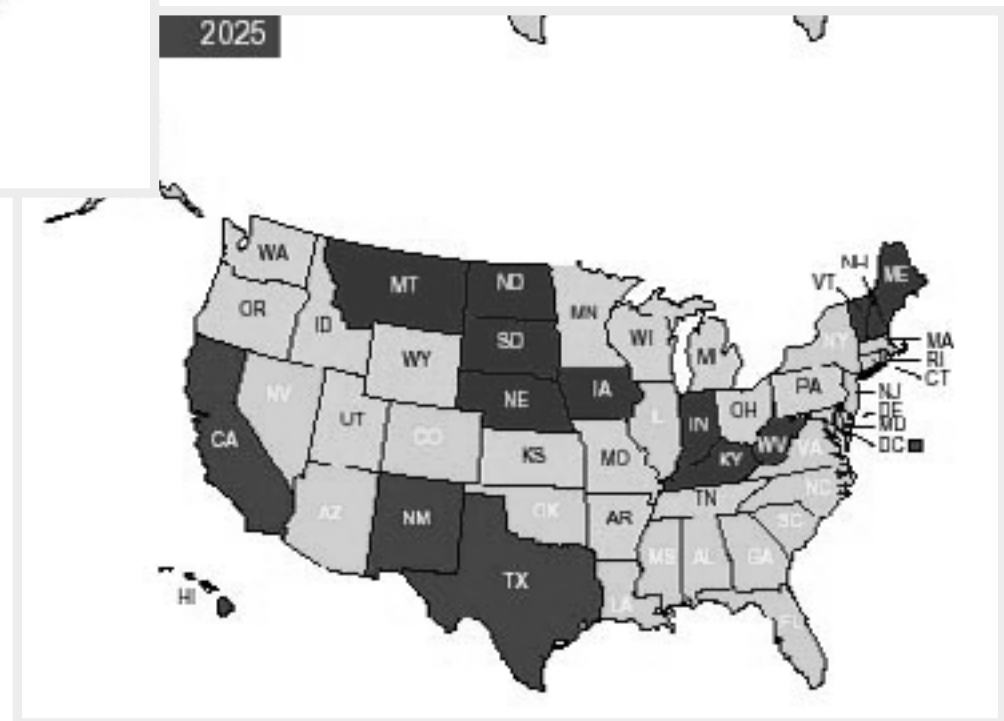


FIGURE 6. Percent Minority by State



Why Should We Care?



Why Should We Care?

- **The future health of America as a whole will be influenced substantially by our success in improving the health of minority groups**



Reducing Cancer Disparities

What can WE do?



Reducing Cancer Disparities

- **Fear of cancer, cost, and lack of physician referral are common barriers to cancer screening**
- **Health care providers**
 - Play a critical role in patient use of screening
 - Should address patients' fears by describing how screening saves lives
 - Recommend preventive services and communicate with patients about low-cost or free cancer screening services



Reducing Cancer Disparities

- **Modify lifestyle to reduce individual risk**
- **Improve early detection**
 - Routine screening mammography
- **Implement effective community interventions to increase screening and modify risk behaviors**



Reducing Cancer Disparities Programs

- **CDC National Breast and Cervical Cancer Early Detection Program**
 - Program is 15 years old
 - Goal is to raise awareness about the importance of early detection
 - Provides screening, diagnosis, and treatment to low income, medically underserved and uninsured women, emphasizing recruitment of minority women



Reducing Cancer Disparities Programs

- **CDC National Breast and Cervical Cancer Early Detection Program**
 - Program ensures access to treatment once diagnosed
 - Participants have access to treatment through Medicaid
 - All 50 states have adopted the The Breast and Cervical Cancer Prevention and Treatment Act (2000)



Reducing Cancer Disparities Programs

- **NCI Community Networks Program**
 - aims to reduce cancer health disparities through community-based participatory education, training, and research among racial/ethnic minorities and underserved populations



Reducing Cancer Disparities Programs

- **Tampa Bay Community Cancer Network**
 - Tri-county collaboration with local community-based
 - health centers
 - social service agencies
 - faith-based groups
 - grassroots organizations
 - adult education and literacy groups
 - local media
 - address medically underserved, low-literacy, and low-income populations
 - involve cancer awareness and education activities, use of community-based participatory research methods, and the creation of sustainable collaborations and partnerships



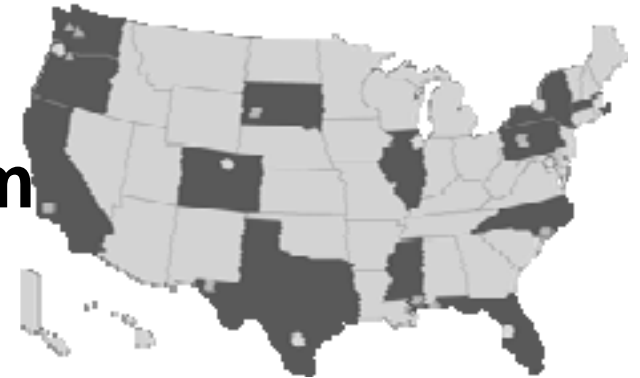
Reducing Cancer Disparities Programs

- **NCI Patient Navigator Program overall goals**
 - reduce cancer health disparities by facilitating timely, continuous access to quality, standard cancer care for all Americans
 - provide individualized assistance to patients, survivors, and families spanning the period from cancer-related abnormal findings through diagnostic tests to completion of cancer treatment



Reducing Cancer Disparities Programs

- **NCI Patient Navigator Program**
 - Patient Navigators
 - trained health care workers
 - culturally sensitive
 - help individuals address patient-access barriers to quality, standard cancer care
 - NCI providing 5-year funding to eight institutions
 - assess the efficacy, timeliness of care, and cost-effectiveness of navigator interventions in communities experiencing cancer health disparities



Reducing Cancer Disparities Programs

- **Witness project**
 - Komen grant
- **Breast Outreach for Haitian Community**
 - Avon grant





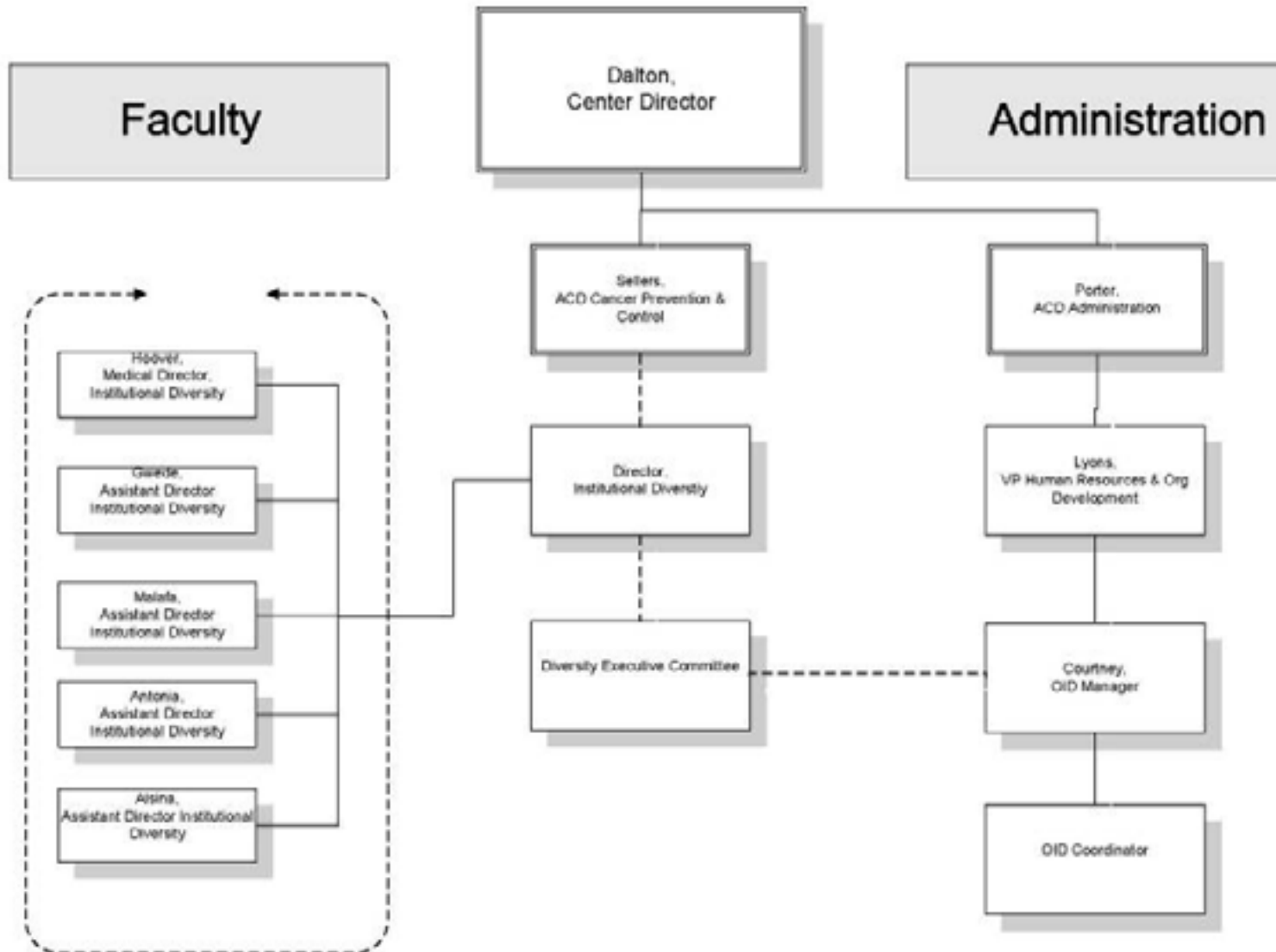


The Institution and Infrastructure

- **Acknowledgement that disparities exist and are a problem**
- **Support from the top down**
- **Infrastructure must be put in place**
- **Implementation of plans have chance at success**



H. Lee Moffitt Cancer Center & Research Institute Institutional Diversity Organizational Chart



The Institution and Infrastructure

- **Cultural competency**
 - Faculty/staff education
 - Cultural sensitivity training
 - Institutional sensitivity to culture/language
- **Policy evaluation**
 - Periodic revisiting of policy to ensure that the changing community's needs are meet
- **Exploring new managed-care contracts and participation in county health plans**



The Institution and Infrastructure

- **Moffitt STARS Corporate Volunteer Program**
 - 8 Hrs of PTO provided for employee community service, targeting underserved communities
- **Minority Internship Program**
 - Provide ethnically under-represented college students in health care mngt a full-time work experience at Moffitt



Conclusion

- **While many advancements have been made in cancer control, disparities among racial and ethnic minority and medically underserved populations still exist**



Conclusion

- **A comprehensive approach to cancer prevention and control using proven strategies at the national, institutional, and community level can substantially address and hopefully narrow the existing gaps**



