



WI CANCER COUNCIL
2018 WI Cancer Summit



EQUITY IN ACTION

DISMANTLING **CANCER HEALTH DISPARITIES** IN WISCONSIN

WI CANCER COUNCIL
2018 WI Cancer Summit



EQUITY IN ACTION

DISMANTLING **CANCER HEALTH DISPARITIES** IN WISCONSIN

Partners in Pursuit of the Promise - B'CAUSSSE:

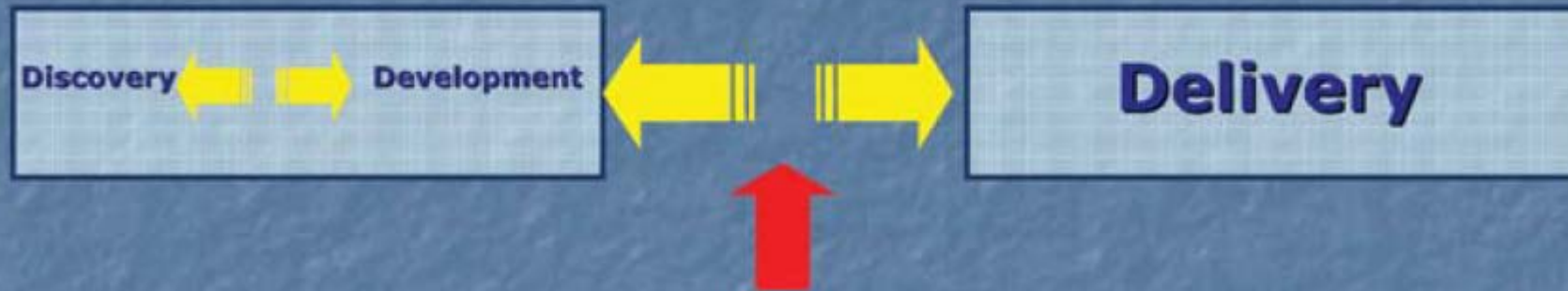
**Breast Cancer Awareness, Understanding, Screening,
Survivor Support and Empowerment**

EQUITY IN ACTION

DISMANTLING **CANCER HEALTH DISPARITIES** IN WISCONSIN

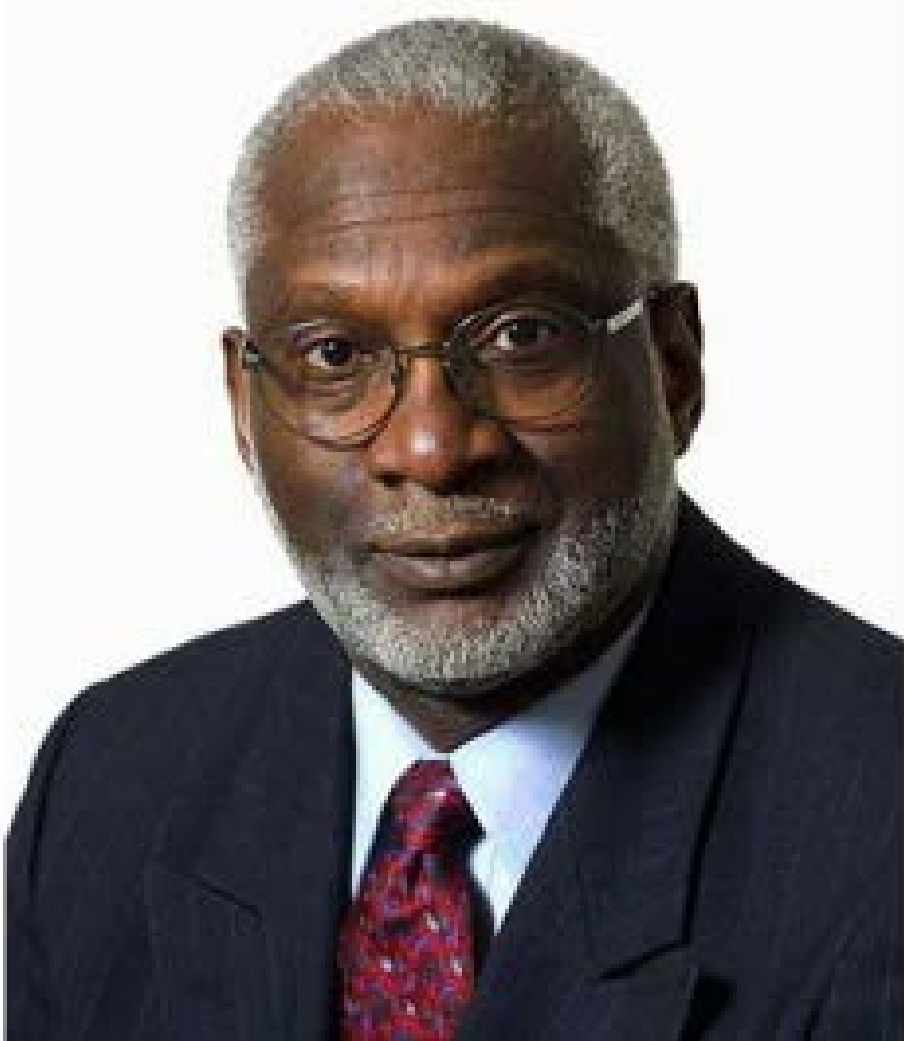
- Highlight disparities in breast cancer morbidity and mortality among population groups throughout Wisconsin that are distinguished by race and ethnicity, socioeconomic status and area of residence.
- Highlight an innovative evidence-based approach that is being used by clinicians, scientists, advocates and consumers to enhance breast awareness, knowledge/understanding; risk management; screening compliance ; diagnosis/follow-up among at-risk populations in Wisconsin

The Discovery-Delivery Disconnect



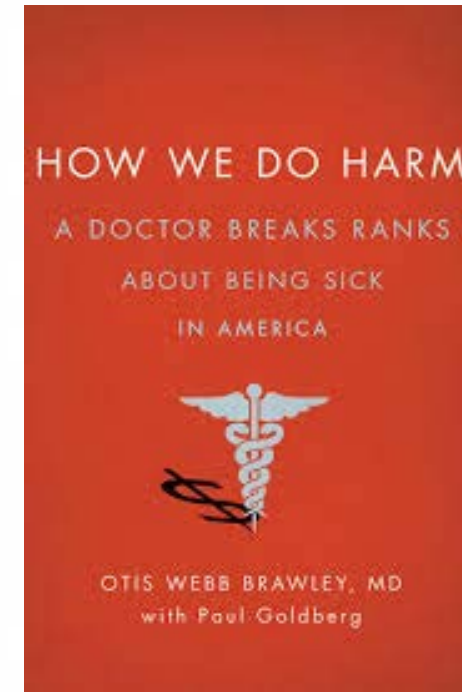
Critical Disconnect

This *discovery to delivery* “disconnect” is a key determinant of the unequal burden of cancer.



David Satcher, M.D., Ph.D. FAAFP, FACPM, FACP
16th Surgeon General of the United States

- **At-risk populations**
- **Vulnerable populations**
- **Un-populations**
 - **Un- educated**
 - **Un-insured**
 - **Un-engaged**
 - **Un-concerned**
 - **Un-inspired**
 - **Un-served**
- **Hardly reached populations**



"It's not truly a war if we have 200,000 **avoidable casualties in one year** and everybody yawns “

Otis W. Brawley, M.D., F.A.C.P.
Chief Medical Officer for the American Cancer Society

WI Comprehensive Cancer Control Plan 2015-2020 Framework

VISION: A healthier Wisconsin by reducing the impact of cancer.


MISSION: To engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

GOALS: The WI CCC Plan 2015-2020 is working to achieve these five overarching goals.

- 1 Reduce the risk of developing cancer.
- 2 Increase early detection through appropriate screening for cancer.
- 3 Reduce death and suffering from cancer.
- 4 Improve the quality of life for cancer survivors.
- 5 Improve the quality and use of cancer-related data.

WI Comprehensive Cancer Control Plan

CROSS CUTTING ISSUES: The WI CCC 2015-2020 Plan also has cross cutting issues that encompass the continuum of cancer care. These cross cutting issues do not have a separate goal but instead are threaded throughout each priority to ensure that strategies and action steps developed in this Plan include:

- 
- **Health Disparities:** Differences in the incidence, prevalence, mortality, survivorship and burden of cancer or related health conditions that exist among specific population groups in Wisconsin.
 - **Access to Health Care:** Equal access to services throughout the continuum of cancer for all Wisconsin residents.
 - **Policy, Systems and Environmental Change:** Population-based and system changes made to the economic, social or physical environment.
 - **Workforce Development:** Address labor needs to better serve Wisconsin residents across the continuum of cancer.

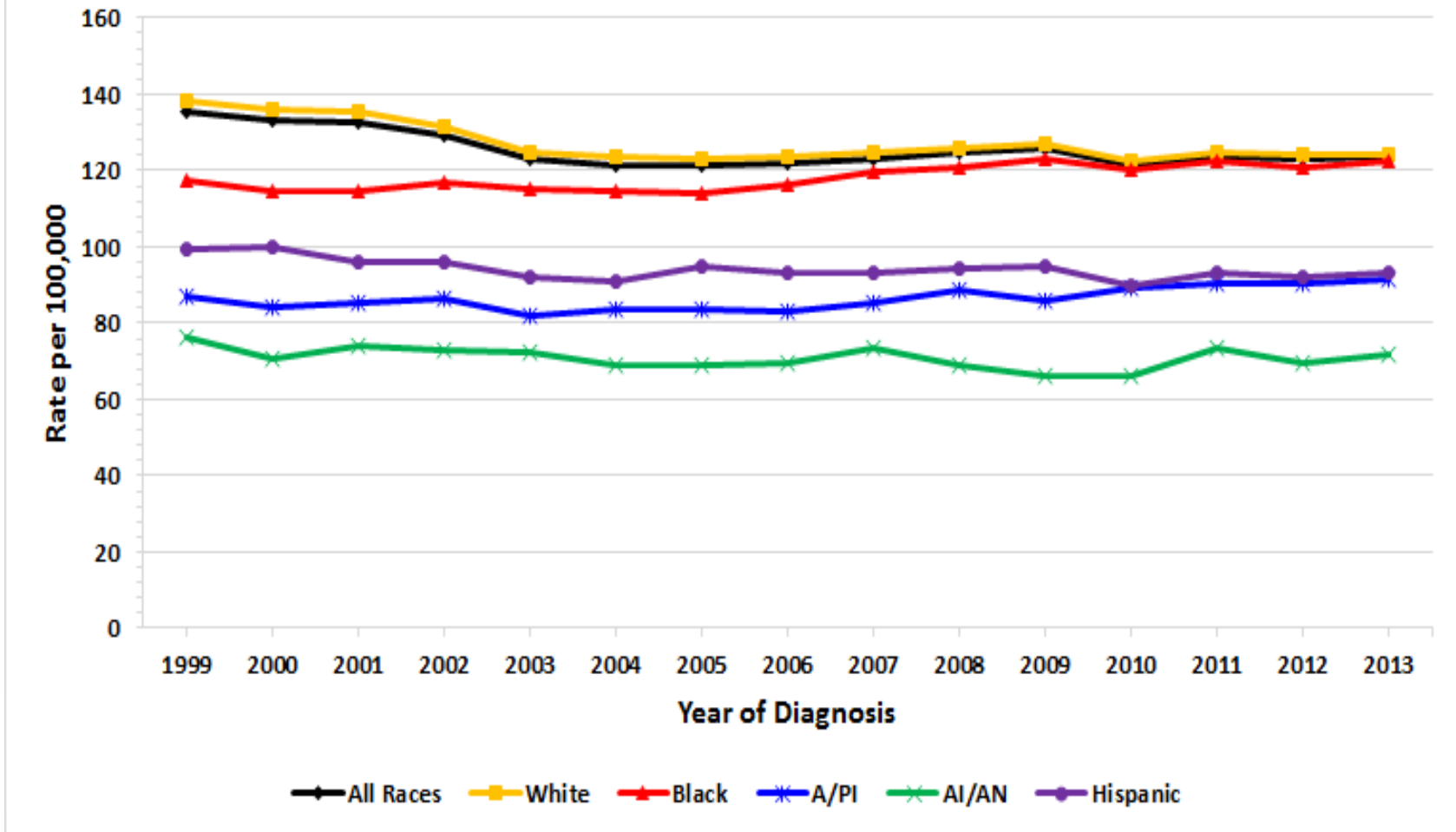
Breast cancer

Breast cancer

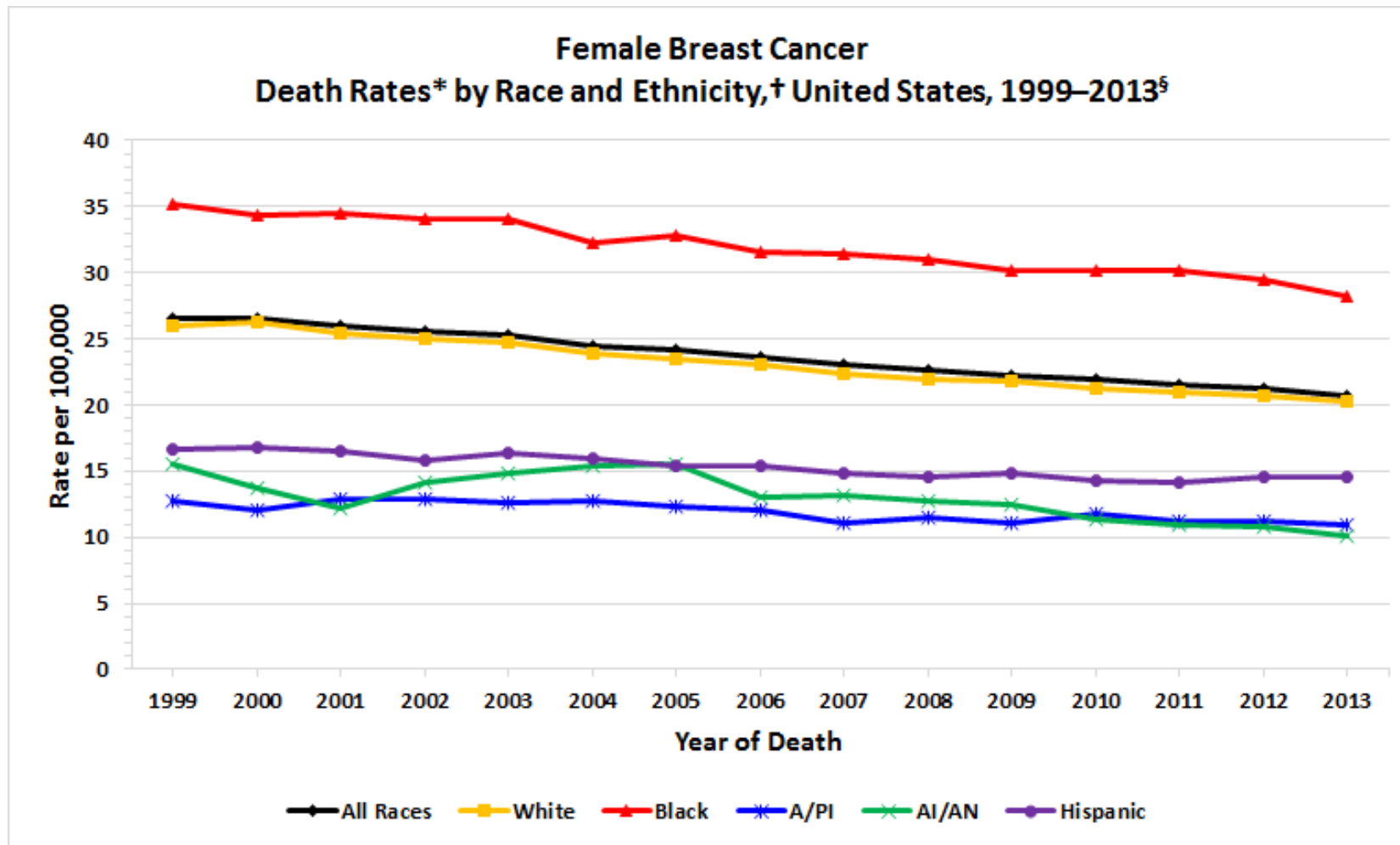
of malignant cells in the
Every woman is at risk for
early detection and medical
screening mammogram.



Female Breast Cancer Incidence Rates* by Race and Ethnicity,† United States, 1999–2013¶§

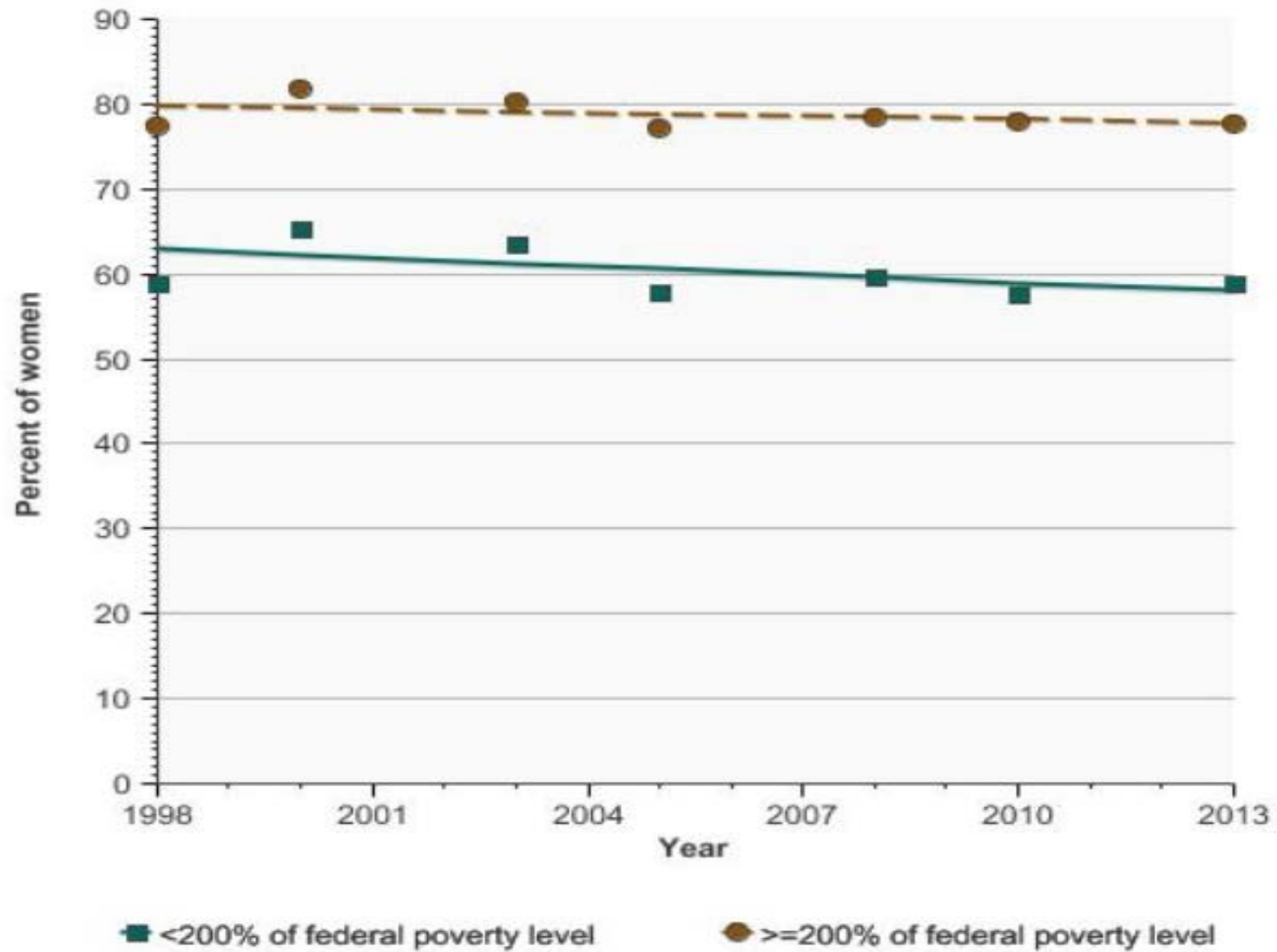


In 2013, white women had the highest rate of breast cancer, followed by black, Hispanic, Asian/Pacific Islander (A/PI), and American Indian/Alaska Native (AI/AN) women.

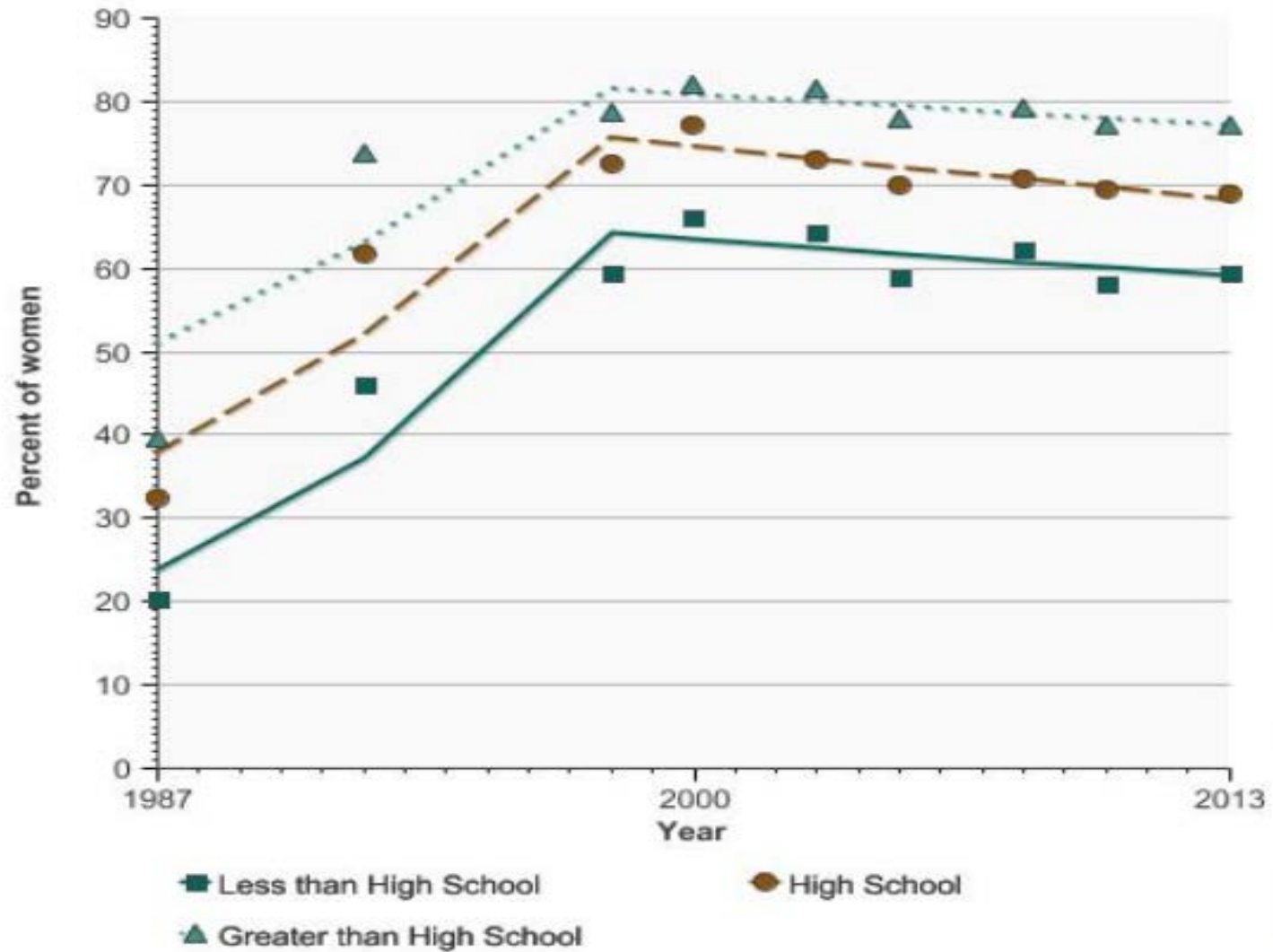


In 2013, black women were more likely to die of breast cancer than any other group, followed by white, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women.

Percent of women 50-74 years of age who had mammography within the past 2 years by poverty income level, 1998-2013



Percent of women 50-74 years of age who had mammography within the past 2 years by highest level of education obtained, 1987-2013



Most populous U.S. cities with growing breast cancer disparities

Breast cancer and race

Among the 50 most populous U.S. cities surveyed between 1990 and 2009, disparity in breast cancer deaths between white and black women grew in 35 of the cities.

LEGEND

- Increase in disparity
- One of 10 cities with largest disparity



Source: Avon Foundation

Breast and Colorectal Cancer Survival Disparities in Southeastern Wisconsin

Kirsten M. M. Beyer, MPH, PhD; Yuhong Zhou, MS, ME; Kevin Matthews, MS; Kelly Hoormann, BA; Amin Bemanian, BS; Purushottam W. Laud, PhD; Ann B. Nattinger, MD, MPH



ABSTRACT

Background: Cancer health disparities by race, ethnicity, socioeconomic status, and geography are a top public health priority. Breast and colorectal cancer, in particular, have been shown to exhibit significant disparities and contribute a large proportion of morbidity and mortality from cancer. In addition, breast and colorectal cancer offer targets for prevention and control, including nutrition, physical activity, screening, and effective treatments to prolong and enhance the quality of survival. However, despite the investment of significant time and resources over many years, breast and colorectal cancer disparities persist, and in some cases, may be growing.

Methods: This paper examines breast and colorectal cancer survival disparities in an 8-county region in southeastern Wisconsin, including the City of Milwaukee. Cox proportional hazards models were used to examine survival trends, and a new adaptation of adaptive spatial filtering—a disease mapping method—was used to examine spatial patterns of survival.

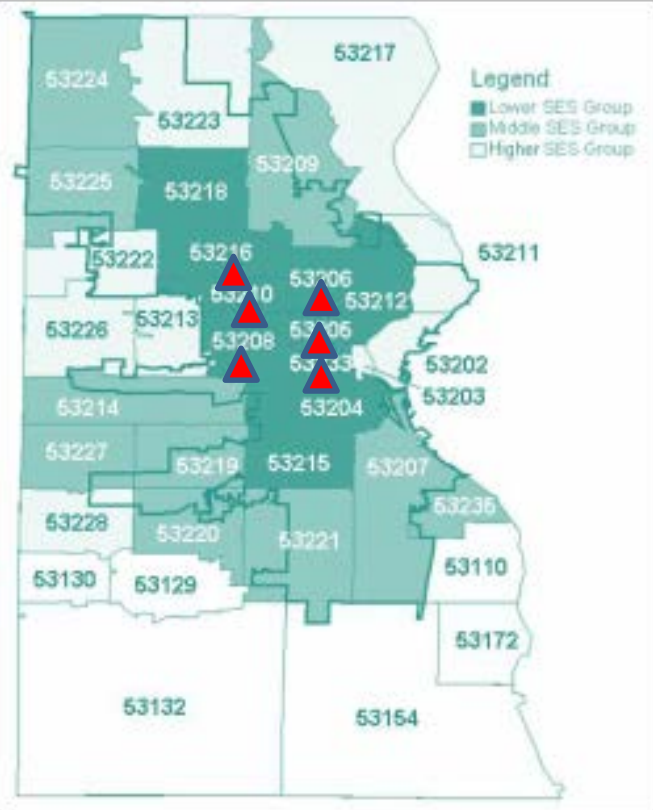
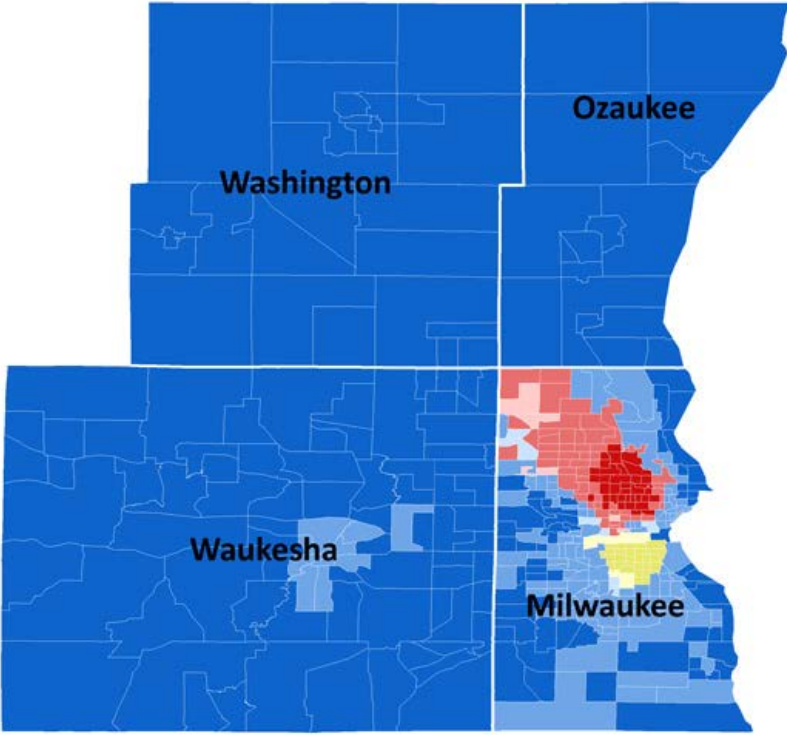
Results: Disparities by race and ethnicity are revealed, and spatial analyses identify specific areas within the study region that have lower than expected survival rates.

Conclusions: Cancer control efforts in southeastern Wisconsin should focus on black/African American and Hispanic/Latina women to reduce breast cancer survival disparities, and black/African American populations to reduce colorectal cancer disparities. Evidence indicates that targeted interventions may be needed to serve populations in the Milwaukee and Kenosha metropolitan areas, as well as areas of Walworth, Ozaukee, and Waukesha counties.

health disparities by race, ethnicity, socioeconomic status, and geography are a top public health priority. Breast and colorectal cancer, in particular, have been shown to exhibit significant racial and ethnic disparities, contribute a large proportion of morbidity and mortality from cancer, and offer targets for prevention and control, including nutrition, physical activity, screening, and effective treatments to prolong and enhance the quality of survival. However, despite the investment of significant time and resources over many years, breast and colorectal cancer disparities persist and in some cases may be growing.

African Americans in Wisconsin have higher age-adjusted incidence and mortality rates per 100,000 from colorectal cancer,¹ and although African American women are less likely to be diagnosed

Targets population and target communities at increased risk, less likely to be served and in need



American Indian	Asian	Black	Hispanic	White
50.0% or less	50.0% or less	50.0% or less	50.0% or less	50.0% or less
50.1 to 85.0%	50.1 to 85.0%	50.1 to 85.0%	50.1 to 85.0%	50.1 to 85.0%
85.1% or more	85.1% or more	85.1% or more	85.1% or more	85.1% or more

Challenge before us ...

- A substantive body of research shows that the breast cancer disparities **are real and they are expanding**.
- We know **many of the factors** that negatively impact breast cancer risk, screening, early detection and treatment.
 - Patient related factors
 - Provider related
 - Health-care system related
 - Geography related factors

Challenge before us ...

- **Later stage at diagnosis**
 - Lower frequency of mammograms
 - Greater interval between mammograms
 - Less consistent follow-up of suspicious results
- **Increased mortality**
 - More aggressive tumor characteristics
 - More advanced disease at the time of diagnosis
- **Poorer survival**
 - Longer delay from diagnosis to treatment
 - Disparate access to high-quality treatment
 - Less likely to complete treatment appropriate for tumor characteristics
 - More likely to refuse treatment



How Race/Ethnicity Impact Breast Cancer Outcomes

- **Socioeconomics.** Include income level, lack of transportation and lack of access to health insurance or health care facilities, including screening programs
- **Language and communication barriers.** These barriers can interfere with a person's ability to discuss health concerns and develop trust in a primary care physician and/or practitioner
- **Education or understanding about risks and symptoms.** Women who are not aware of disease risks and symptoms are more likely to wait to seek treatment until they are in pain or their symptoms interfere with daily tasks.
- **Cultural practices and expectations.** Women of some cultures may turn to traditional or 'folk' remedies before seeking treatment from a physician.
- **Cultural and/or religious beliefs.** Strong beliefs in healing and miracles, as well as distrust of the health care system may keep some people participating in routine preventive care.

Factors that impede access and quality

Patient

- Fear and mistrust of medical institutions
- Stigma surrounding breast cancer
- Myths and misperceptions about breast cancer, screening and treatment

- Confusion and frustrations about screening recommendations
- Lack of awareness and understanding

- No usual source of medical care
- Lack of health insurance, transportation, childcare support
- Demands of work, family and life
- Patient choice

Provider

- Mammography recommendation
- Clinical examination - time
- Family health history and risk assessment - time
- Genetic testing

- Inadequate follow-up
- Inadequate treatment

- Implicit bias
- Explicit bias

Health Care System

- Access to quality care
- Out of pocket costs
- Lack of a medical home
- Scheduling
- Hospital size and type
- Health insurance

Geography

- Inner city
- Rural communities
- Densely populated
- Economically challenged communities
- Socially constrained communities
- Medically underserved areas

Collaboration with nurse scientists, clinicians, educators, advocates and community health workers

Address
breast
cancer risks

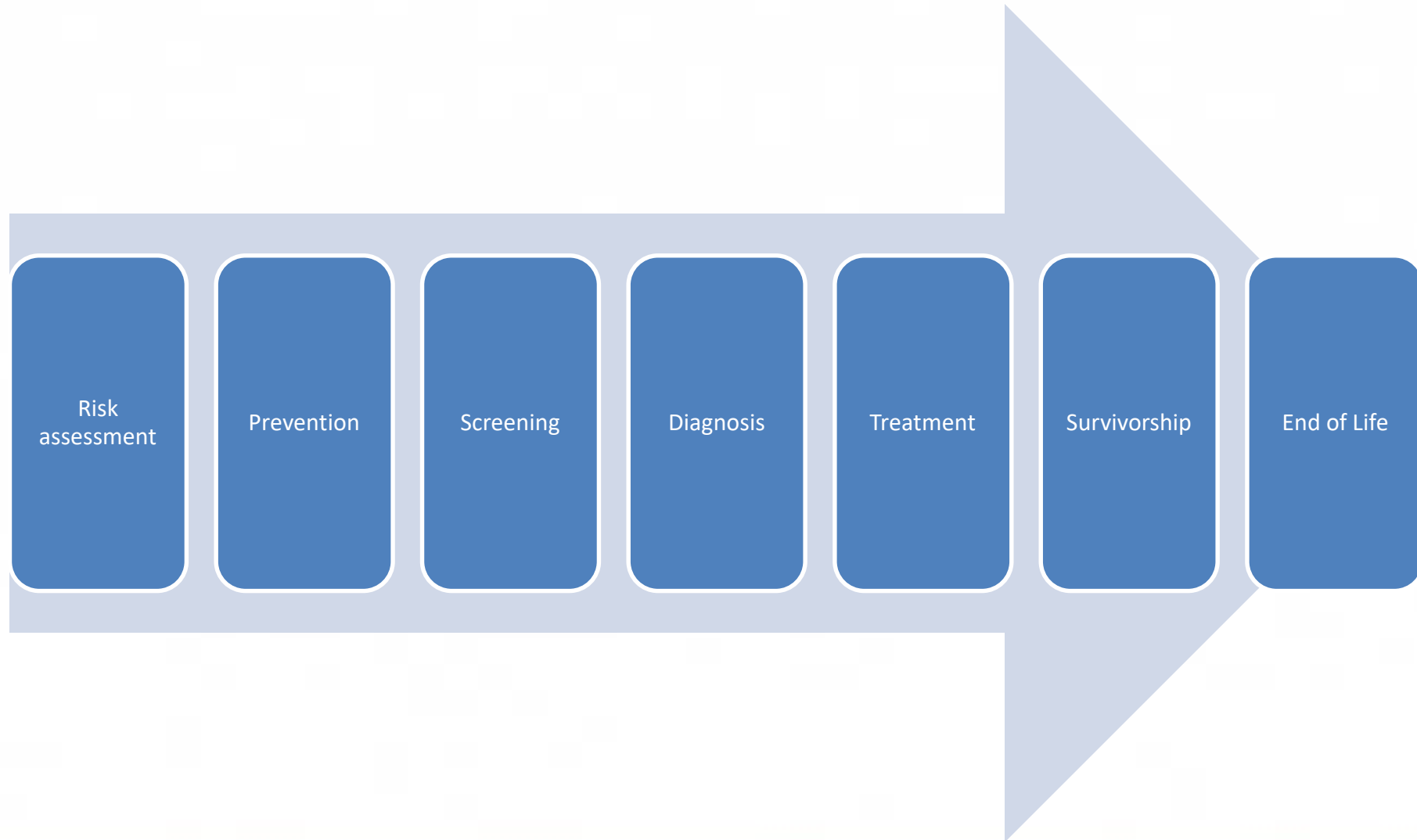
Increase
breast
cancer
screening

Remove
structural
barriers to
breast
cancer
screening,
follow-up
and
treatment

Facilitate
access to
quality care

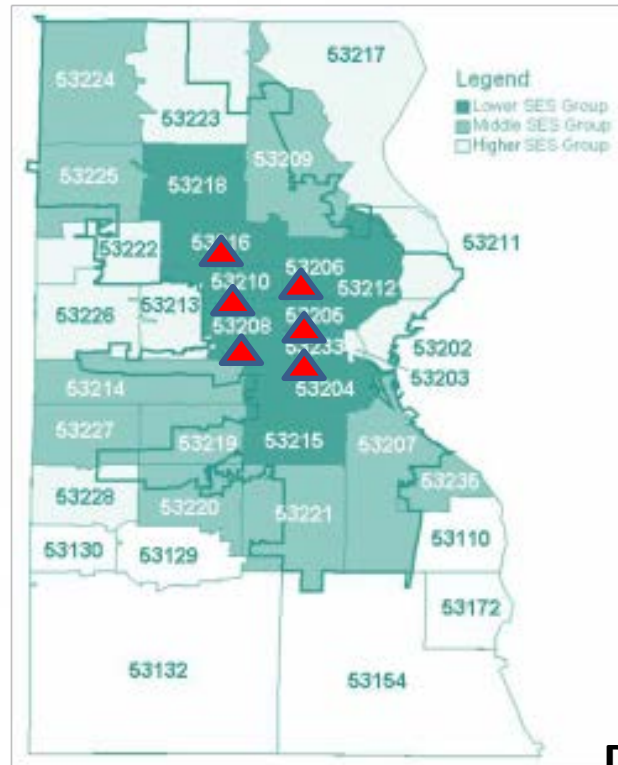
Improve
awareness
and
engagement
in clinical
trials

Program designed to affect change in
breast cancer morbidity and mortality across the continuum of care



Nurses Affecting Change Partner in Pursuit of the Promise **B'CAUSSSE***

*Breast cancer awareness, understanding, screening, survivor support and empowerment



Disseminate research findings into the daily lives of individuals and families.



**Pink isn't the only color
associated with breast cancer.**



Collaborative effort among partners in the academic, clinical, public and private sector



Wisconsin Department of Health

Susan G. Komen Foundation

American Cancer Society

After Breast Cancer Diagnosis

Milwaukee Health Department

University of Wisconsin Milwaukee

EBP to promote awareness and screening

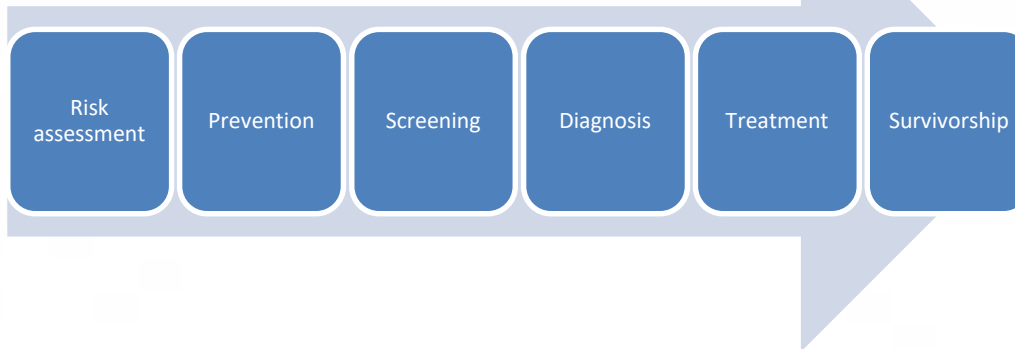
Small group education

One-on-one education

Reducing structural barriers

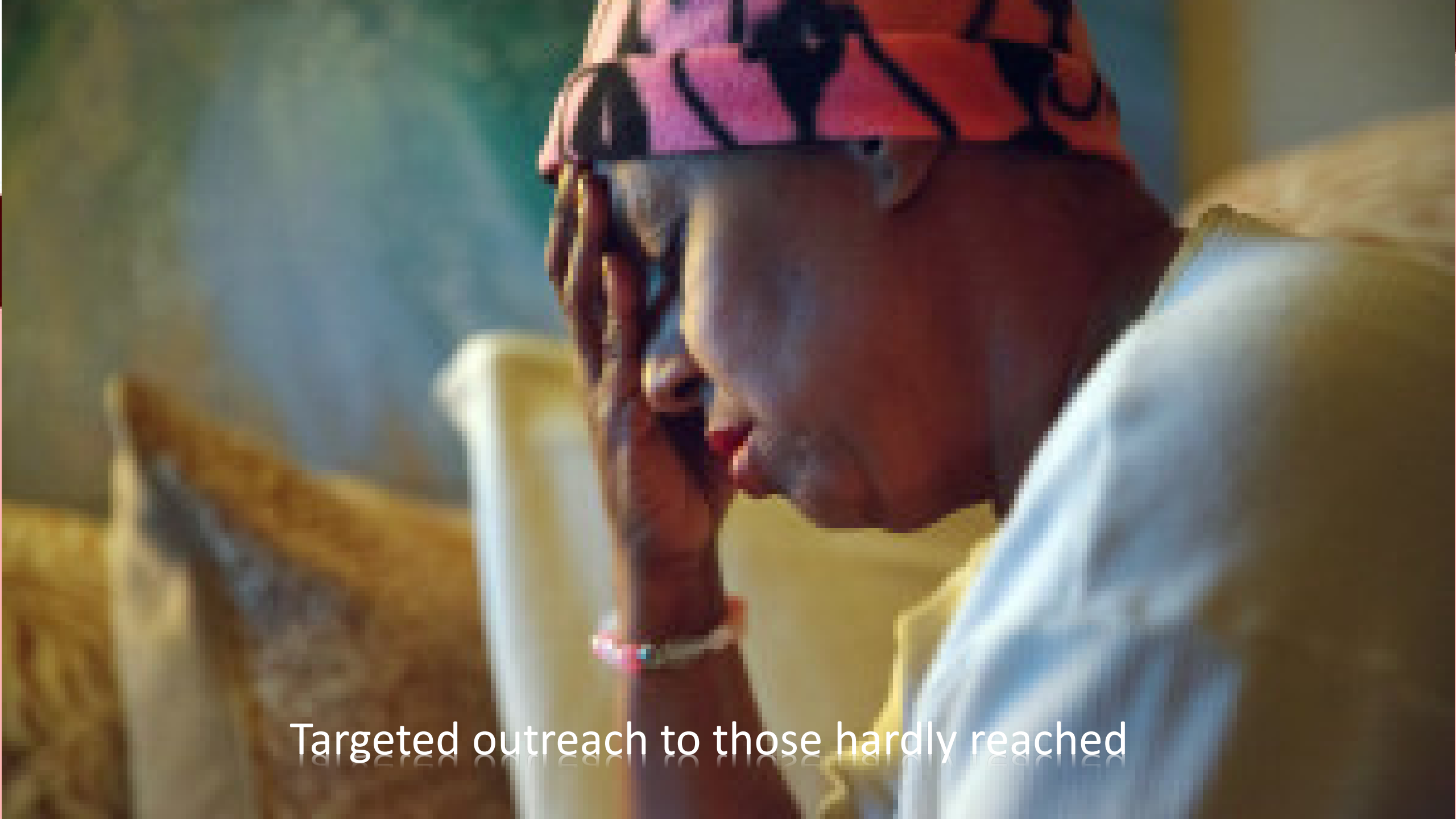
Reducing out-of-pocket costs

Client reminders





Training and certification



Targeted outreach to those hardly reached

Increase awareness and understanding of risks and screening recommendation

- Take advantage of opportunities **to educate**
 - In-reach
 - Outreach
- **Target** residential, transitional, low-income, senior and subsidized housing; work-sites; community centers; social service centers, and ethnic markets.

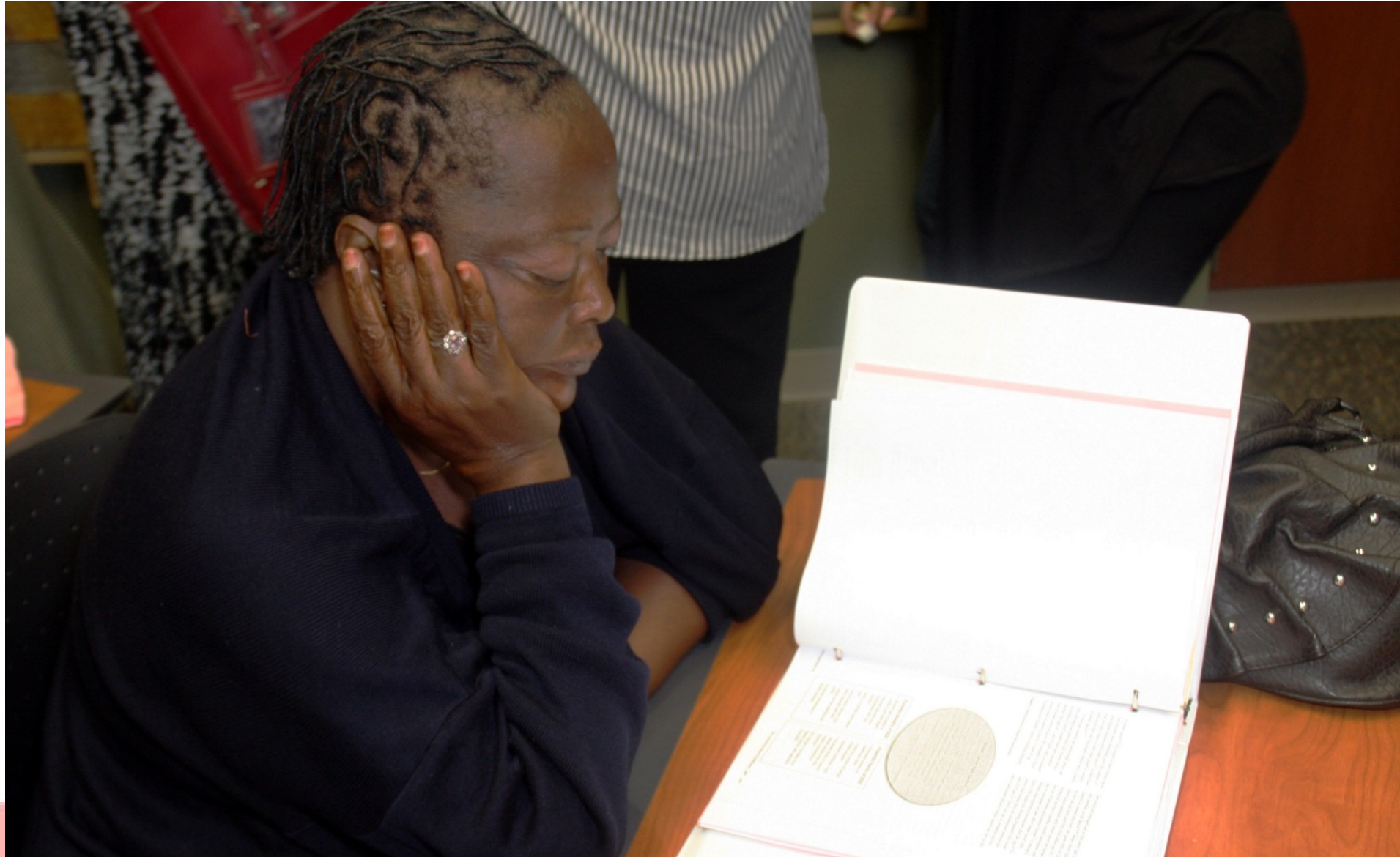
Help women be mindful of (and reduce) their breast cancer risks



Help women become aware of their normal



Help women to address their fears and concerns



... and gain access to care



Facilitate access to quality care

- Referral as indicated to resources for free mammography screening (and treatment as needed)
 - CDC Breast and Cervical Cancer Screening Program
 - Area breast cancer centers
 - Academic medical centers
- Patient navigation and follow-up
- Survivor support





What is Wisconsin Doing to Address Disparities in Breast Cancer

- **Wisconsin Cancer Council** – Cancer Control Plan
- **Wisconsin Well Woman Program** – CDC Breast and Cervical Cancer Screening Program
- **WISE Woman Program** - (**W**ell-**I**ntegrated **S**creening and **E**valuation for **W**OMen **A**cross the **N**ation) is help women reduce their risk for heart disease and improve their overall health.
- **Inside Knowledge Campaign** - raises awareness of gynecological cancer.
- Breast Cancer Task Force
- American Cancer Society – Breast cancer awareness program
- Susan G. Komen Foundation – Breast cancer awareness program
- Su Salud/Your Health
- Kohls's Cares – Conversations for a Cure Breast Cancer Awareness
- **Wisconsin Women's Health Foundation** - Wisconsin Breast Cancer Assistance Fund
- ABCD After Breast Cancer Diagnosis – Mentor matches and targeted initiatives
- Pink Shawl – Breast cancer awareness program
- Sista Strut
- Sister Pact





Nuestra Conexión Outreach

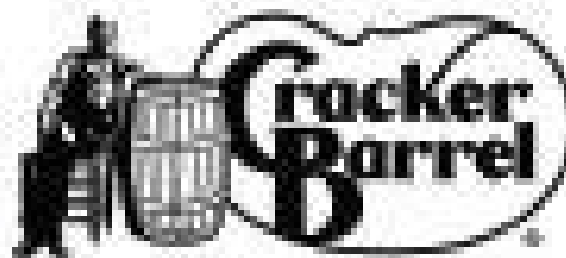
Pink Shawl - Milwaukee







V100.7
JAMS



OLD COUNTRY STORE

SISTA

STRUT



WHY
The Power of
One-to-One
MATTERS

Hardly reached, previously unengaged and underserved ...



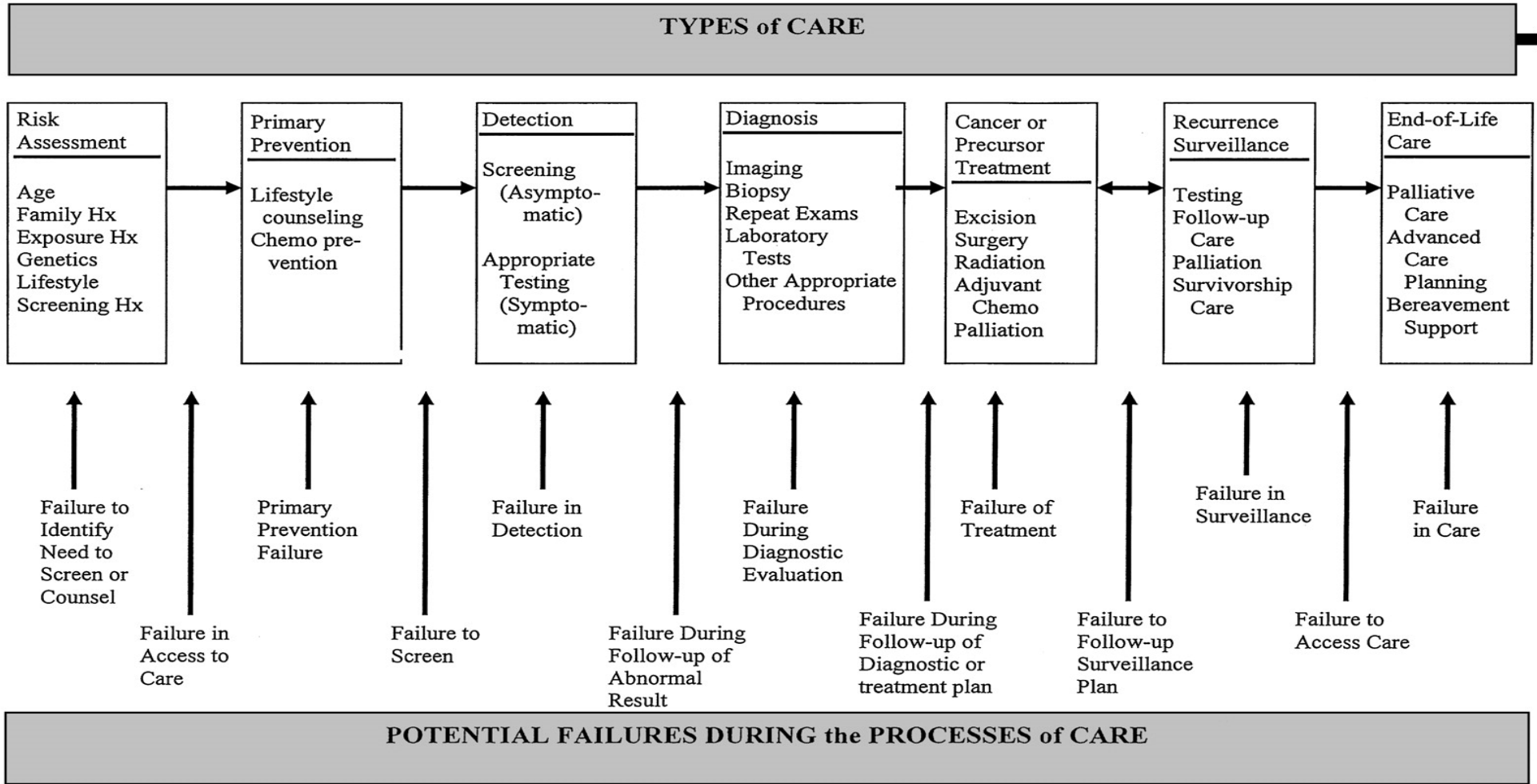
Vision and plan for additional outreach and programming

- Worksite initiatives
 - Focus on shift work
 - Focus on service workers
- Residential communities
 - How income and high risk neighborhoods
 - Low income and subsidized housing complexes
 - Housing units for senior and the physically challenged
- Community centers
- Faith-based centers



Drunk with the wine of the world have we forgotten?

Drunk with the wine of the world have we forgotten?



Jane G. Zapka,² Stephen H. Taplin, Leif I. Solberg, and M. Michele Manos, 2003

Challenge before us ...

- **Later stage at diagnosis**
 - Lower frequency of mammograms
 - Greater interval between mammograms
 - Less consistent follow-up of suspicious results
- **Increased mortality**
 - More aggressive tumor characteristics
 - More advanced disease at the time of diagnosis
- **Poorer survival**
 - Longer delay from diagnosis to treatment
 - Disparate access to high-quality treatment
 - Less likely to complete treatment appropriate for tumor characteristics
 - More likely to refuse treatment



Dream- Builder's Affirmation

Mychal Wynn



I will look beyond the problems
 To the solutions
I will look beyond the obstacles
 To the opportunities
I will look beyond the impossible
 To the possibilities
I will look beyond the darkness
 To the light
 When others doubt
I will provide courage and inspiration
 When others quit
I will demonstrate strength and determination
 I cannot do everything
 But I can do something
 What I can do
 What I must do
 I will



Grant me the serenity to prioritize the things I
cannot delegate,

The courage to say 'no' when I need to,

And, the wisdom to know when to go home!



Ensuring the Health of All Americans

EQUITY IN ACTION

DISMANTLING **CANCER HEALTH DISPARITIES** IN WISCONSIN