National Cancer Forum
Roundtable on Health Literacy

Health Literacy and Communication Strategies in Oncology

Two Sides of a Coin: Cancer Prevention at a Urban Hospital in Washington, DC

Washington, DC
July 15, 2019

Elmer E. Huerta, MD, MPH

Knowledge and Compassion **Focused on You**

MedStar Washington Hospital Center

THE REALITY

People waiting for symptoms to appear

Extremely busy, illness-loaded, primary care system

They often use the emergency room...

3.1%

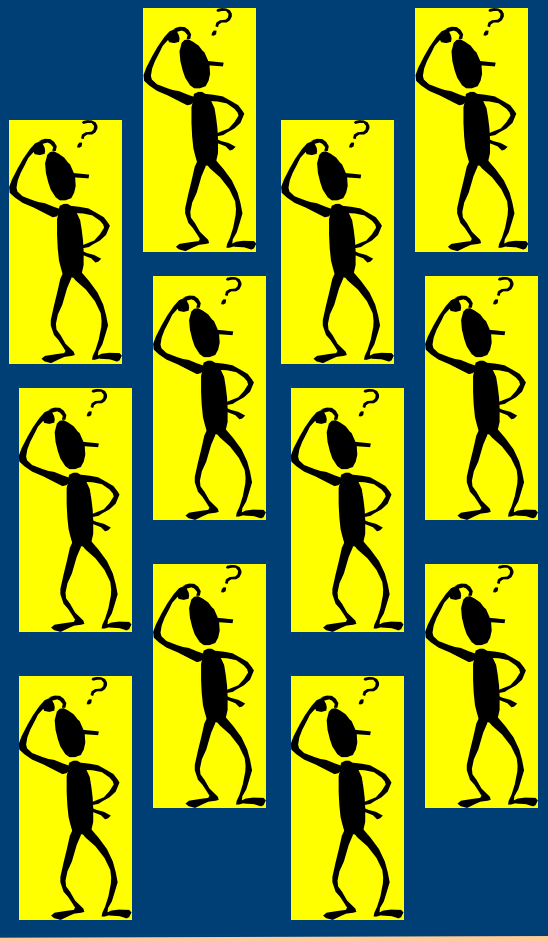
96.9%

In 2009, according to NHEA*, 3.1 percent of the nation's nearly $2.5 trillion spent on health, or $77.2 billion, was spent on government public health activities

*Office of the Actuary National Health Expenditure Accounts

Committee on Public Health Strategies to Improve Health; Institute of Medicine. Washington (DC): National Academies Press (US); 2012 Apr 10. https://www.ncbi.nlm.nih.gov/books/NBK201025/

Changing the Paradigm

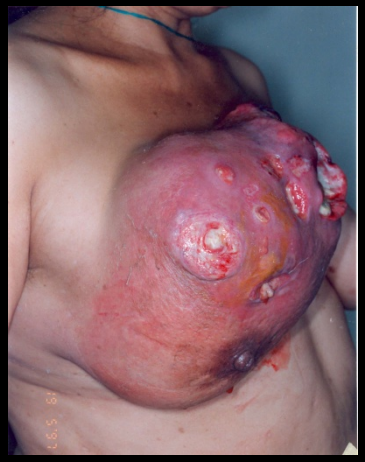


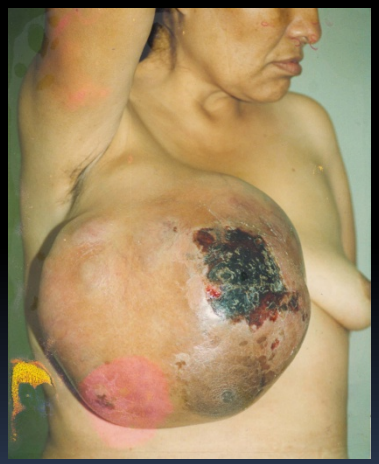
To develop a health promotion/disease prevention-based system

How to convince people to seek medical care when asymptomatic?

To develop a less illness-loaded primary care system

How to go from…

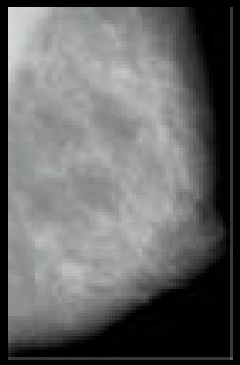


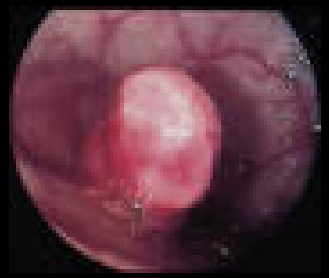


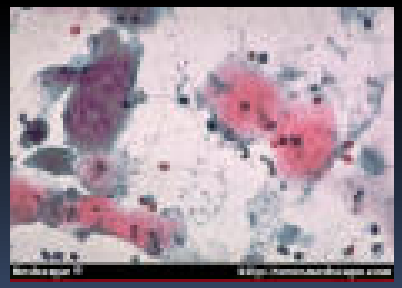
Advanced disease

That saturates a cancer health system with incurable, advanced cases

to…







Early disease

A cancer health system more focused on the care of early disease cases

In order for that change to occur, one should understand that the frequency of cancer in a locality, *not only depends on the biology of the tumor*, but also on:

- Cancer control programs
- Laws
- Health policies
- Community health programs, and
- Individual behavior

Cancer Prevention & Early Detection Facts and Figures 2005

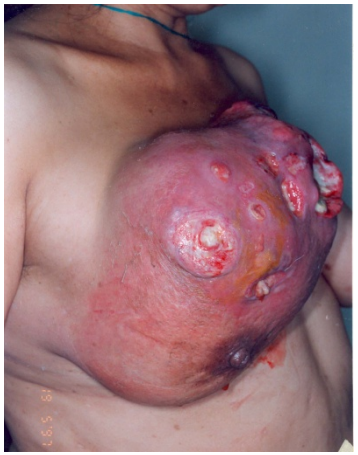
In other words…

We should not concentrate only on the study of the tumor …

Thyrosine-kinase

EGF

p53



Apoptosis

Angiogenesis

Oncogenes

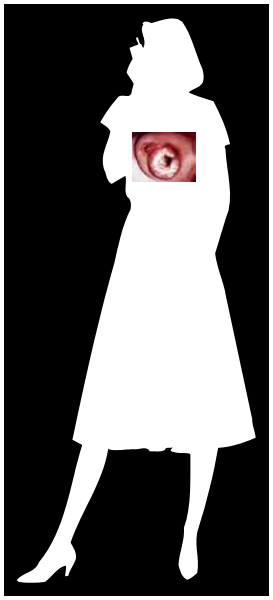
But also on the *person* with the tumor…

Language

Poverty

Fears

Fatalism



Lack of medical insurance

False beliefs

Lack of information

Knowledge | **Attitude** | **Behavior**

How can we convince people that an ounce of prevention is worth a pound of cure?

I am convinced that coherent, consistent, media-based, public education programs need to be created

An ethnically-sensitive, culturally-relevant, media-based community outreach program was progressively developed since 1989 following four basic principles:

Our Media Principles...

1. Use the media CONSISTENTLY
2. Develop COMPREHENSIVE health education programs
3. Use ALL MEDIA CHANNELS available TO the community
4. Be a TRUSTED MESSENGER

Media Tools

A. RADIO

1. *The Community Clinic of The Air*. *Daily*, one-hour talk show. Radio América. Washington, DC

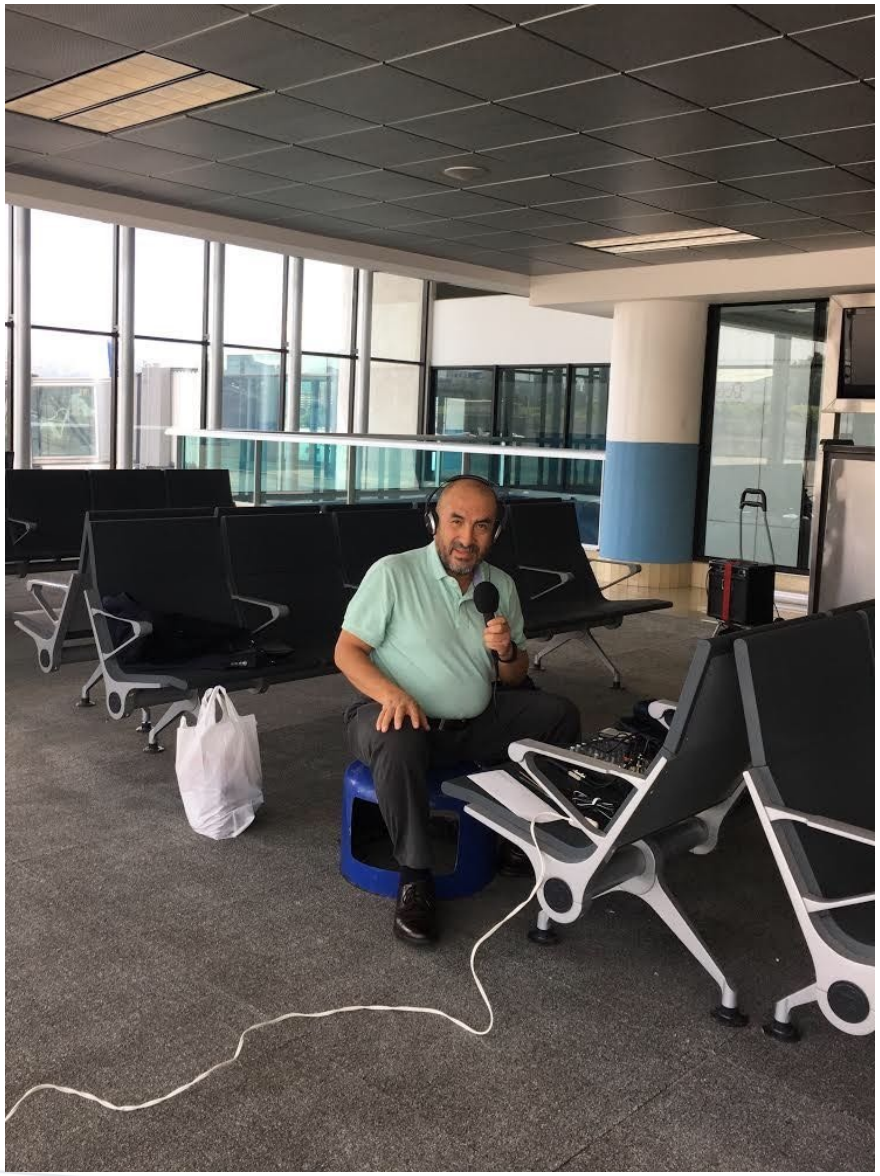
2. Encendidos. Columnist. *Monday-Wednesday- Friday*. Two-hour program to Peru. RPP Noticias

3. *Cuidando tu Salud*. *Saturday*, 90-minute program to Peru. RPP Noticias

4. Rotativa Informativa. *Daily* five-minute segment to Peru. RPP Noticias


lenovo
MedStar Health
Knowledge and Compassion
Focused on You


Luis Alberto Spinetta - Tres agujas



Broadcasting live from the Ciudad de Guatemala International Airport

B. TELEVISION

Medical correspondent for CNN en Espanol

***Directo a la Salud*. Weekly 5-minute segment**

***Encuentro con la Salud*. Weekly 5-minute segment**

***Breaking News*. 24/7 availability**

Media Tools

Twitter: @drhuerta

Media Tools

Blog “Cuida tu Salud” www.elcomercio.pe

Media Tools

SALUD

ELMER HUERTA

Especialista en salud pública

Dos problemas de salud que siguen sin solución

Un aumento en los casos de anemia en el país y el destape de productos alimenticios con publicidad engañosa resaltaron en los medios la semana pasada.

Dos importantes noticias de salud y nutrición se dieron a conocer la semana pasada en el Perú. La primera, los resultados de la Encuesta Demográfica y de Salud Familiar (Endes) 2016. La segunda –originada en Panamá–, la suspensión de la importación del producto Pura Vida, del grupo Gloria, por vender como leche evaporada una mezcla alquimista de agua, ingredientes lácteos, soya, aceites vegetales y sustancias químicas.

—Endes 2016—

Con relación a los resultados de la Endes, se revela que en el 2016 el 13,1% de la población menor de 5 años sufrió desnutrición crónica, en la que –por falta de una alimentación adecuada– el niño no crece en armonía con su edad cronológica. Ese porcentaje representa a 373.000 niños peruanos que no tendrán el más brillante de los futuros. La distribución de la desnutrición crónica difiere de acuerdo al lugar en que se vive: afecta al 7,9% de niños en áreas urbanas (155 mil) y al 26,5% de niños en áreas rurales (218 mil). Sabiendo que el 75,9% de los peruanos vive en las ciudades y solo el 24,1% lo hace en zonas rurales, se ve claramente que la prevalencia de desnutrición crónica infantil golpea desproporcionadamente a los niños de zonas rurales, desnudando la existencia de los dos Perú: el abandonado y el muy abandonado. Si bien es cierto que la desnutrición crónica infantil se ha reducido en 1,3 puntos porcentuales con respecto al 2015, es importante decir que ha disminuido en 6,4 puntos porcentuales en los últimos cinco años (2011-2016).

En el caso de la anemia, las cifras son más desmoralizadoras, al haberse revelado que el 43,6% de niños peruanos entre 6 y 35 meses de edad tuvo anemia en el 2016, y haberse documentado nuevamente que es mayor en el área rural (53,4%) que en el área urbana (39,9%).

Más perturbador es que la anemia aumentó en 2,0 puntos porcentuales con respecto al 2015. Los más anémicos son los niños de Puno (75,9%), Loreto (60,7%), Pasco (60,6%), Huancavelica (58,1%) y Ucayali (57,1%).

Los datos de la encuesta Endes son, por tanto, muy claros: la sociedad peruana está descuidando la alimentación de sus niños y las consecuencias de ese descuido se van a manifestar en las próximas décadas.

ILUSTRACIÓN RAUL RODRIGUEZ

—El caso de la leche—

Es importante entender que el nombre 'leche' solo puede ser aplicado al producto líquido secretado por las glándulas mamarias de una hembra de la clase de animales mamíferos.

Debido a que el 87% del contenido de la leche de vaca es agua y que antes de la refrigeración era difícil mantenerla en condiciones saludables, el norteamericano Gail Borden inventó el proceso industrial de evaporación en 1856. Gracias a esto, se obtienen leche evaporada (con 67% menos de agua), leche condensada (mucha menos agua y azúcar) y leche en polvo (que no tiene absolutamente nada de agua).

Note, amable lector, que esos tres productos tienen todo los nutrientes de la leche completa, excepto el agua. Por lo tanto, llamar leche –como lo están haciendo las denunciadas grupo Gloria y Nestlé– a un producto que se le parece por su aspecto o por tener algunos constituyentes de la leche mezclados con otros elementos es una falsedad, de la cual ya la Defensoría del Pueblo y la Asociación Peruana de Consumidores y Usuarios (Aspec) han tomado nota. Se pide que los fabricantes de Pura Vida (grupo Gloria) y Reina del Campo (Nestlé) sean sancionados, eliminen la palabra 'leche' de la etiqueta del producto y las imágenes de vacas, pasto y niños saludables.

Sin duda que debido a que Pura Vida tiene soya, grasa artificial de palma y saborizantes, y Reina del Campo contiene suero dulce de leche y aceite de palma, el haberlas vendido como leche evaporada significa que a los peruanos les han estado dando 'gato por leche'.

—Corolario—

A pesar de que no hay ninguna duda de que la alimentación de los niños peruanos merece una atención especial por parte del Estado Peruano, llama la atención que el único esfuerzo serio, científico, avalado por la Organización Mundial de la Salud (OMS), y aprobado por el Congreso de la República, sigue sin tener un reglamento oficial. Nos estamos refiriendo a la Ley 30021, de Alimentación Saludable de Niños y Adolescentes, que corrige ambos elementos de la nota de hoy: la deficiente alimentación y la publicidad engañosa de alimentos procesados.

> "En el 2016, el 13,1% de la población menor de 5 años sufrió desnutrición crónica".

> "Los más anémicos son los niños de Puno (75,9%), Loreto (60,7%), Pasco (60,6%), Huancavelica (58,1%) y Ucayali (57,1%)".

El reglamento de la ley, que debió haberse publicado en octubre del 2016, ha sido ya redactado por el Ministerio de Salud y ha sido elevado a la oficina del primer ministro Fernando Zavala, donde ha quedado estacionado. Coincidentemente, y sin duda ante la presión del lobby de la industria de alimentos procesados y bebidas azucaradas, el congresista de Peruanos por el Kambio Salvador Heresi ha presentado un sesgado proyecto de ley que busca neutralizar la ley original y nos devuelve al pasado.

Debido a que Chile entendió que un desarrollo sostenible depende de tener una niñez saludable, aprobó en junio del 2015 una avanzada ley de alimentación saludable, que incluye un sistema muy claro de etiquetas para el consumidor y que cuenta con el apoyo del 92,4% de los chilenos. Sin duda que esa política de Estado explica en parte el desarrollo de nuestro vecino del sur, el cual se expresa en el reciente Reporte de Competitividad Global del Fórum Económico Mundial en que Chile ocupa el puesto 33 entre 138 naciones, mientras que el Perú está en el puesto 67. Nuestros gobernantes deben entender que la protección de la niñez debe estar por encima de cualquier interés comercial. ■

Weekly column
El Comercio (Peru)

After the public has been convinced to take preventive steps...

They need a place to go…

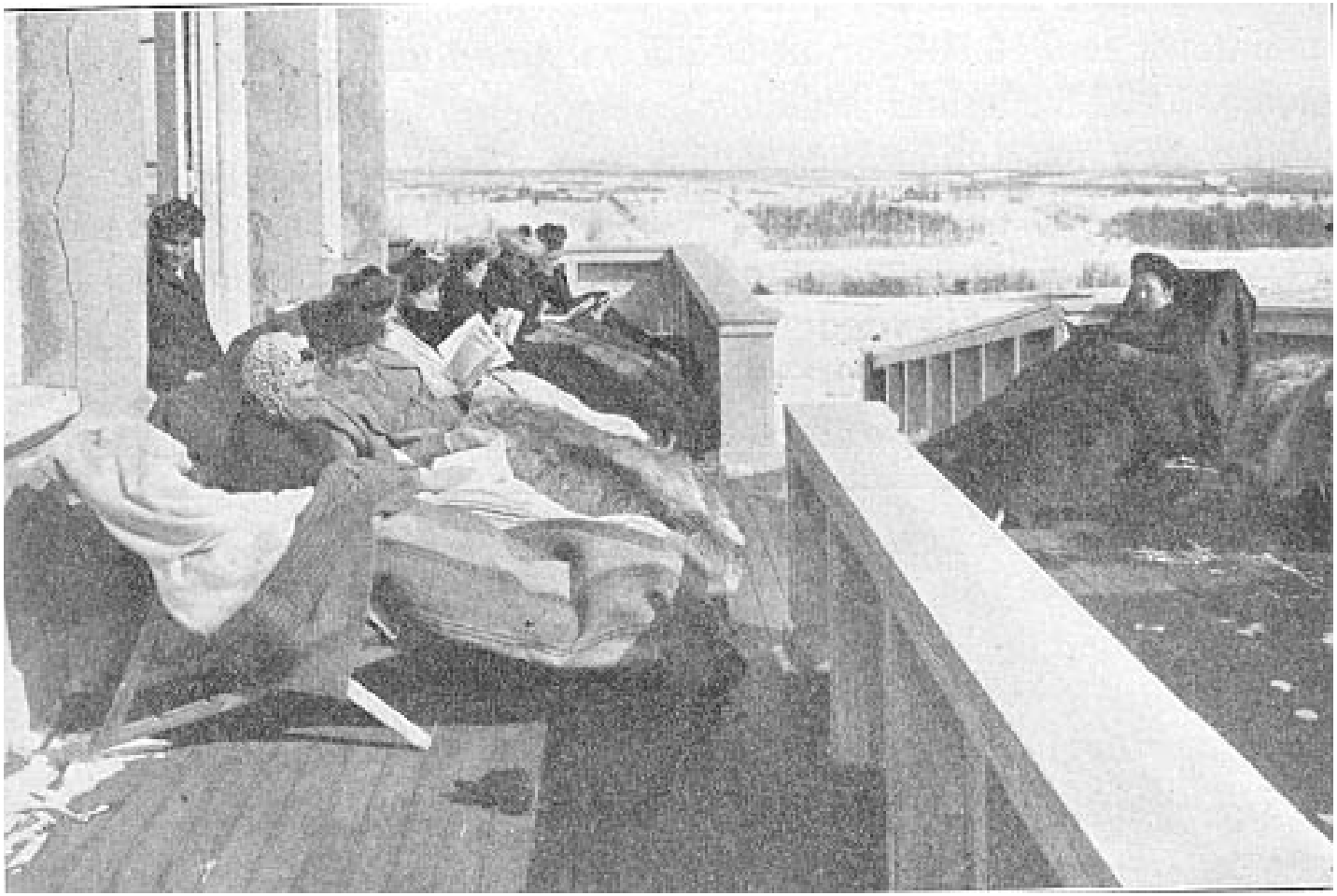
Creation of the Cancer Preventorium

SANATORIUM

NOUN: 1.An institution for the treatment of chronic diseases or for medically supervised recuperation. 2. A resort for improvement or maintenance of health, especially for convalescents. Also called sanitarium.

ETYMOLOGY: From neuter of Late Latin *sanatorius*, curative, from Latin *sanatus* past participle of *sanare*, to heal, from *sanus*, healthy.

The American Heritage® Dictionary of the English Language: Fourth Edition. 2000



In 1884 in New York, "Little Red", the first TB Sanatorium in the country was opened.

Interior view of “Little Red” New York 1884

PREVENTORIUM

A non-existent word in the dictionary

PREVENTORIUM

NOUN: 1. An institution for the prevention and early detection of chronic diseases or for medically supervised patient education. 2. A resort for maintenance of health, especially for people without evident illness.

Our proposed definition

...people of the future will visit "preventories" to receive health education, undergone cancer screening tests, and even engage in community activism...

Michael Shimkin, MD
ASCO Founding Member
Preventive Medicine, June 1975

The Preventorium has two main goals:

✓ To find and treat early asymptomatic conditions (cancer, diabetes, high blood pressure)

✓ To find and manage risk factors for those chronic conditions

The Washington Cancer Institute at MedStar Washington Hospital Center

Cancer Preventorium

- ✓ Date Started: July 27, 1994
- ✓ Patients Seen (as of 4/17/19): 37,174

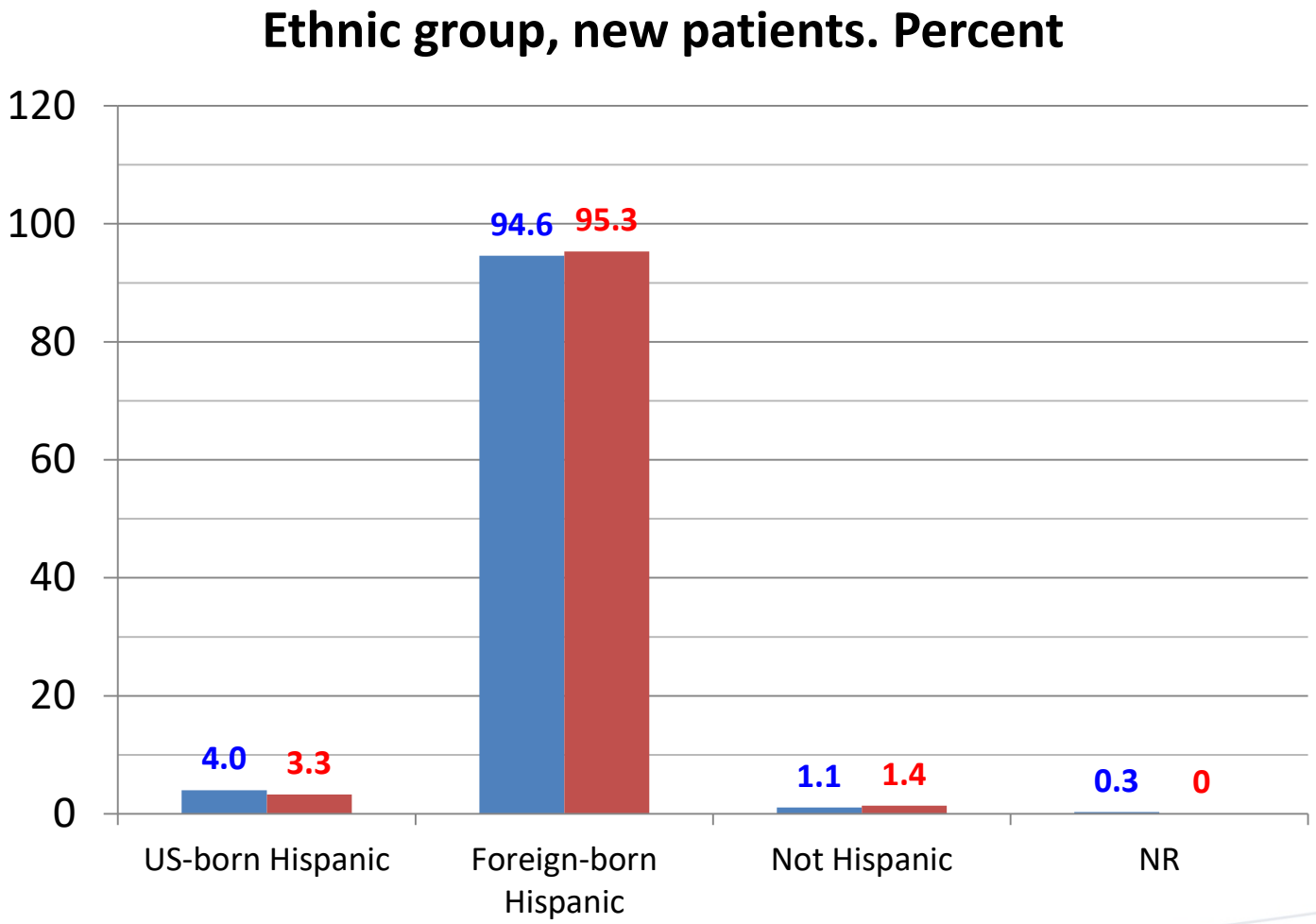
The Washington Cancer Institute at
MedStar Washington Hospital Center

Cancer Preventorium

GENDER:

Male:	11,435 (30%)
Female:	25,739 (70%)

WCI Cancer Preventorium New Patients. February 2013 – March 10, 2015
Total 774 patients . Male 350 (45.2%) Female 424 (54.8%)



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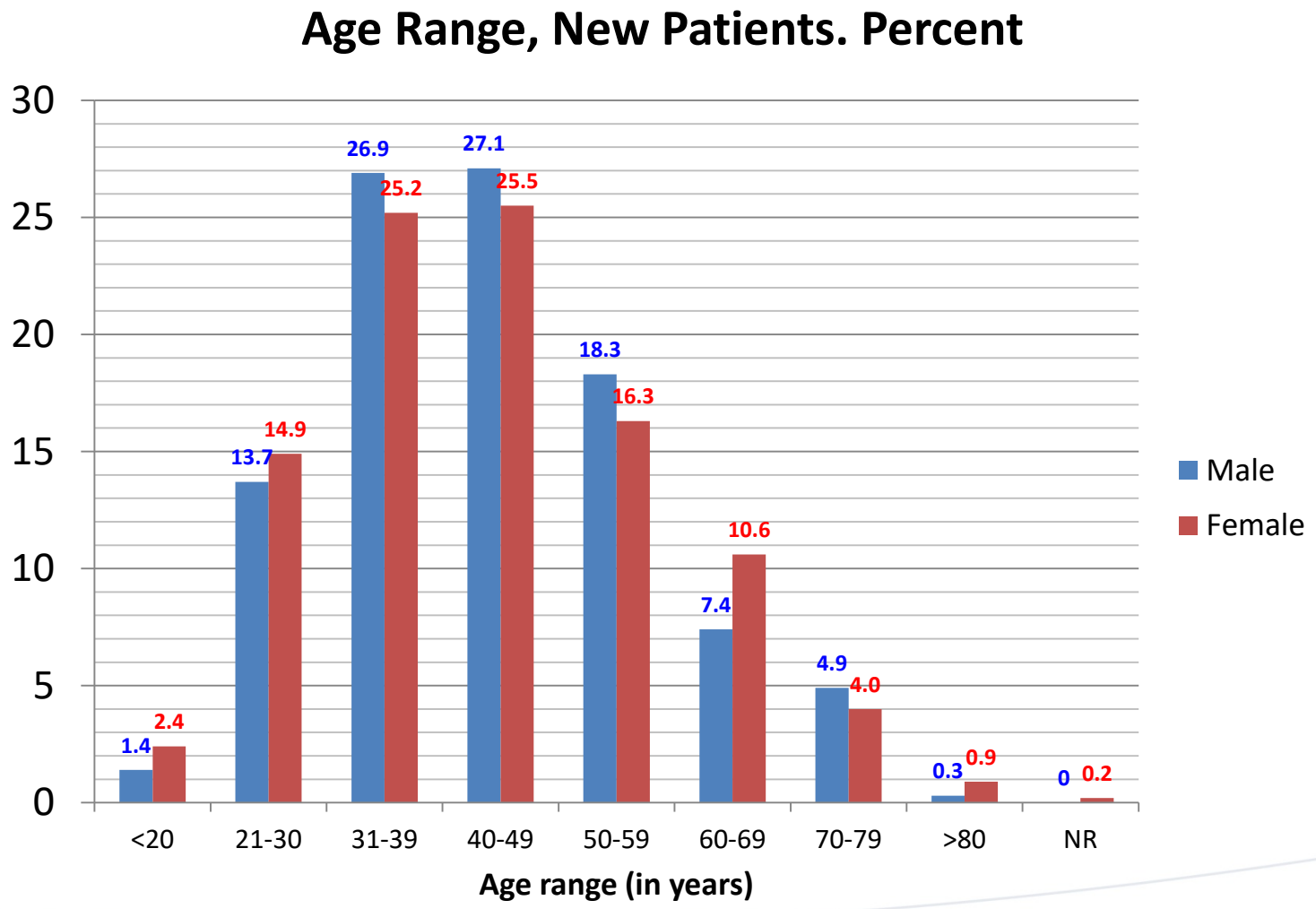

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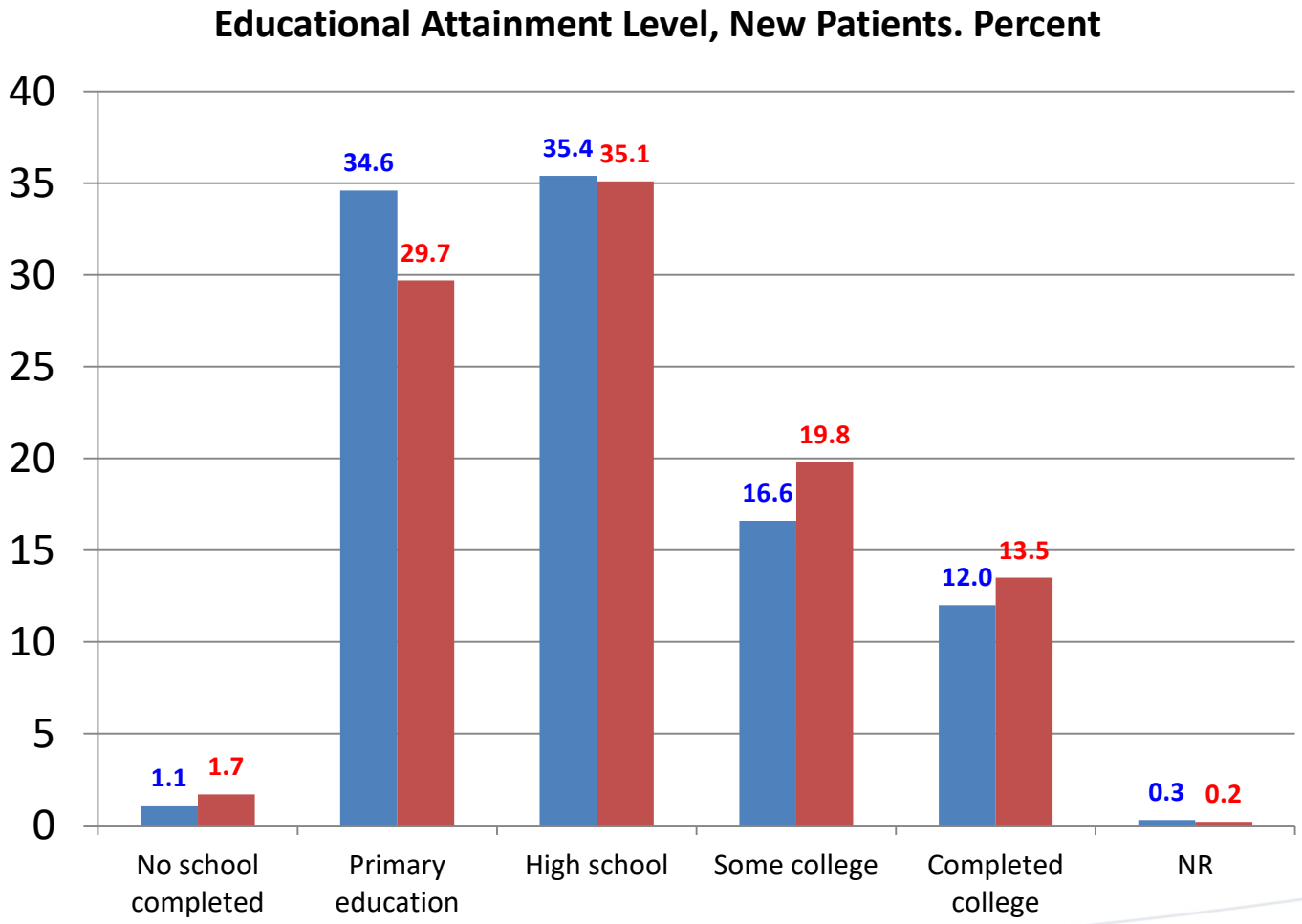

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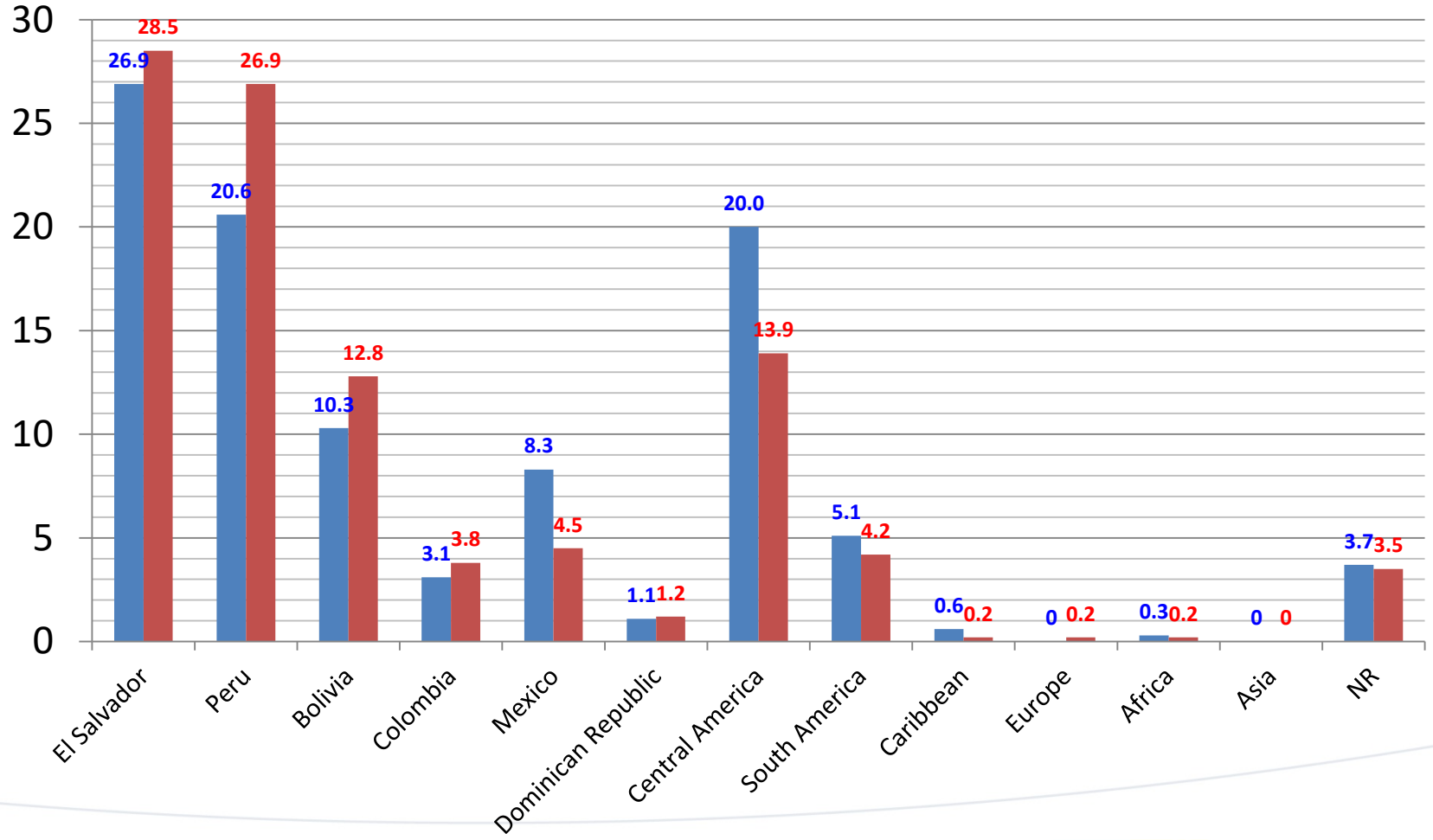
Country of Origin, New Patients. Percent



Knowledge and Compassion **Focused on You**

MedStar Washington Hospital Center

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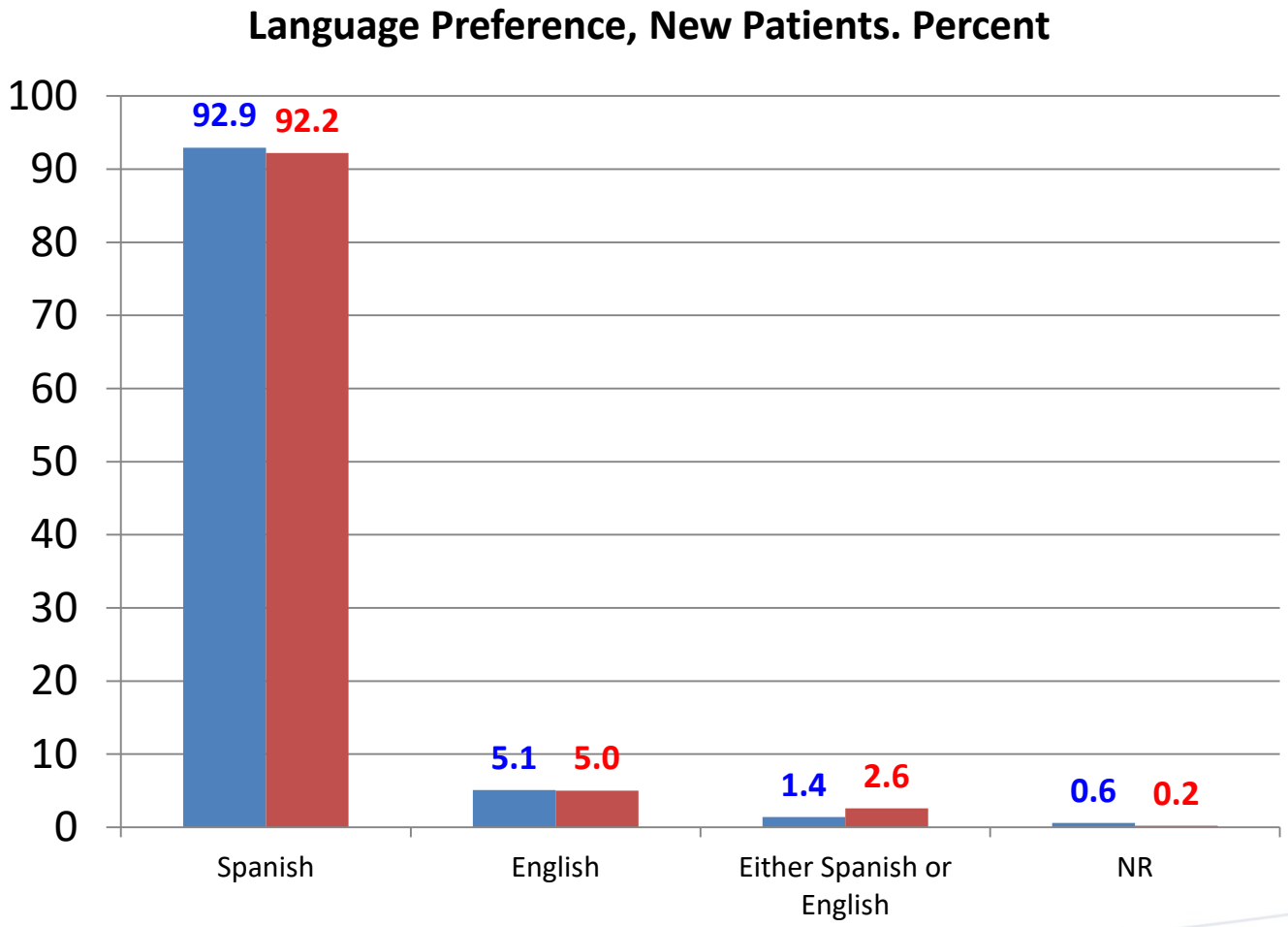

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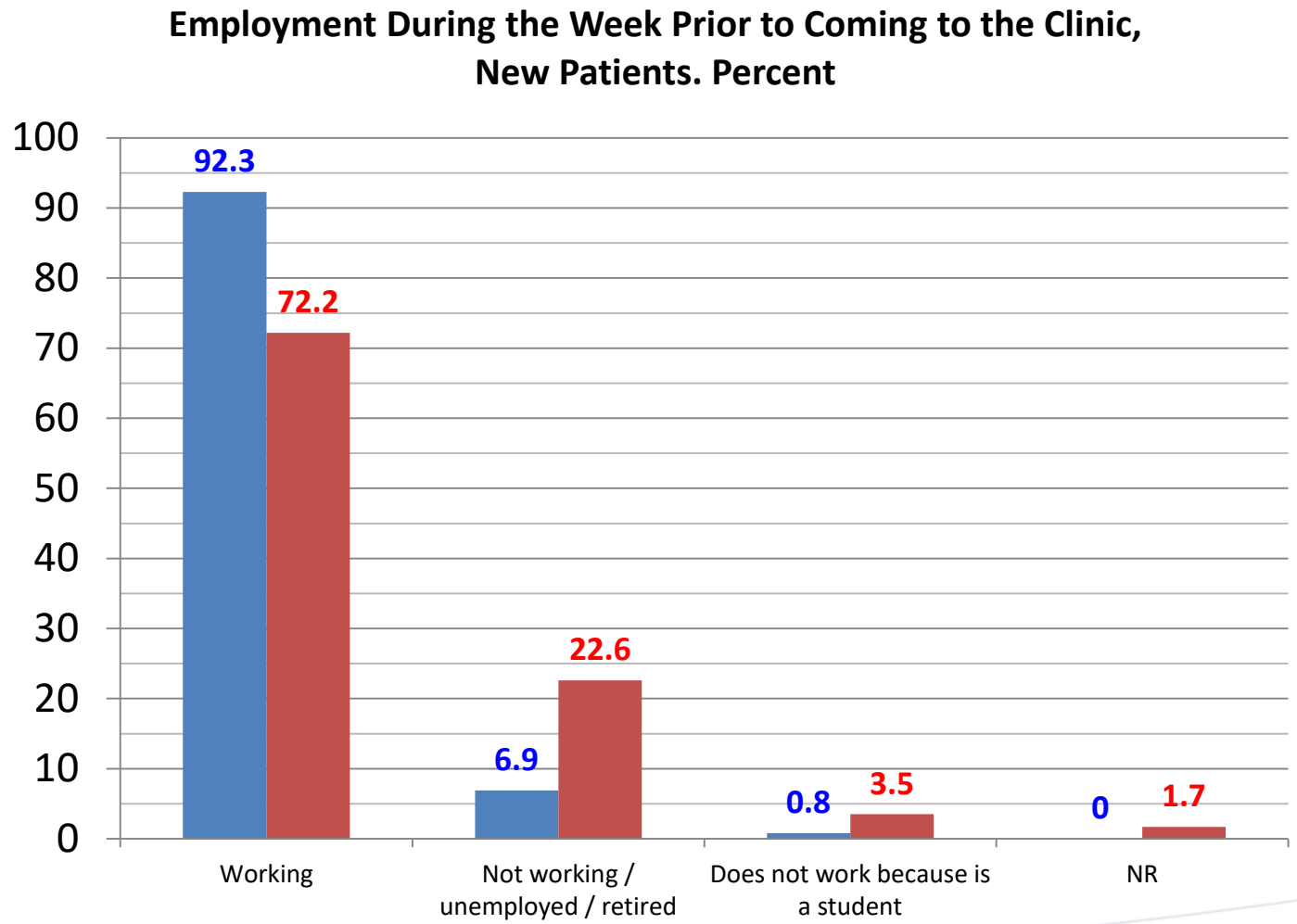

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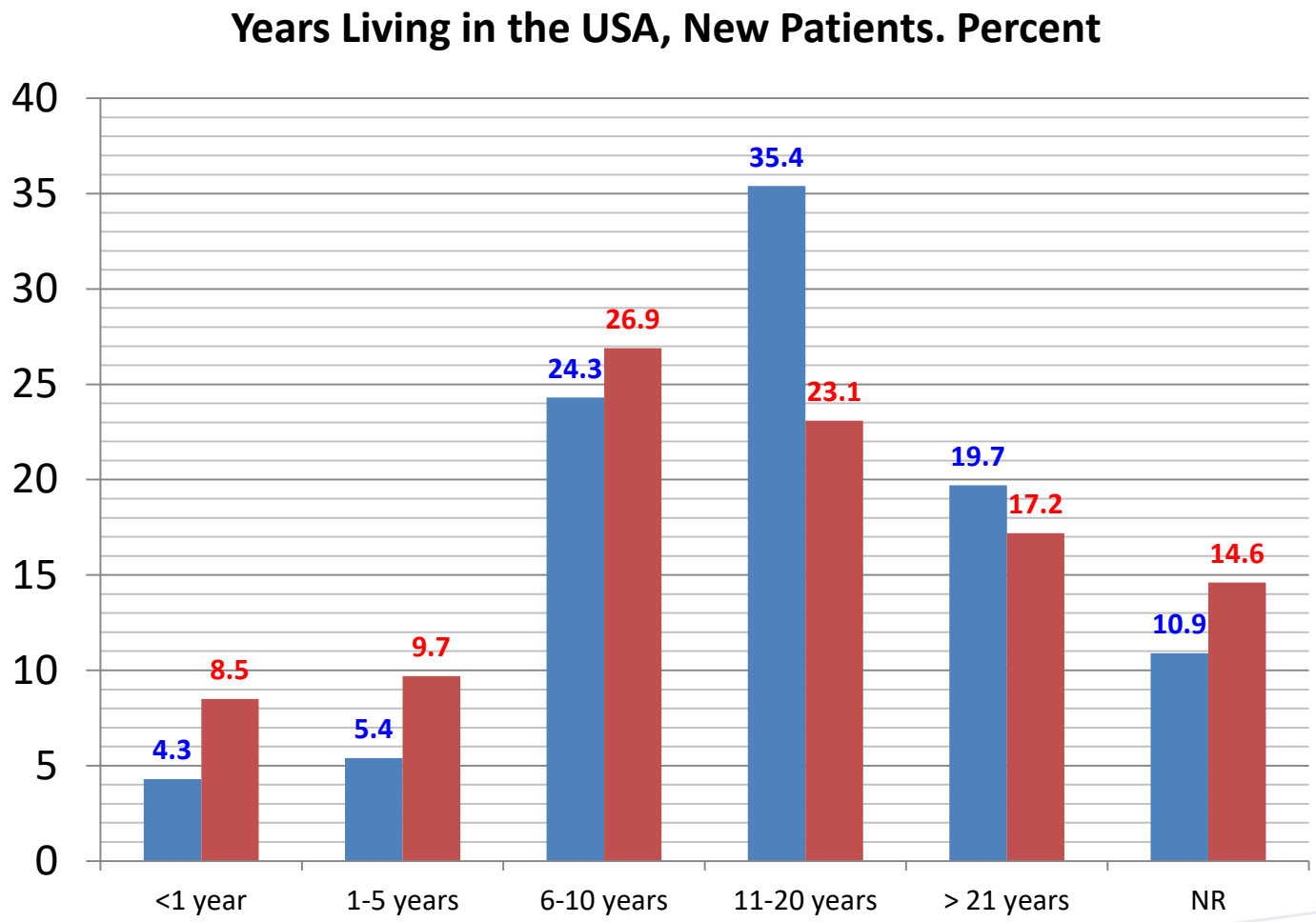

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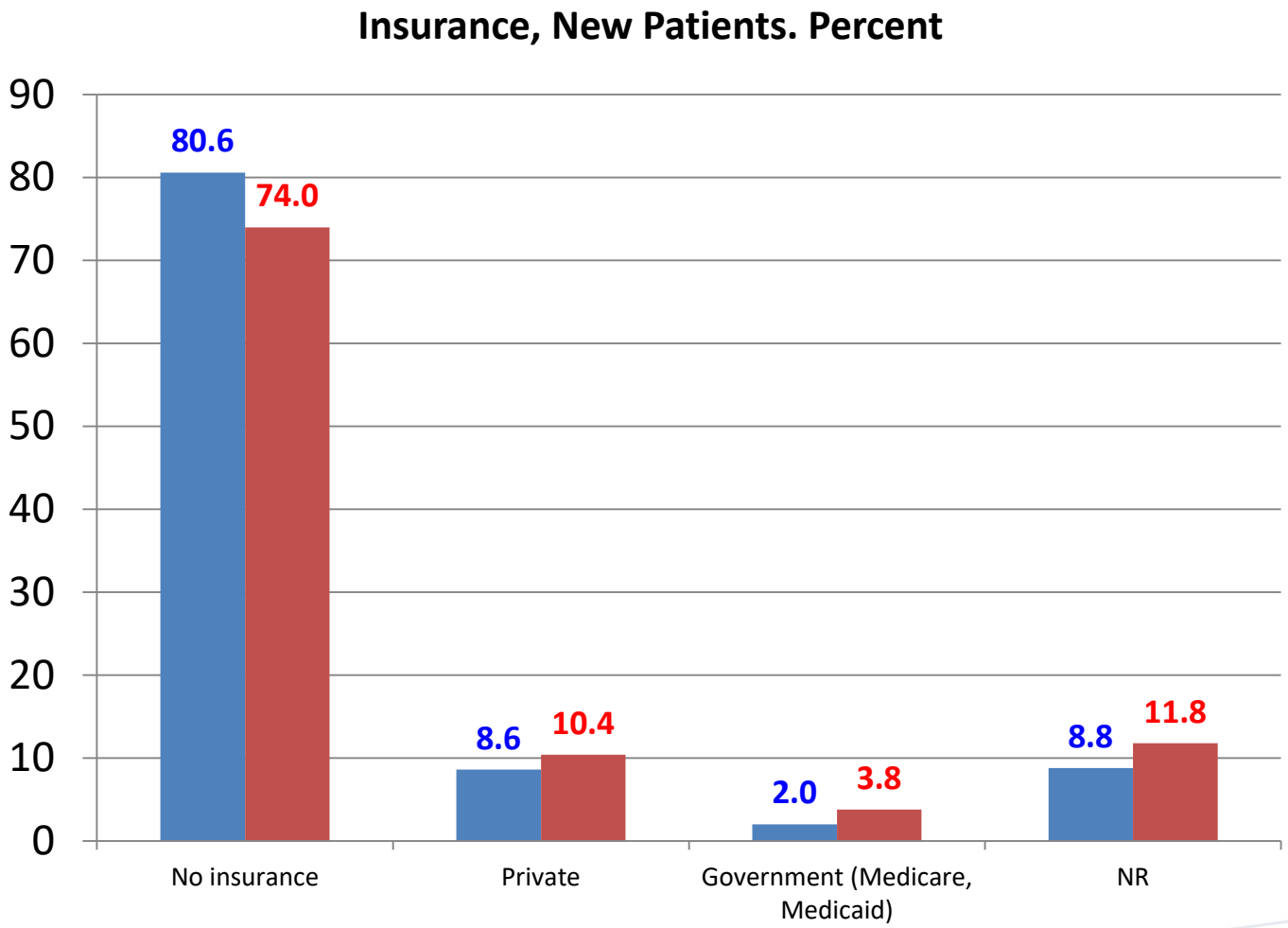

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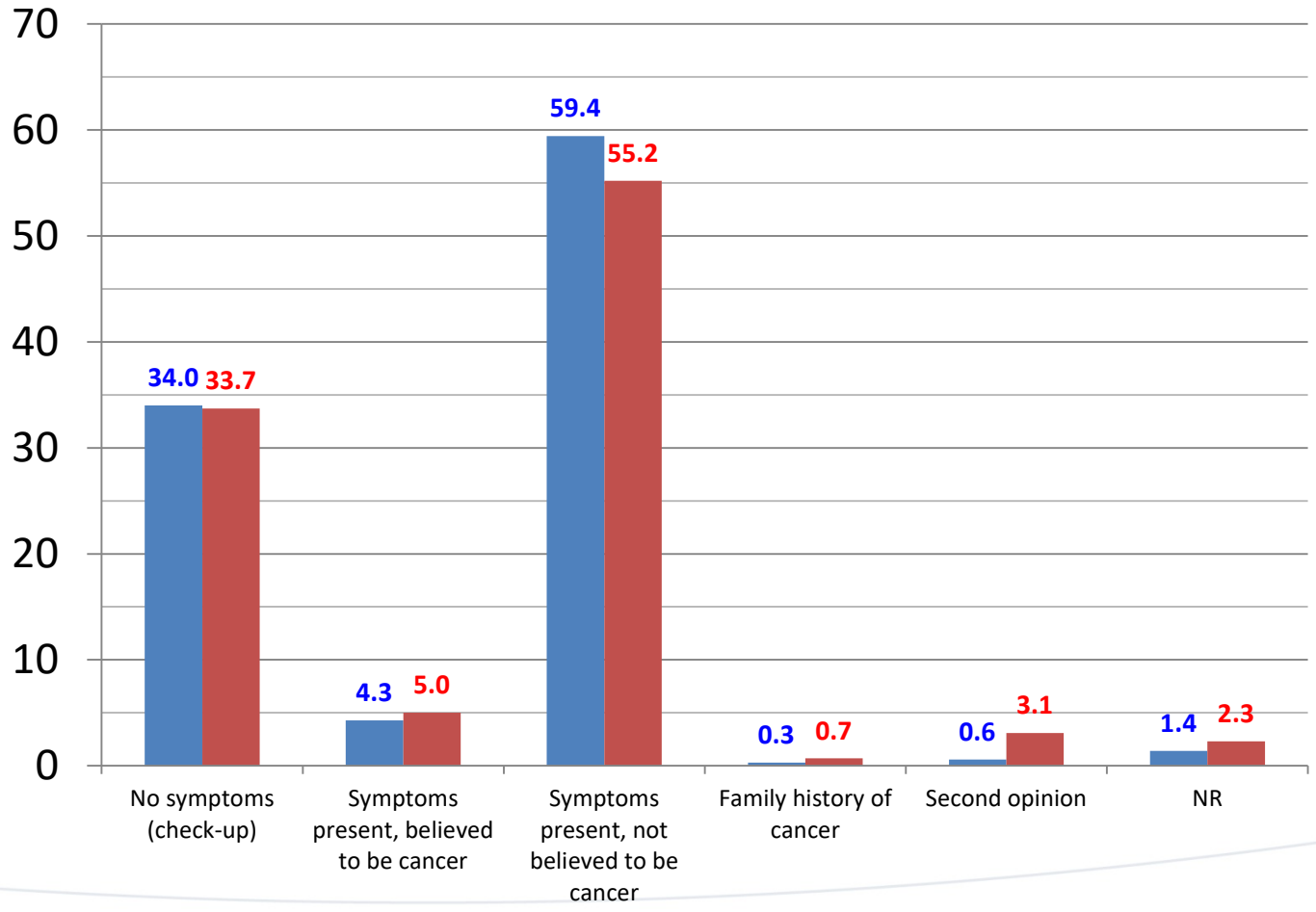
Reasons for Visiting the Clinic, New Patients.



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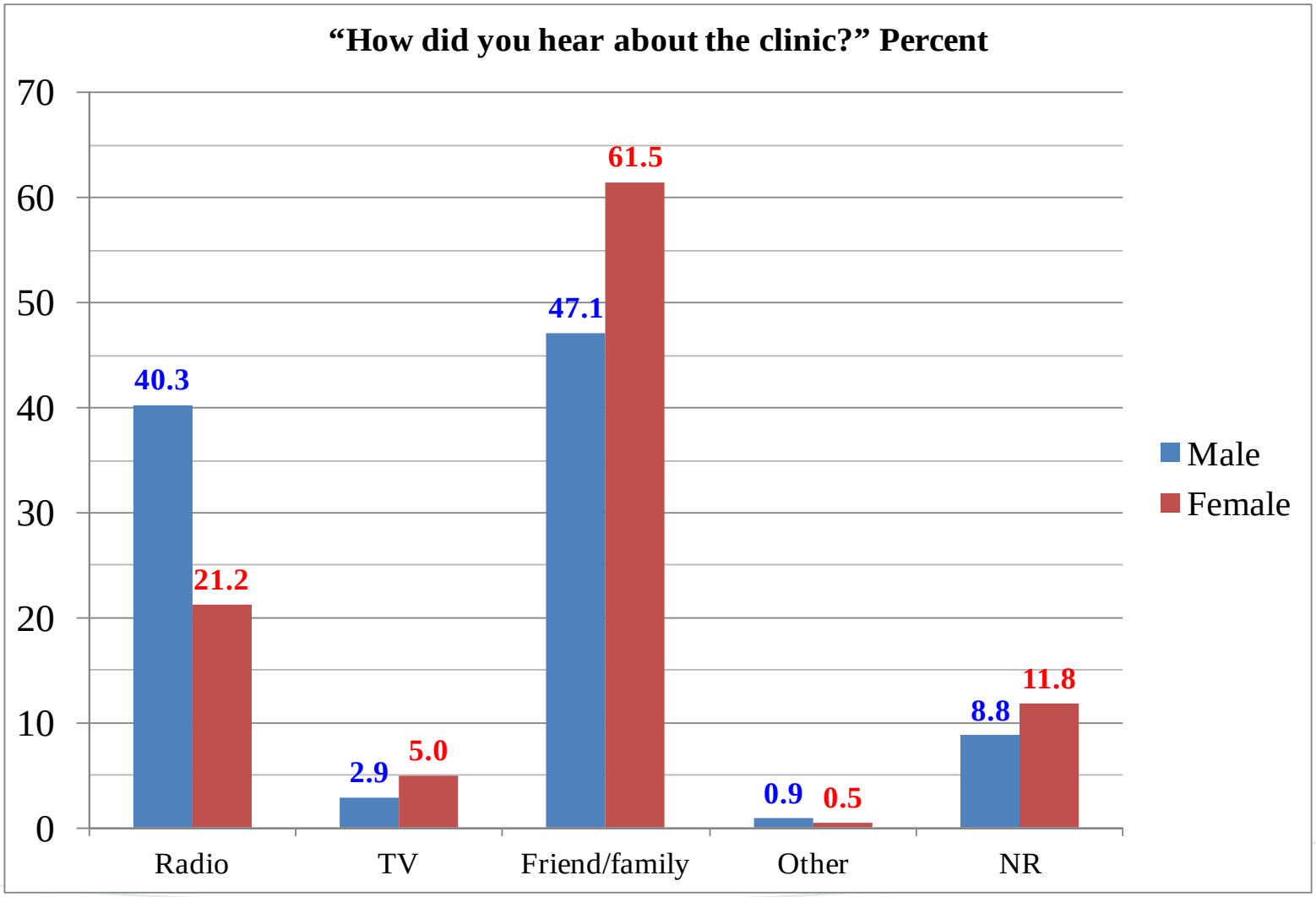
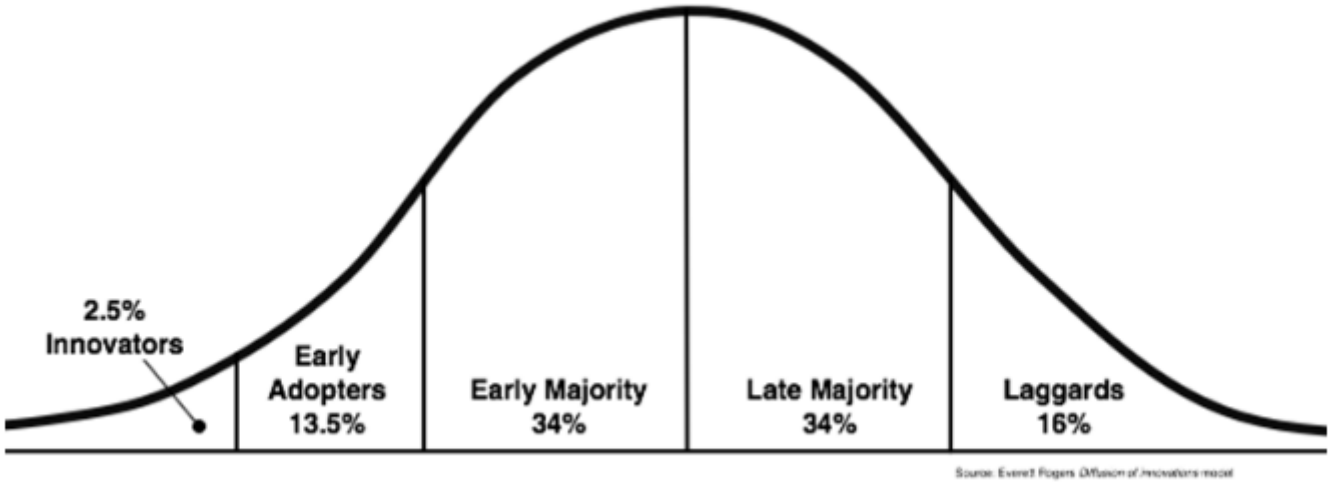


Theoretical framework: Diffusion of Innovation Model



Everett Rogers, PhD

The Washington Cancer Institute at Washington Hospital Center

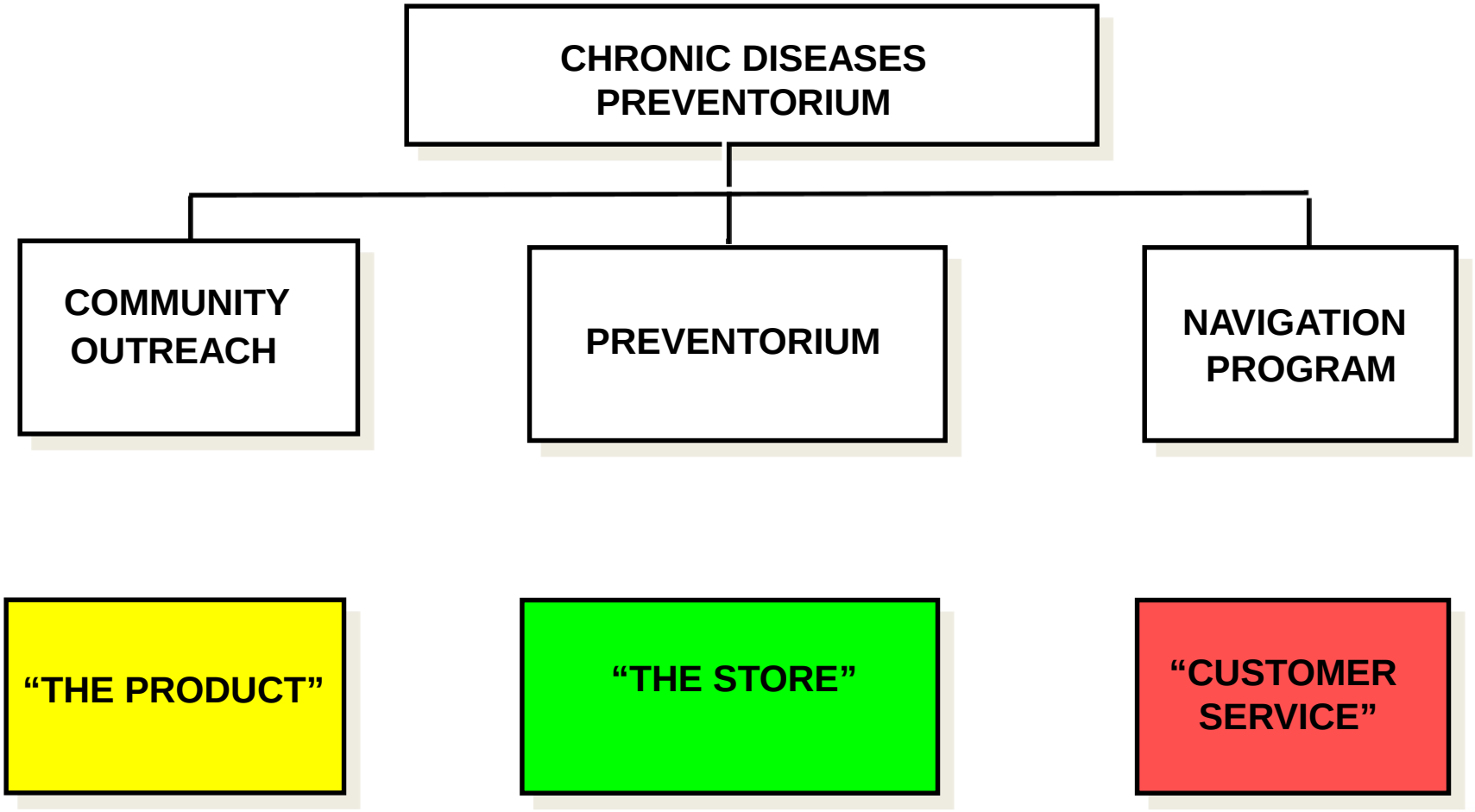
Cancer Preventorium

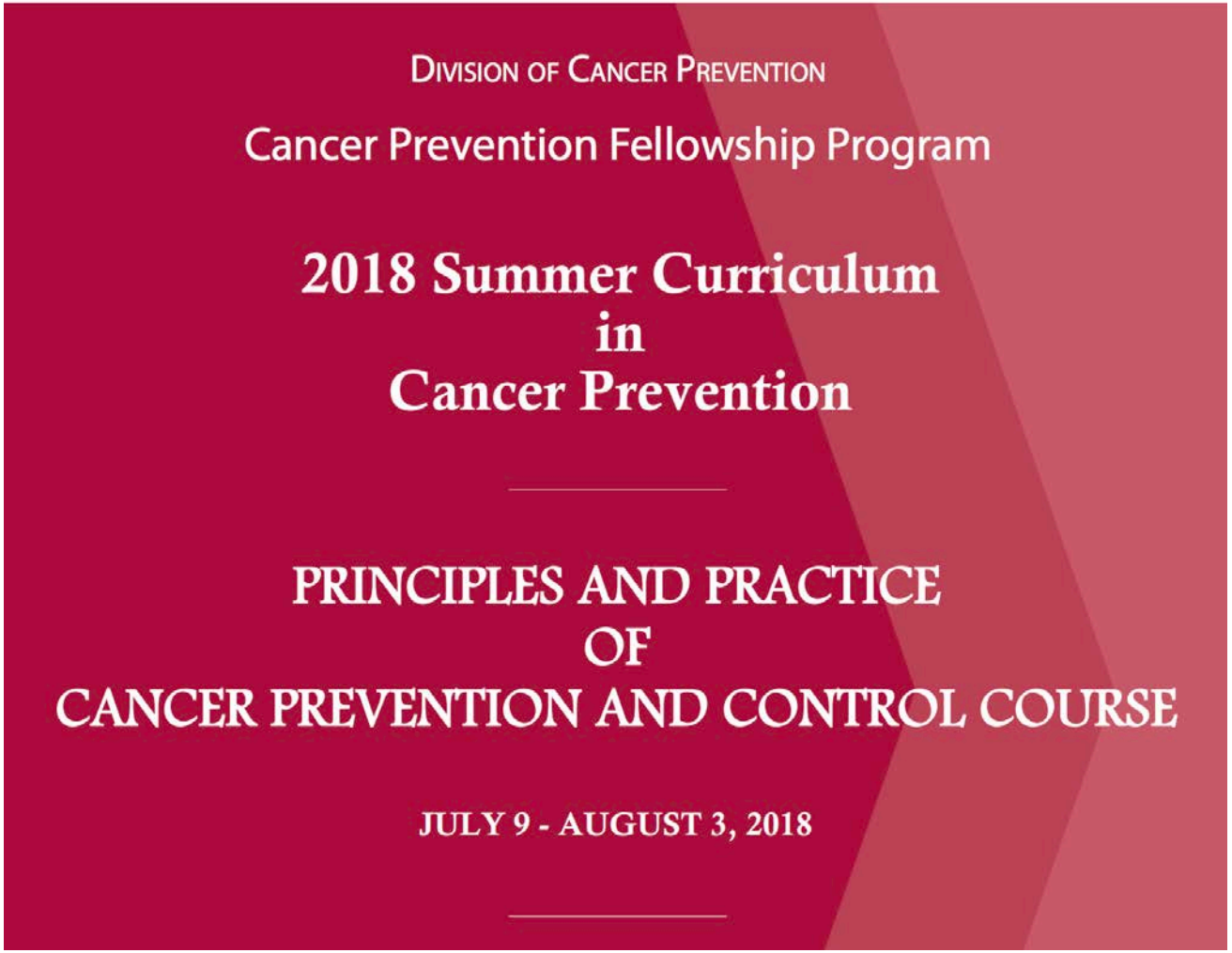
Number of cases of cancer found, 1994-2017

Organ	Number
Breast	45
Cervix	13
Prostate	5
Colon	6
Other	20

N=89

Preventorium Model




DIVISION OF CANCER PREVENTION
Cancer Prevention Fellowship Program
2018 Summer Curriculum
in
Cancer Prevention
PRINCIPLES AND PRACTICE
OF
CANCER PREVENTION AND CONTROL COURSE
JULY 9 - AUGUST 3, 2018

MODULE 11: THE CANCER PREVENTORIUM

Friday, August 3

9:00 am - 10:15 am	Cancer Prevention in the 21st Century: The Cancer Preventorium Idea	Elmer Huerta, MD, MPH
10:15 am - 10:30 am	*Break*	
10:30 am - 11:45 am	Closing Remarks: Awards & Take Home Message	Hala Azzam, PhD, MPH, CPH, CPLP
12:00 pm - 3:30 pm	Tour of the Cancer Preventorium; MedStar Washington Hospital Center, Washington, DC *(Optional Activity – Limited to 10 Participants)*	Elmer Huerta, MD, MPH

One side of the coin is then…

Convincing thousands of people who are <u>poor</u> and <u>uninsured</u> to pay an out-of-pocket fee for a preventative medical service…

The other side of the coin is…

Finding that 99% of patients with advanced breast cancer seen at an urban hospital <u>do have</u> health insurance…

“Stage III-IV Breast Cancer in the Neighborhood”

All Breast Cancer Cases seen at MWHC by Stage. 2006-2015

Stage	Number	MWHC Data (percent)	National Data (percent) *
I-II	1621	74.7	77.5%
III-IV	494	22.7	10.5
Unknown	54	2.6	12
TOTAL	2169	100%	100%

WCI-MWHC Information Management Office

* Descriptive Statistics for Incident Tumor Characteristics Among Women With Invasive Breast Cancer in SEER's 9 Registry Database (1990-2003)
http://jco.ascopubs.org/content/25/13/1683/T1.expansion.html

“Stage III-IV Breast Cancer in the Neighborhood”

Stage III-IV Cases by State of Residence. 2006-2015 (N=494)

State	Number	Percent
DC	**269**	**54.5**
MD	202	40.9
VA	17	3.4
Other	6	1.2
Total	494	100

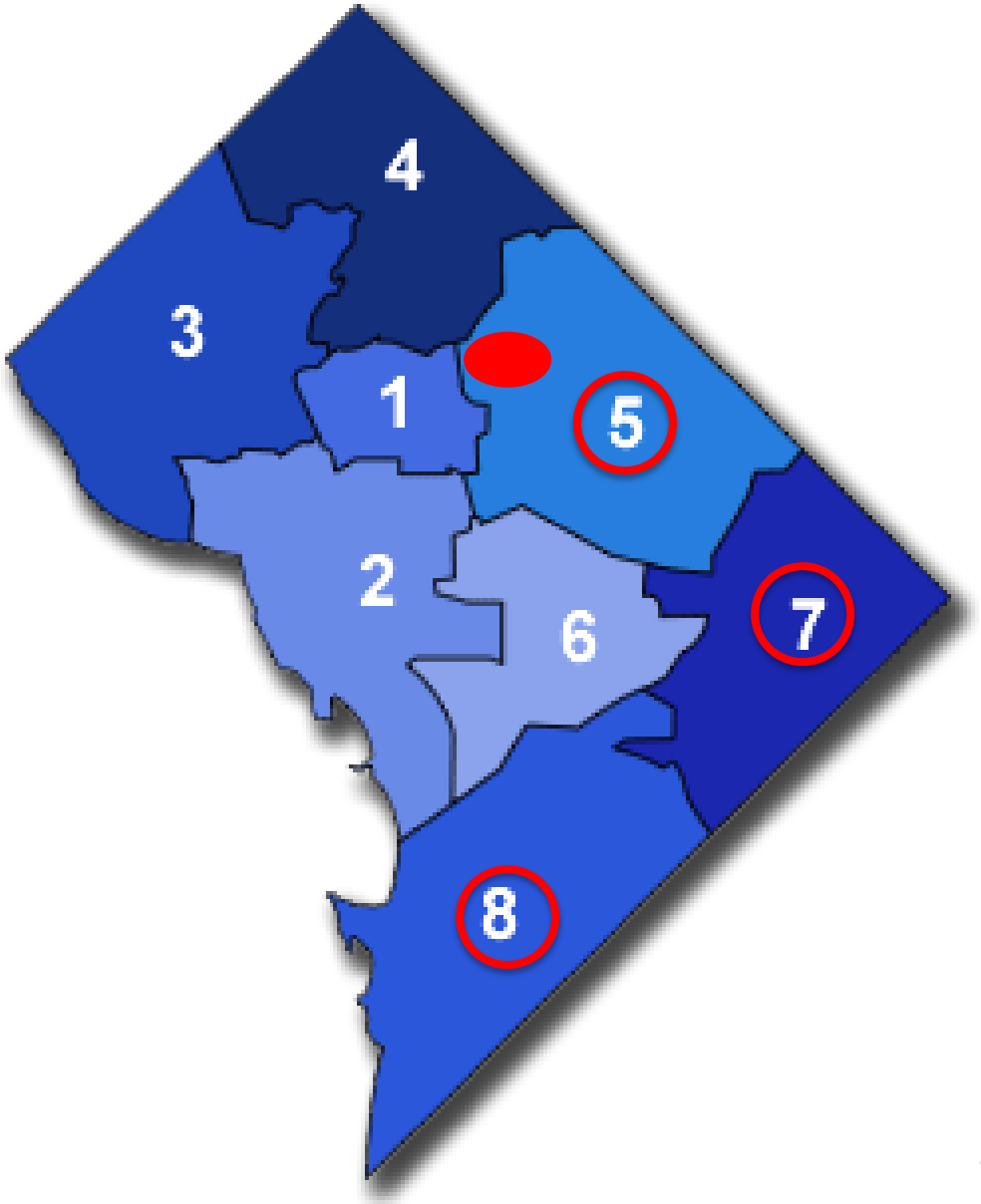
"Stage III-IV Breast Cancer in the Neighborhood"

Stage III-IV Cases by Ward of Residence in Washington, DC. 2006-2015 (N=269)

Ward	Number	Percent
Ward 5*	**71**	**26.4**
Ward 7	47	17.5
Ward 8	48	17.9
Other Wards	103	38.2
Total	269	100

62% of patients (166/269) with Stage III-IV breast cancer seen at MWHC live in Wards 5-7-8

* Based on location and need, MedStar Washington Hospital Center and the MedStar Health Corporate Community Health Department defined Ward 5 as the target area for Community Health Outreach Programs.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8

“Stage III-IV Breast Cancer in the Neighborhood”

Stage III-IV Cases in Wards 5-7-8 by Health Insurance Coverage.
2006-2015 (N=166)

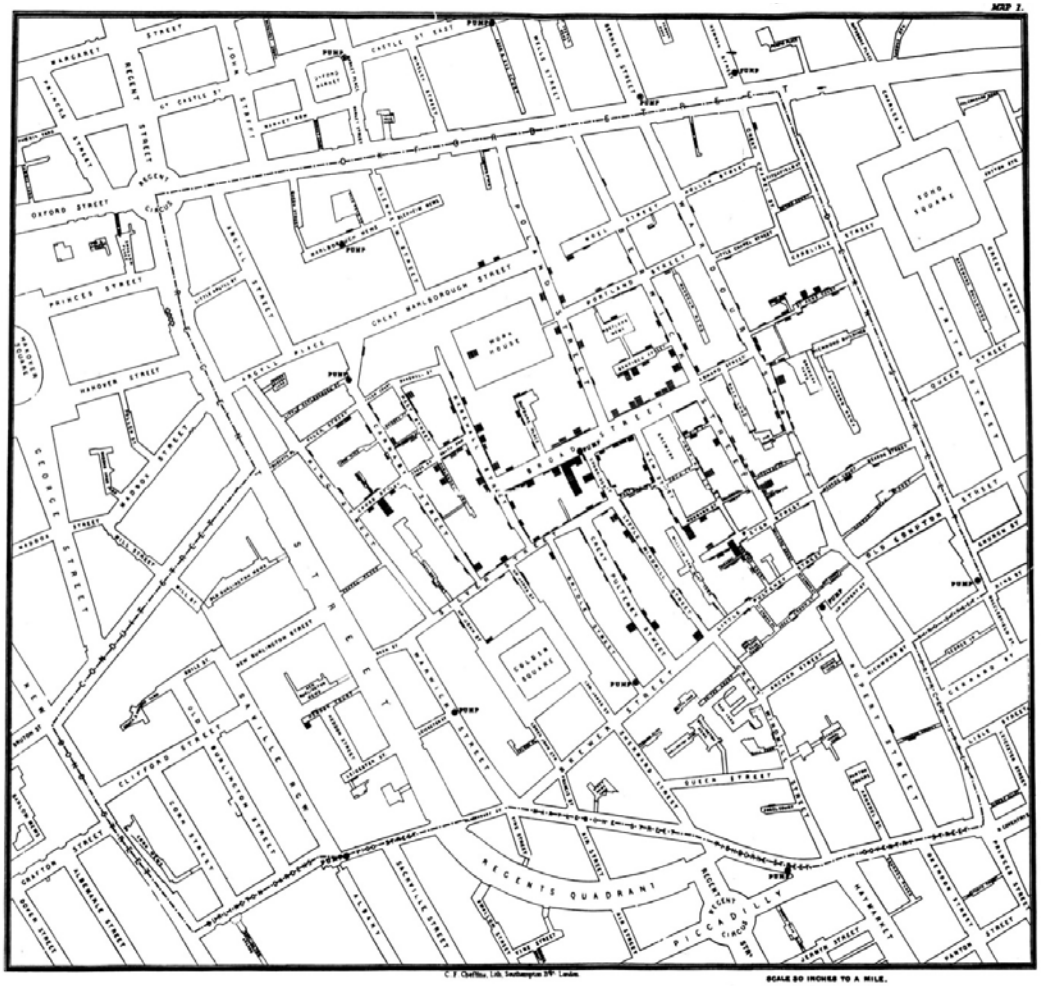
Type of Insurance	Number	Percent
Medicaid	32	19
Medicare	68	41
Private	56	34
Not specified	9	5
Uninsured	1	1
TOTAL	166	100

99% of patients with advanced breast cancer living in Wards 5-7-8 do have health insurance

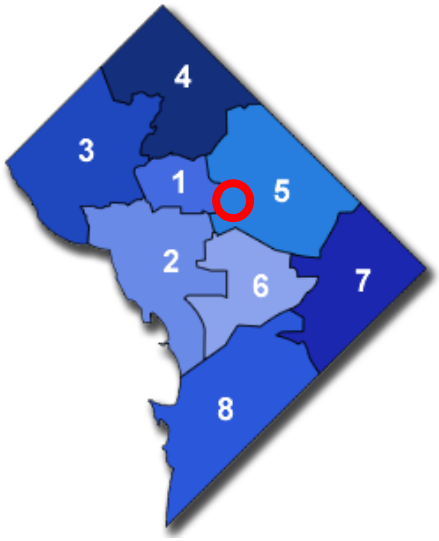
“Stage III-IV Breast Cancer in the Neighborhood”

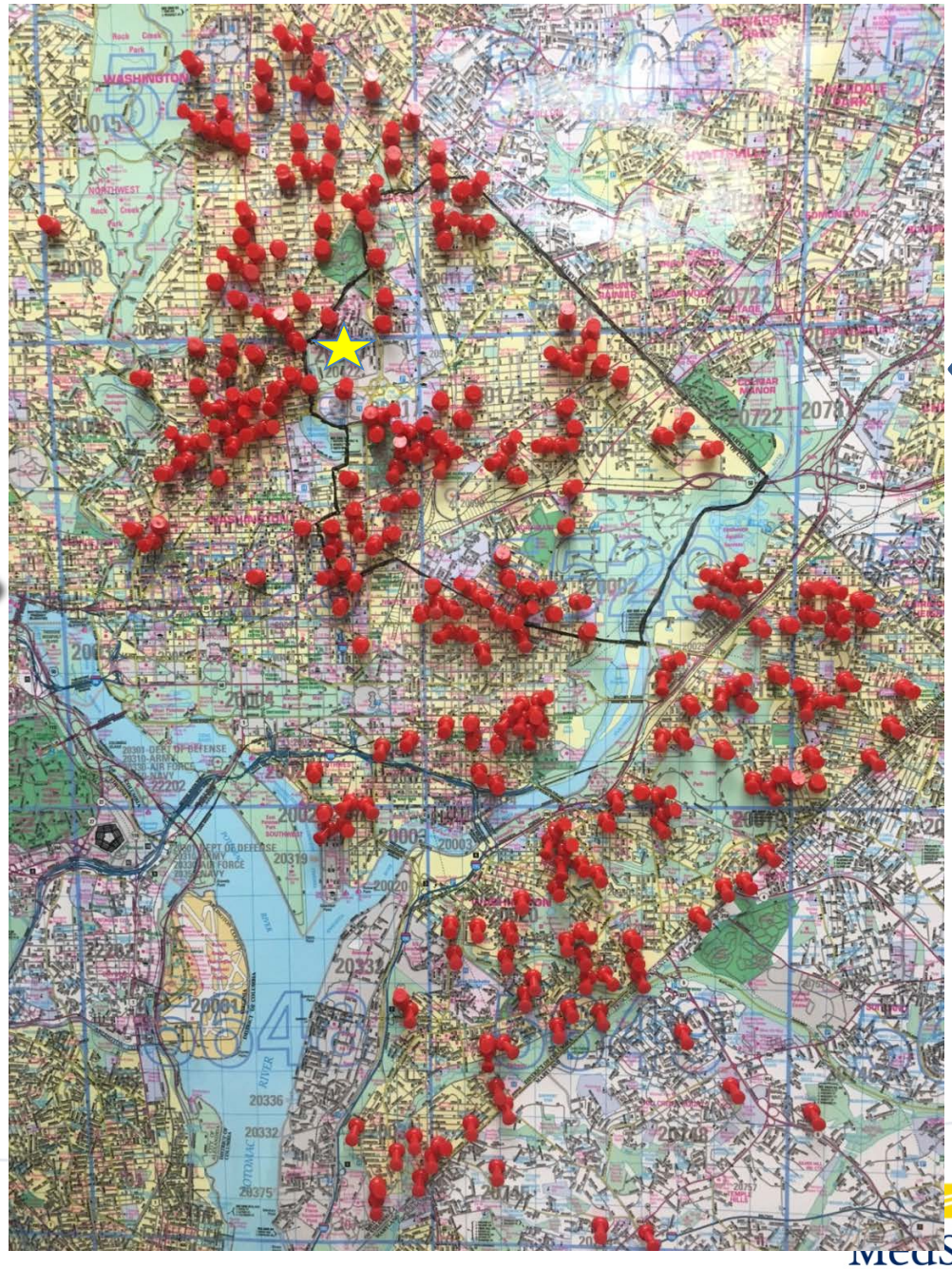
Stage III-IV Cases in Ward 5-7-8 by Race. 2006-2015 (N=166)

Ward	Number	Percent
African American	156	94
White	7	4
Other	3	2
Total	166	100

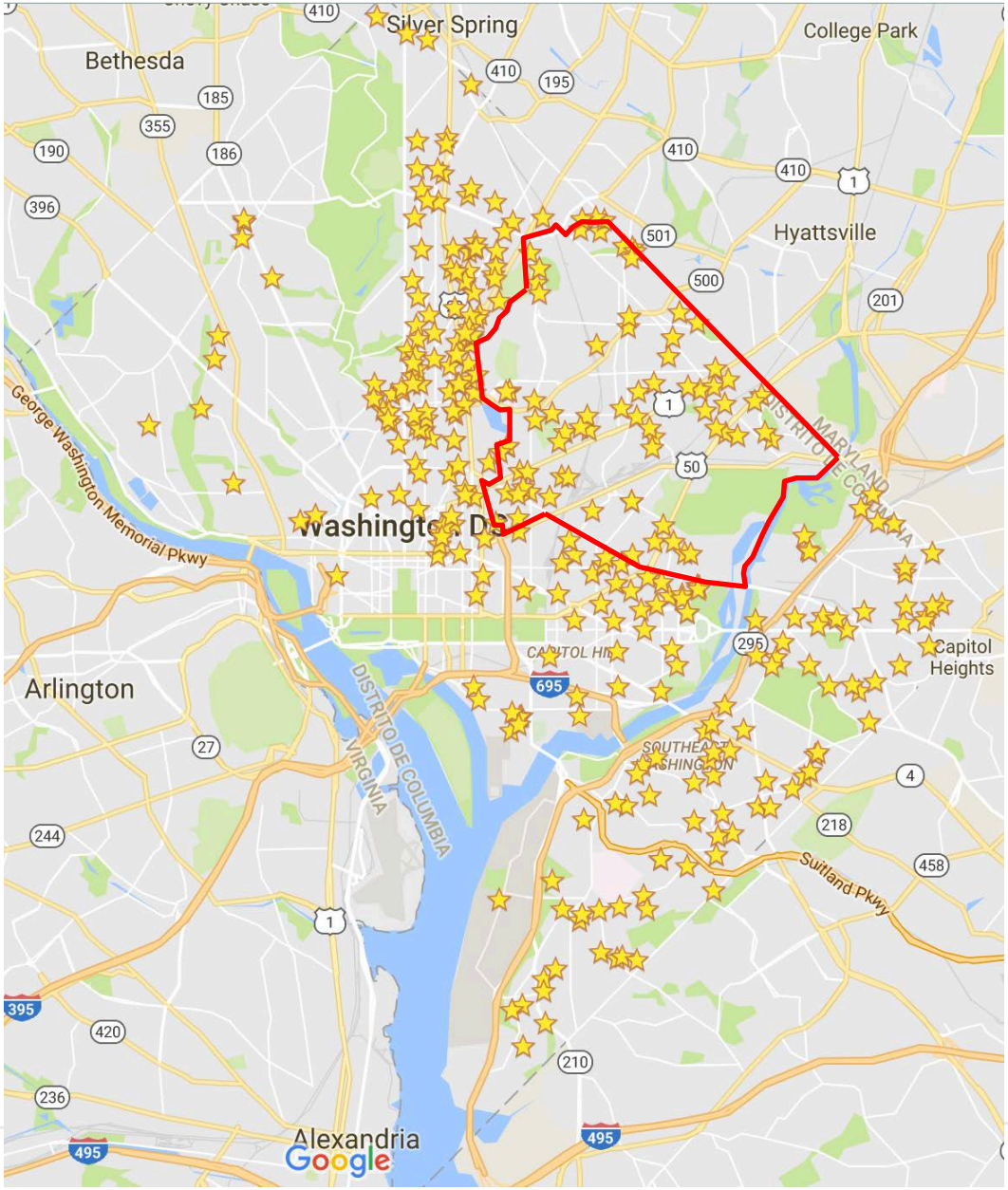


Original map by John Snow showing the clusters of cholera cases in the London epidemic of 1854





Every pin represents a woman living in Washington DC, who was diagnosed with Stage III-IV breast cancer



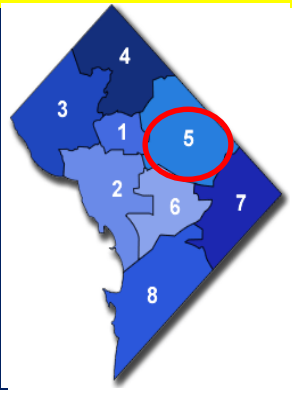
Colorectal Cancer Stage II-IV 2006-2015

610 cases

July 15, 2019

MWHC Get2
Breast CARE Program

Cancer
Awareness &
Resource
Education in
Ward 5

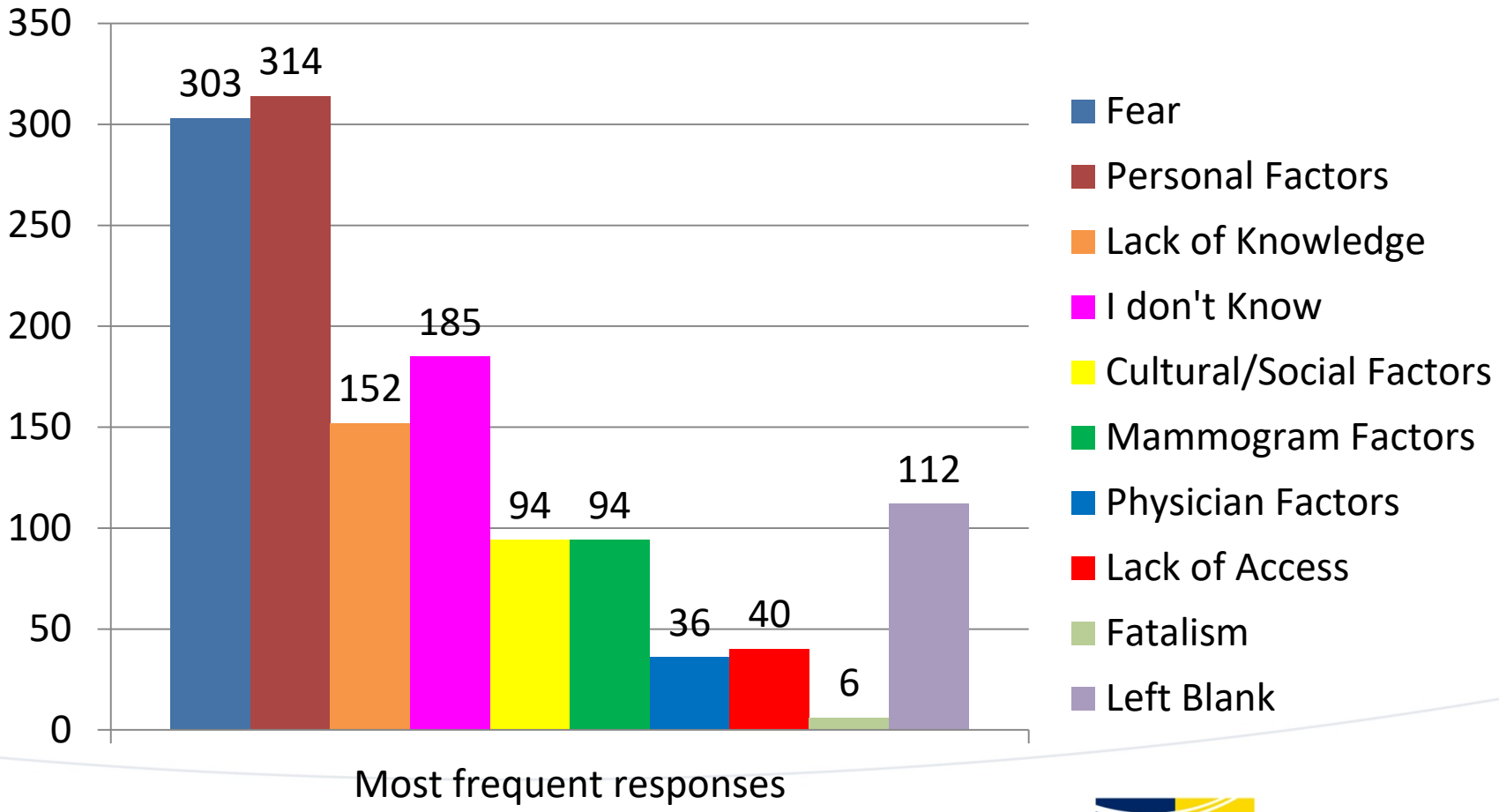


Breast Cancer Prevention in the Neighborhood: Phase I

To explore possible reasons that explain why women who live in Ward 5 are suffering from late stage/advanced breast cancer even though they have health insurance

Why do you feel that women who live in Ward 5 are suffering from late stage/advanced breast cancer even though they have health insurance?

1091 questionnaires / 1336 quotes



MWHC Get2
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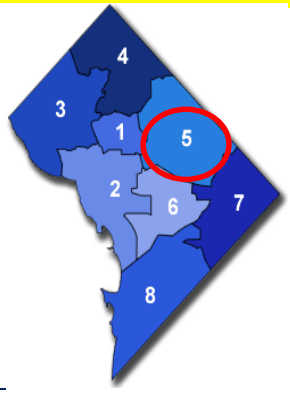
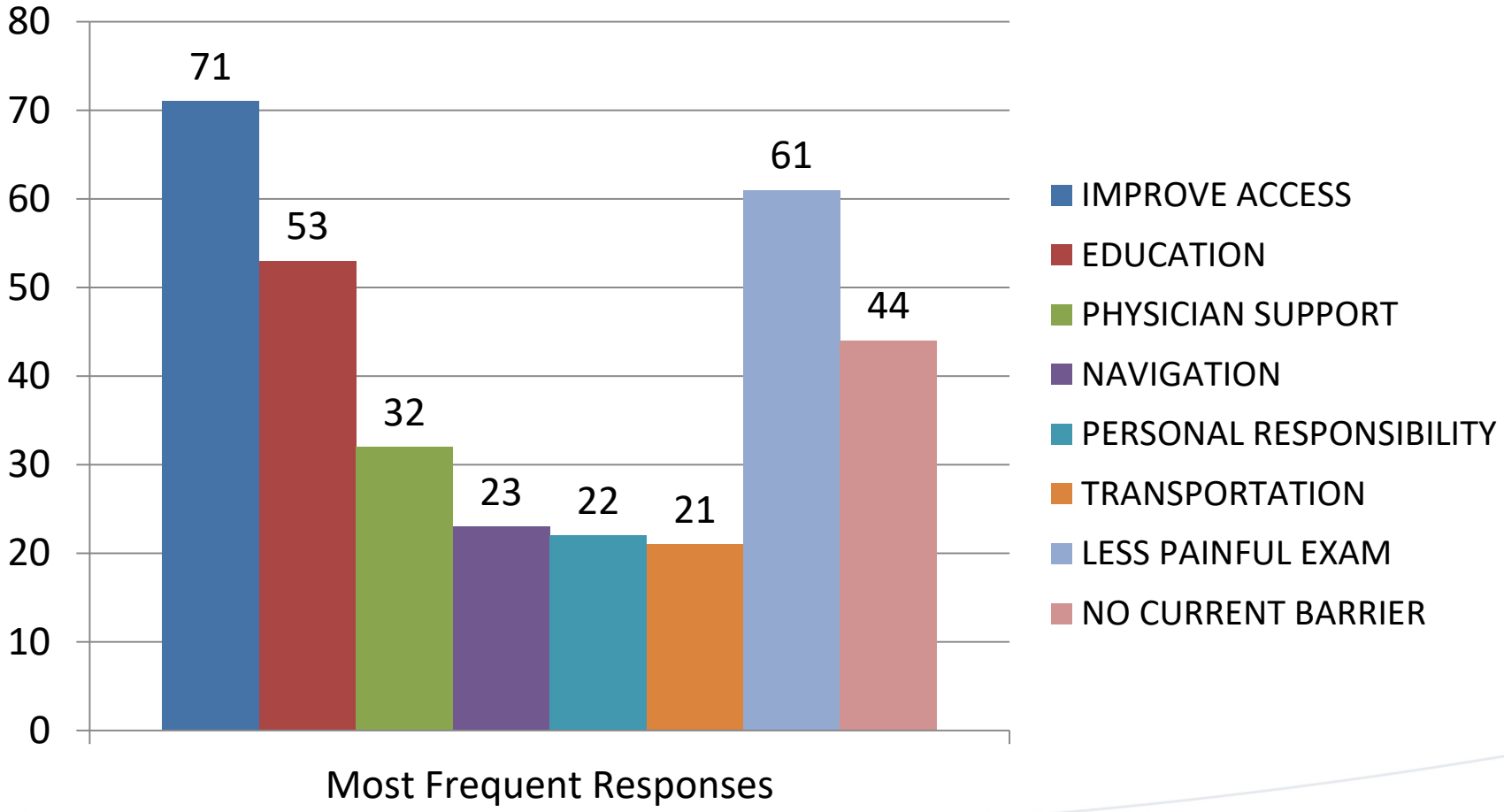


Breast Cancer Prevention in the Neighborhood: Phase II

An educational intervention in the community with messages based on Phase I study findings

What would make getting a mammogram easier for you?

397 questionnaires. 327 quotes



MWHC Get2
Breast CARE Program

Cancer
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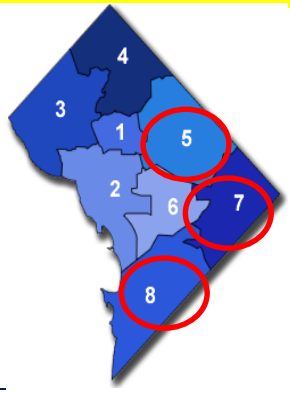


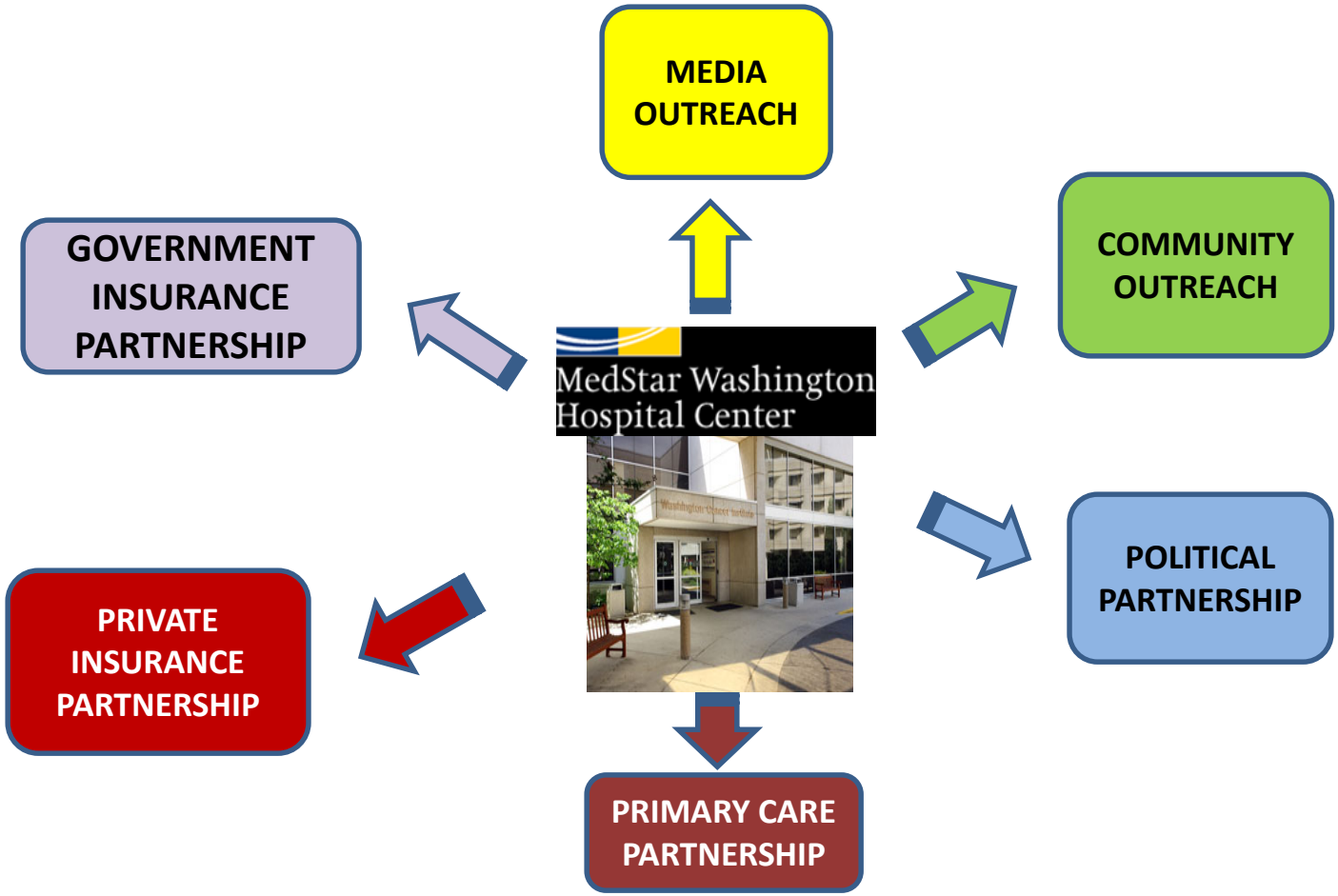
Breast Cancer Prevention in the Neighborhood: Phase III-IV (ongoing)

Expanding Educational Interventions to Wards 7 and 8

Knowledge and Compassion ***Focused on You***

MedStar Washington Hospital Center

Colon Cancer Prevention in the Neighborhood



Latinos

28 years exposure to a daily media-based health education program

Common characteristics

Poverty

Fear

Fatalism

Differential characteristics

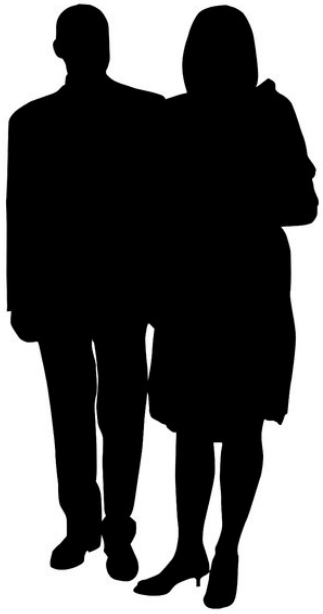
Culture

Language

Immigration status

Health insurance coverage

Ward 5 African American



No consistent educational programs

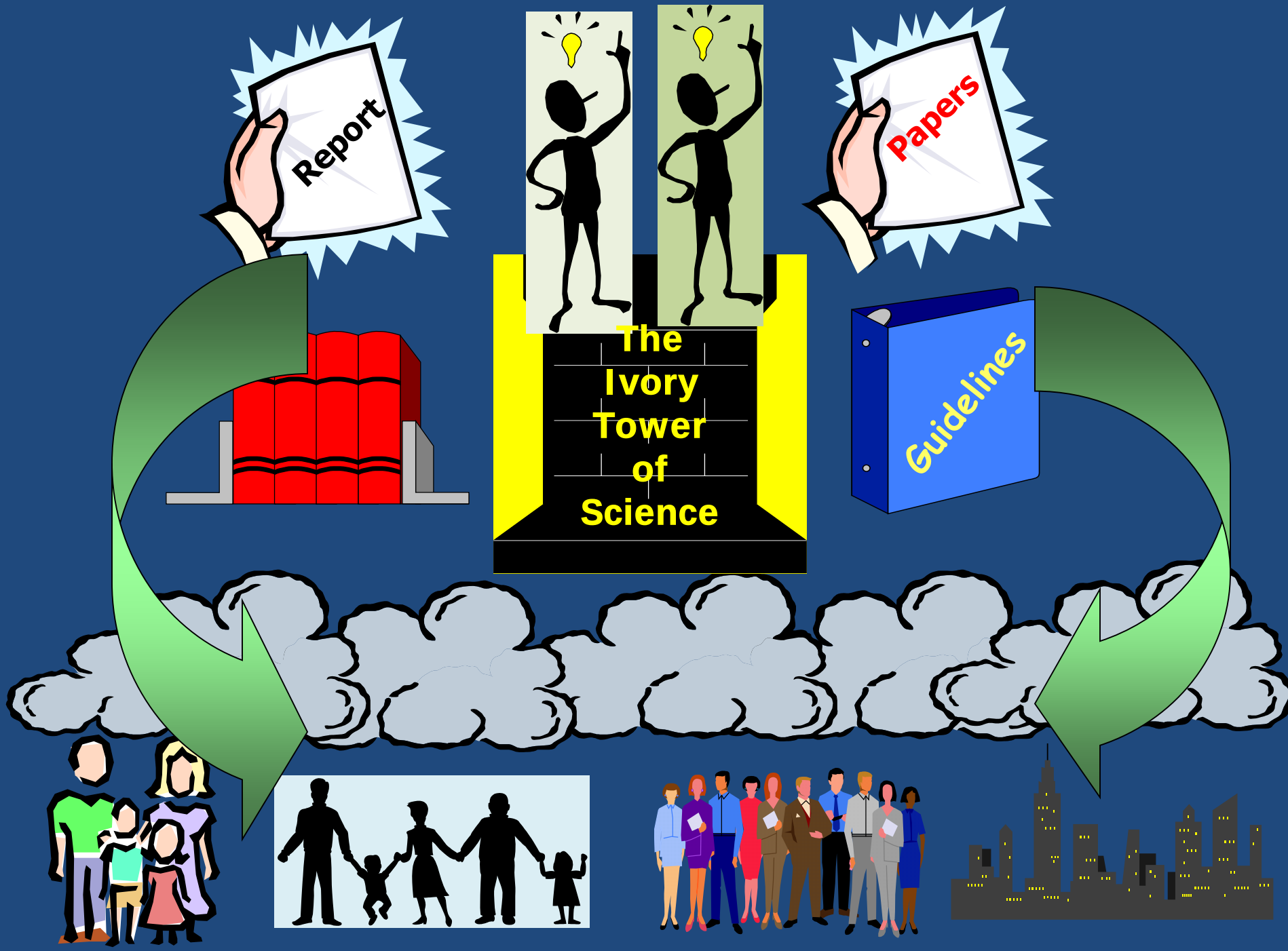
I still consider good information to be the best medicine

Michael E. DeBakey, MD
Inventor, Surgeon, Educator,
(1908–2008)

Knowledge exists in two forms -lifeless, stored in books- and alive in the consciousness of men

The second form… is the essential one.

Albert Einstein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Tower
of
Science
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Thank you