

Race and Place Matters in Delivering High Quality Cancer Care

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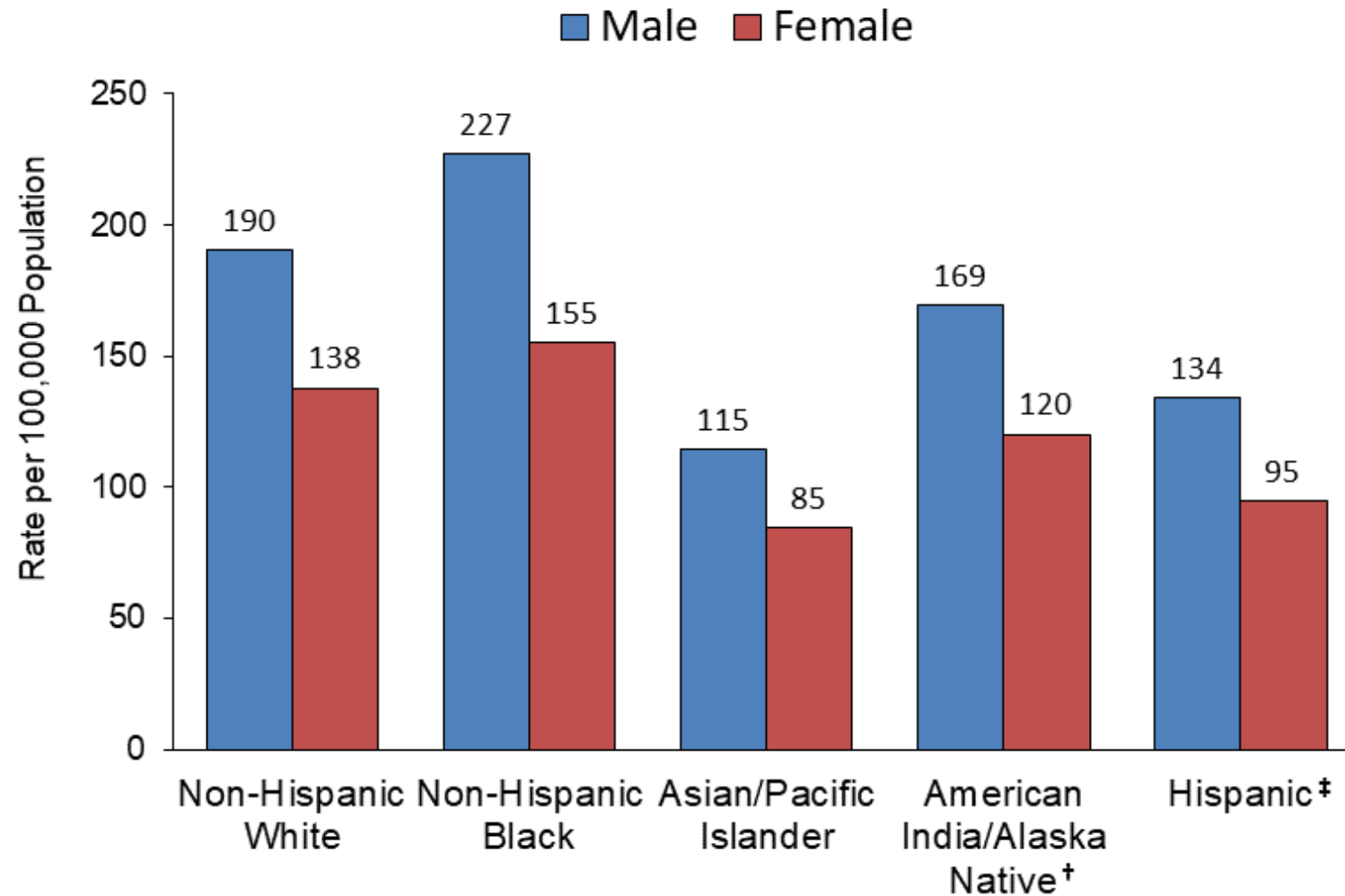
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Race Matters

Cancer Death Rates* by Race and Ethnicity, US, 2014-2018



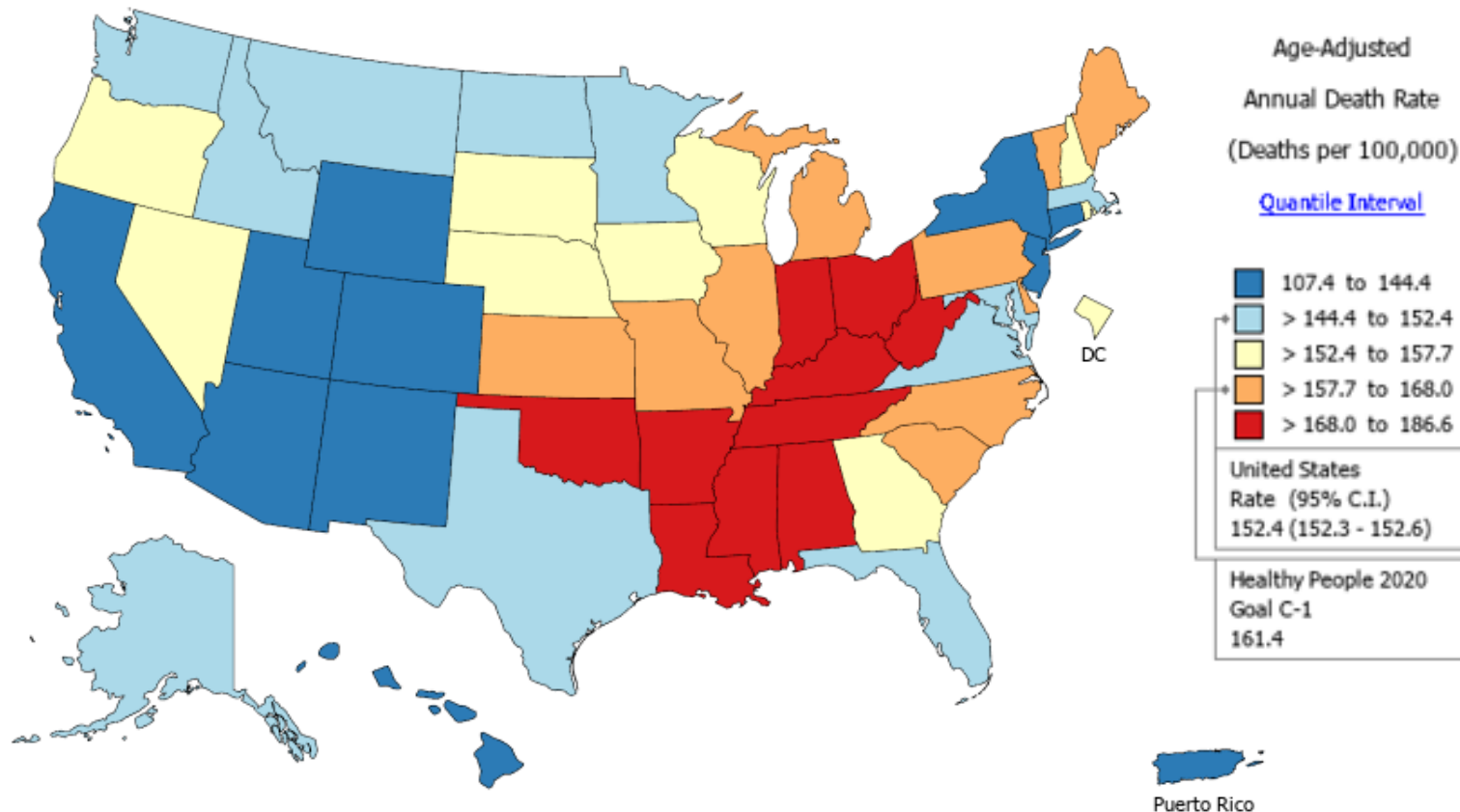
The overall cancer death rate is higher for non-Hispanic Blacks than any other group.

Available at: <http://www.cancer.org>

*Per 100,000, age-adjusted to the 2000 US standard population. [†]Data based on Purchased/Referred Care Delivery Area counties. [‡]Persons of Hispanic origin may be of any race. Sources: National Center for Health Statistics, Centers for Disease Control and Prevention, 2020

Place Matters

Death Rates for United States by State, All Cancer Sites, 20152019 All Races (includes Hispanic), Both Sexes, All Ages

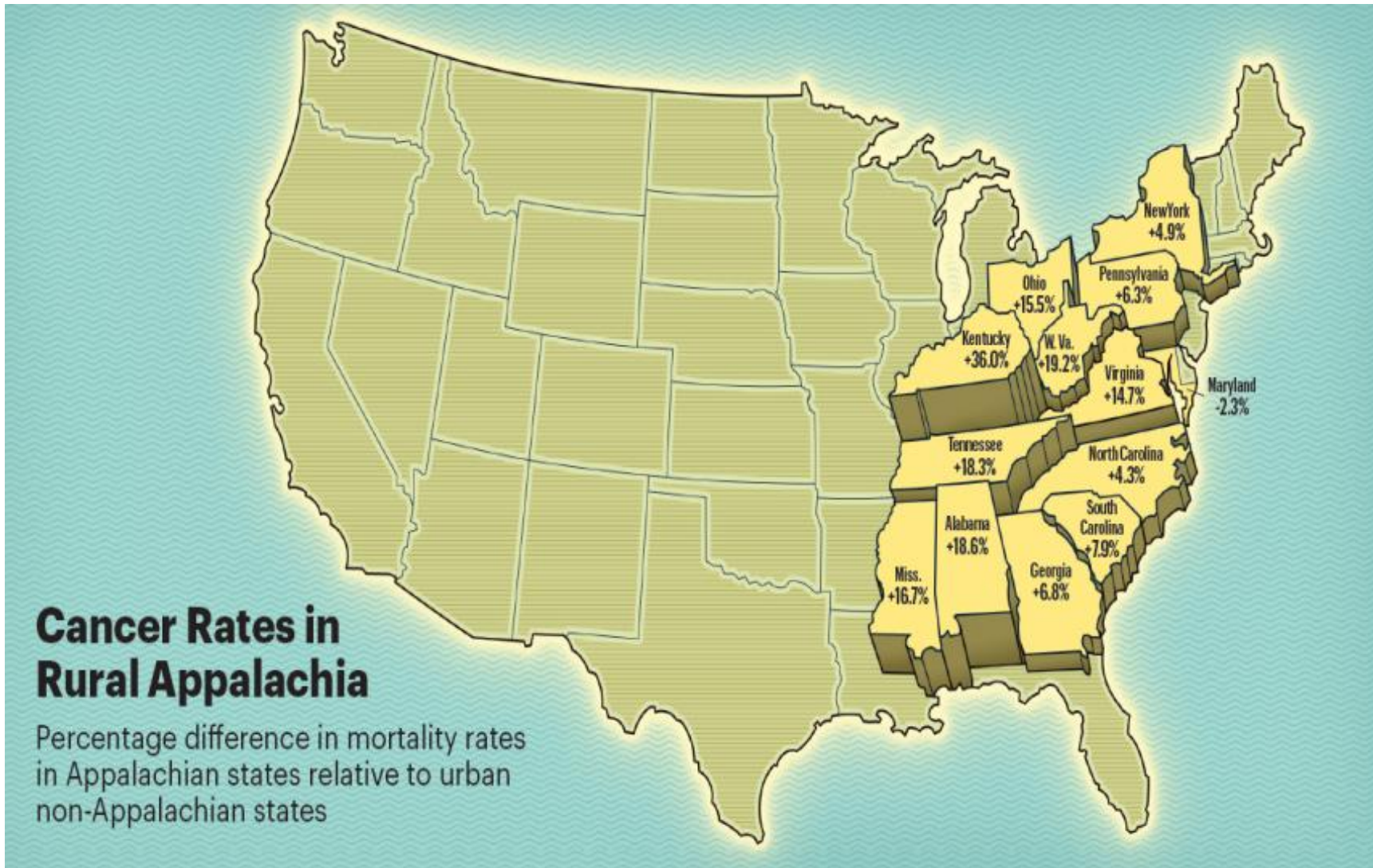


Midwest and Southern regions have higher overall cancer death rates in the United States

Available at: State Cancer Profiles,
<http://statecancerprofiles.cancer.gov/>

Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates (deaths per 100,000 population year) are age-adjusted to the 2000 US standard population.

Place Matters



Higher cancer death rates in rural Appalachian counties than urban non-Appalachian counties in the United States

Source:
<https://ascopost.com/issues/september-25-2017/stemming-the-growing-cancer-crisis-in-rural-appalachia/>

Illustration by Peter and Maria Hoey
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Intersection of Race, Place and Cancer Mortality

Age-Adjusted Cancer Mortality Rates per 100,000 by Rurality by Region

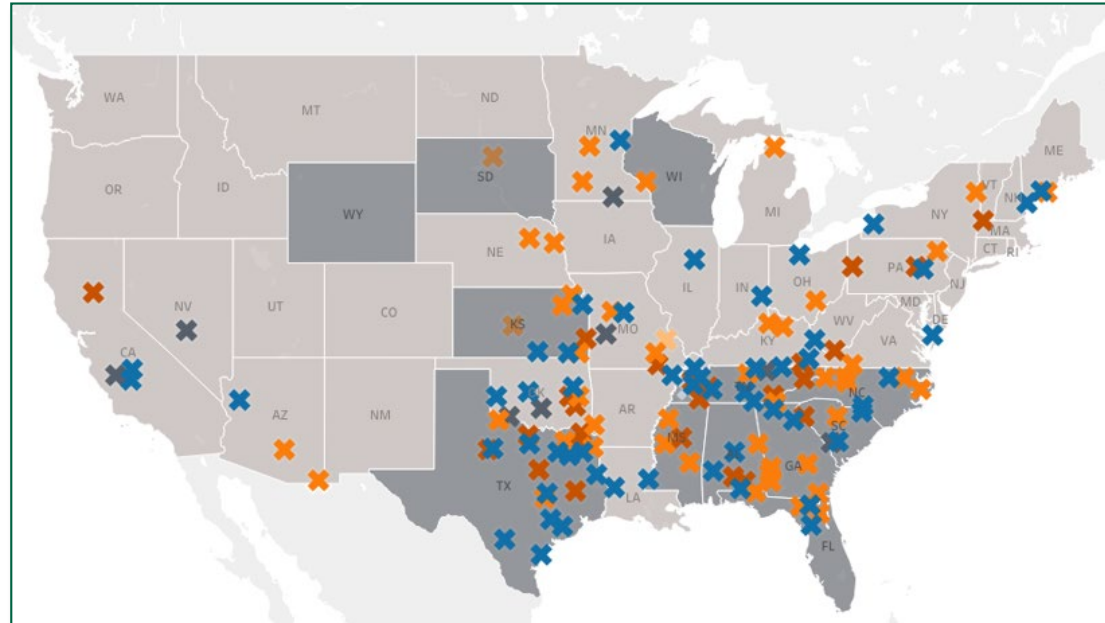
	The United States (n=3,143 counties) Rate (95% CI)			Appalachia (n=420 counties) Rate (95% CI)			The Delta (n=252 counties) Rate (95% CI)	
	Whites	Blacks		Whites	Blacks		Whites	Blacks
All Cancers	170.9 (170.7-171.1)	202.0 (201.3-202.7)		186.2 (185.5-186.9)	211.7 (208.7-214.7)		191.6 (190.2-193.0)	231.3 (228.6-234.0)
Breast Cancer (Female)	21.3 (21.2-21.4)	30.2 (29.9-30.5)		21.7 (21.4-22.0)	29.5 (28.4-30.9)		21.3 (20.7-21.9)	34.9 (33.6-36.2)
Cervical Cancer	2.1 (2.4-2.1)	4.0 (3.9-4.1)		2.5 (2.4-2.6)	3.8 (3.3-4.3)		2.6 (2.4-2.8)	5.6 (5.4-6.1)
Prostate Cancer	19.8 (19.7-19.9)	46.3 (45.7-46.9)		19.9 (19.5-20.3)	49.6 (49.2-50.0)		19.8 (19.4-20.5)	52.9 (50.5-55.3)
Lung Cancer	47.9 (47.8-48.0)	50.6 (50.2-51.0)		57.8 (57.4-58.2)	55.9 (54.4-57.4)		62.0 (61.2-62.8)	60.2 (58.8-61.6)
Colorectal Cancer	15.0 (14.9-15.1)	21.4 (21.2-21.6)		16.6 (16.4-16.8)	22.1 (21.4-23.1)		17.8 (17.4-18.2)	26.3 (25.4-27.2)

Source: Zahnd, Jenkins, Mueller-Luckey. J of Health Care for the Poor and Underserved, 28 (1), 2017. pp. 315-328

CI = confidence interval

Challenges to Access to High-Quality Care

138 Closed Rural Hospitals Since 2010



Updated 7/12/2021
Stroudwater and Associates

Source:
<https://public.tableau.com/app/profile/stroudwater.associates/viz/ClosedRuralHospitalsSince2010/ClosedRuralHospitals>

Rural Hospitals In The Deep South Were Already Financially Vulnerable. COVID-19 Will Make It Worse.

Mississippi and Alabama have two of the highest rates of financially vulnerable rural hospitals, according to a study by The Chartis Group. Louisiana is faring better -- largely because the state expanded Medicaid -- but COVID-19 will still pose challenges.

State	Total Rural Hospitals	% Rural Hospitals Vulnerable	Closed Hospitals
Louisiana	57	16%	0
Mississippi	64	42%	6
Alabama	45	38%	5
U.S.	2,160	21%	113

Table: Patrick Madden WWNO/WRKF

• Source: The Chartis Group: The Instability of the Rural Health Safety Net: Policy Impact, Hospital Vulnerability and the Impact of Covid-19, April 2020

• Created with Datawrapper

Source: <https://www.wwno.org/latestnews/2020-04-20/covid-19-crisis-threatens-to-bankrupt-and-close-struggling-hospitals-in-the-rural-south>



Challenges to Access to High-Quality Care

Provider Bias

Higher implicit racial bias of oncologists associated with:

- Shorter patient interactions
- Less patient-centered and supportive care
- Greater patient difficulty remembering contents of the interaction
- Less patient confidence in recommended treatments and greater perceived difficulty completing them

Source: Penner et al. The Effects of Oncologist Implicit Racial Bias in Racially Discordant Oncology Interactions. *J Clin Oncol*. 2016; 34(24): 2874-2880

- Recruitment interactions with potential minority participants perceived as challenging
- Potential minority participants were not perceived to be ideal study candidates
- Negative perceptions of minority study participants led to providers withholding clinical trial opportunities from potential minority participants
- Race was perceived as irrelevant when screening and recruiting potential minority participants for clinical trials

Source: Niranjana et al. Bias and stereotyping among research and clinical professionals: Perspectives on minority recruitment for oncology clinical trials. *Cancer*. 2020; 126(9): 1958-1968

Challenges to Access to High-Quality Care

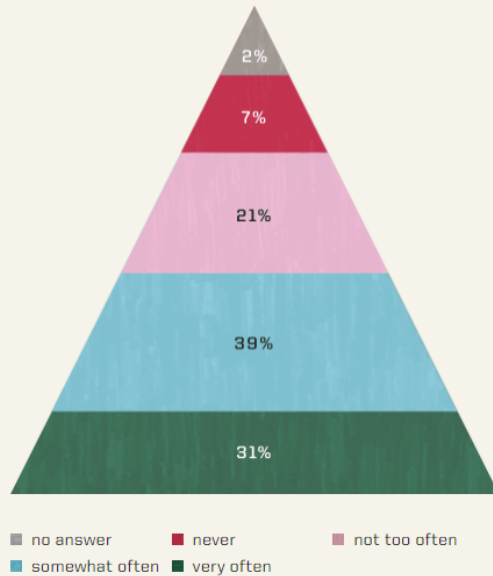
Limited Trust in Providers and Medical Research

Generally speaking, how often do you think our health care system treats people unfairly based on their race or ethnic background?

BLACK

HISPANIC

WHITE



Do you think doctors not providing the same level of care to Black people is a reason why they have worse health outcomes on average than white people?

BLACK

HISPANIC

WHITE



<https://theundefeated.com/features/new-poll-shows-black-americans-see-a-racist-health-care-system-setting-the-stage-for-pandemics-impact/>
Oct 2020



Photo Credit: National Archives of Atlanta

Tuskegee Syphilis Experiment 1932-1972

The Boston Globe

'Why should we trust you?' Black Americans, hardest hit by COVID-19, are the most skeptical of potential vaccines

By Deanne Pan [Globe Staff](#), Updated August 18, 2020, 12:13 p.m.

[top](#) The Washington Post

70 years ago, Henrietta Lacks's cells were taken without consent. Now, her family wants justice.

By Emily Davies

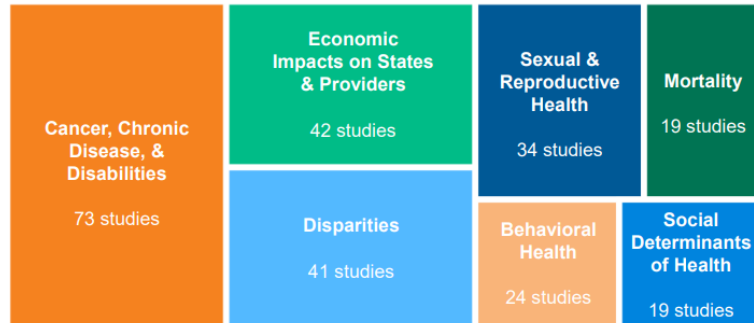
October 4, 2021 at 7:39 p.m. EDT

Opportunities to Increase Access to High -Quality Care

Expansion of Medicaid

Figure 1

Recent studies find positive effects of the ACA Medicaid expansion across a range of categories.



SOURCE: KFF analysis of 197 studies of the impact of state Medicaid expansion published between February 2020 and March 2021.

KFF

- increased insurance coverage rates among cancer patients and survivors
- increases in early stage cancer diagnosis rates
- increased cancer screenings such as mammograms.
- Increased rates of human papillomavirus (HPV) vaccines
- Reduced disparities in coverage by income and/or education
- Decreased socioeconomic disparities in utilization of care and individual financial stability
- Greater improvements in access to care in rural areas including access to mental health care
- Rural hospitals experienced particularly substantial improvements in financial performance

<https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicare-expansion-february-2020-to-march-2021/>

Opportunities to Increase Access to High -Quality Care

Reduce Barriers to Clinical Trials Enrollment

Clinical Trial Mythbusters

LET US CLEAR UP SOME MYTHS YOU MAY HAVE HEARD ABOUT CLINICAL TRIALS.

MYTH #1	MYTH #2	MYTH #3	MYTH #4	MYTH #5
<p>“ They don’t know anything about the treatments we are testing. ”</p>	<p>“ They won’t give us treatment if we sign up. ”</p>	<p>“ I better do this if I want my doctor to continue treating me. ”</p>	<p>“ If they treat you or operate on you, air will hit it and cause it to spread. ”</p>	<p>“ Clinical trials are mainly for people without any good treatment options left. ”</p>
<p>FACT We already have information about the treatment and how it works.</p>	<p>FACT You may get the newest treatments early and you still get good care and treatment during a trial.</p>	<p>FACT It is up to you if you want to do a clinical trial or not. Even if you start doing a trial you can stop doing it at any time you want.</p>	<p>FACT This is not true. Often, it is during surgery that the extent of cancer spread (metastasis) becomes visible.</p>	<p>FACT Regardless of the stage of treatment or diagnosis people can still join.</p>

For more information call or email:
205-975-0003 | coeinfo@uab.edu

O'NEAL COMPREHENSIVE
CANCER CENTER
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Representation Matters!

Clinical trials can help anyone but did you know everyone is not equally represented?

Rates of participation for some racial/ethnic groups are much lower than others.

The percentages for clinical trials participation are: ¹

6% for African Americans	3% for Asian Americans	2% for Hispanics	83% for Caucasians
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<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.28168>

Treatments work differently in people. It is important to understand how ALL people respond to them. So, representation from ALL people is vitally important.

Clinical Treatment Act

- Beginning January 2022, part of the \$2.3 trillion omnibus spending and relief package passed by Congress in Medicaid patients “routine costs” (e.g., doctor visits, diagnostic tests, and hospital stays) associated with participating in clinical trials will be covered.

TakvorianSU, Guerra CE, Schpero WL. A hidden opportunity – Medicaid’s role in supporting equitable access to clinical trials. *JAMA*, 2021 May, 384(21):1975-1978.

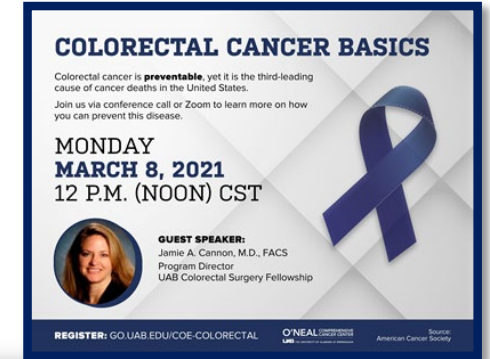
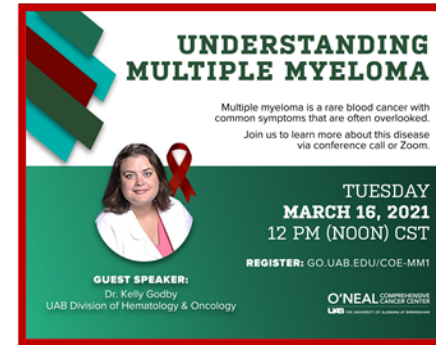
Opportunities to Increase Access to High -Quality Care

Build trust between patients, providers and the healthcare system

- Providers participate in community educational opportunities
- Trained local lay staff and volunteers agree to be a link between community members and the service delivery system
- Lay Patient Navigators walk through the cancer care continuum with patients

Hardy, CM, et al. African American community health advisors trained as research partners: recruitment and training. *Fam Comm Health* 2005; 28(1):28-40

Fouad MN, Acemgil A, Bae S, et al. Patient Navigation As a Model to Increase Participation of African Americans in Cancer Clinical Trials. *J Oncol Pract*. 2016;12(6):556-563.



Provide patients tailored info about clinical care (including trials), patient rights, and protections

Follow-up calls with patients after clinic visit to answer questions about care and clinical trial participation

Navigate patients to institutional services and community resources

Provide emotional and social support to patients

U01CA086128; U01CA114619;
U54CA153719, P30CA013148

Opportunities to Increase Access to High -Quality Care

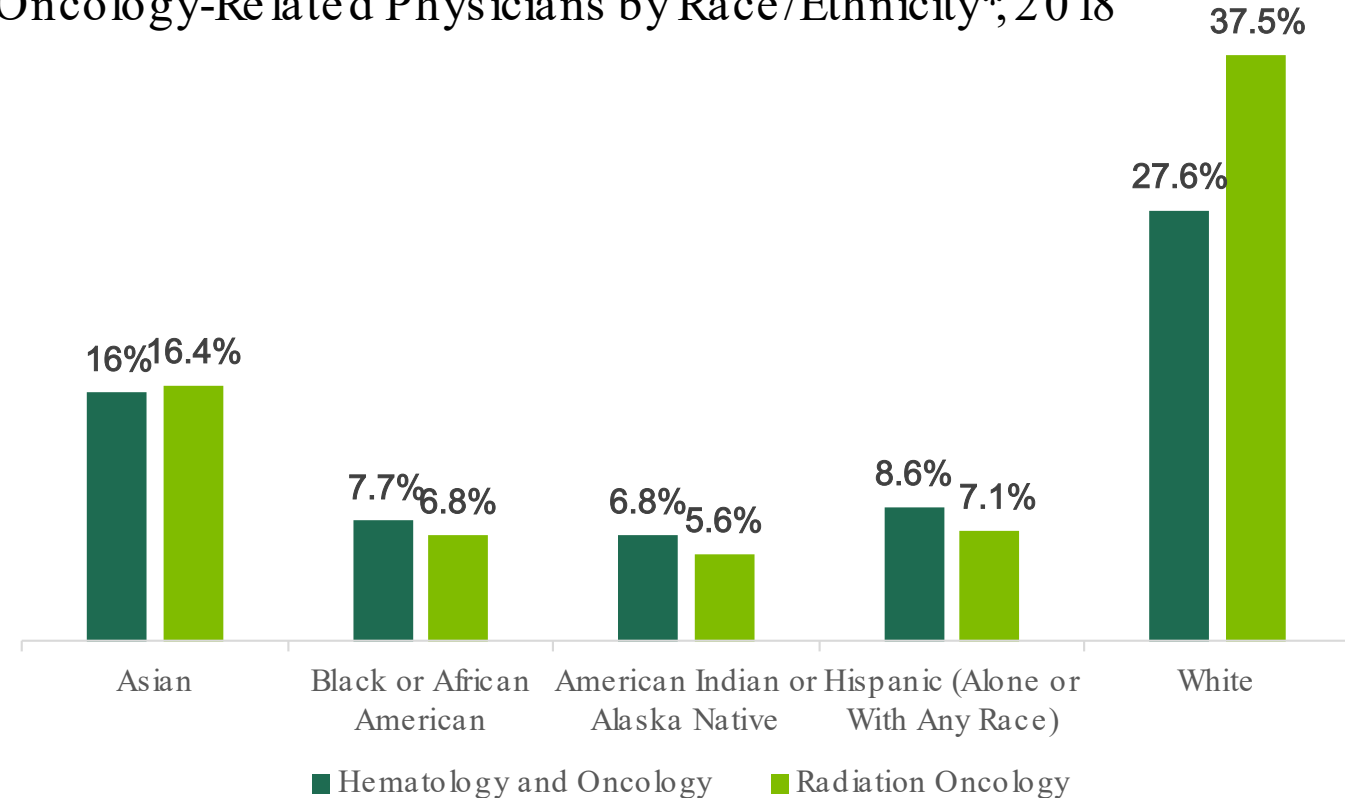
Diversity in the Biomedical Workforce



“...in a world still shaped by systemic racism, black patients are more likely to trust, and heed the advice of, black physicians...”

Alsan M, Garrick O, Graziani G. Does diversity matter for health? Experimental evidence from Oakland. *American Economic Review* 2019, 109(12):4071-4111.

Oncology-Related Physicians by Race/Ethnicity*, 2018



*Unknown, multiple race omitted

Sources: <https://www.aamc.org/data-reports/workforce/data/table-13-practice-specialty-males-race/ethnicity-2018>; <https://www.aamc.org/data-reports/workforce/data/table-12-practice-specialty-females-race/ethnicity-2018>

A grayscale background image of a woman with sunglasses and a scarf holding a baby. She is holding a white sign with handwritten text. The text on the sign reads "1 in 8" on the top line and "Beat the Rate" on the bottom line. The sign is flanked by two stylized ribbon symbols.

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