Intersectionality in Cancer Care Equity

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Promoting Health Equity in Cancer Care

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What Can Science Do to Reduce Inequities?

- **Standardized measurement of demographic and social factors that affect health**
- **Be an engine for promoting diversity of the scientific and clinical workforce**
- **Cultivate community engagement and build trust for sustainable relationships**
- **Implement what we know can work to promote health equity**

Promoting Health Equity in Health Care to Reduce Disparities

- **Expand Access: Health insurance, place and clinician as fundamental: ACA experiment**
- **Public Health Consensus: Cancer Screening**
- **Coordination of Care: Systems, navigators, and target conditions**
- **Patient-Centered Care: PCMH, effective communication, cultural humility, primary care saves lives**
- **Leverage health IT and EHR to address equity**
- **Performance measurement: Risk, need Equity Quality Measure**

Insurance Status, Race and Breast Cancer Detection

- Diagnosis of stage I/II BC is curable and the goal of screening
- Retrospective cross-sectional population-based study using SEER on 177,075 women ages 40-64 with stage I/II/III BC from 2010-2016
- Main outcome stage I/II vs. III
- Age 53.5 y, 83.7% had insurance, 16.3% uninsured/ Medicaid, 11.8% Black, 13.5% Latina, 0.6% AI/AN, 10.3% A/PI
- Risk of stage III: **Medicaid/uninsured 20% vs 11%**
- Adjusted for insurance and SES, **OR by race/ethnicity: Blacks 1.29, Latinas 1.17, AI/AN 1.11**
- Half of disparity mediated by insurance

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Ko NY, et al. JAMA Oncology. 2020 Jan

Patient-Clinician Communication Matters

- **Directly linked to higher patient satisfaction scores, better adherence with recommended treatments and improved health outcomes**
- **Race concordant visits for African American patients are longer and more patient-centered**
- **In MEPS, African American and Latino physicians care for >50% of minorities, >70% LEP, and more Medicaid/uninsured patients**
- **In 2020, only 14% of medical school graduates and 12% of practicing physicians were URM**

Diversity in Science and Medicine is a Demographic Mandate

- Develop a diverse clinical workforce that will care for those 40% of patients (>50% children)
- Develop a diverse biomedical scientific workforce that will conduct *better* biomedical research in all areas of science
- Engage under-represented populations to participate in research
- Equal inclusion of people from all backgrounds especially those viewed differently because of exclusionary practices

Generalists to Provide Ongoing Care with Cancer Patients

- Shift models of care to population health built on strong primary care
- Generalists to coordinate care and sustain trusting long-term relationships with patients
- Breast, Colon and Prostate cancers are more like chronic diseases
- Annual screening mammograms in survivors
- Management of prevention services, other chronic conditions, therapeutic relationships

Populations with Health Disparities

- **Racial/ethnic minority populations defined by Census**
- **Less privileged socio-economic status**
- **Underserved rural residents**
- **Sexual and gender minorities**
- Social disadvantage that results in part from being subject to discrimination or racism, and being underserved in health care
- **A health outcome that is worse in these populations compared to a reference group defines a health disparity**

Race/Ethnicity and Socioeconomic Status are Fundamental in Determining Health

- **Race/ethnicity and SES predict life expectancy and mortality that are not fully explained**
- **Most chronic diseases are more common in persons of less privileged SES**
- **Cancer rates substantially vary by race, ethnicity, social class and birthplace**
- **Among persons who smoke, lung cancer rates vary by race and ethnicity after adjusting for amount of combustible tobacco exposure**

Prevalence of Obesity among Youths by education Level of Head of Household, Less than HS vs. College Degree, US, 2011-4

	% Males	% Females
Whites	16.9 / 9.6	22.5 / 7.5
Blacks	21.1 / 14.5	21.0 / 16.3
Latinos	24.4 / 12.9	23.9 / 14.0
Asian	16.9 / 7.9	9.2/ 3.3

MMWR February 16, 2018; 67: 186-189

Perception of Unfair Treatment: 2015

In past 30 days, were you treated unfairly because of racial or ethnic background in store, work, entertainment place, dealing with police, or getting healthcare?

	Percent Agree	
	All	Health
Latinos	36%	14%
African Americans	53%	12%
Whites	15%	5%

Trust in clinician/institution? Role of Unconscious Bias?

Kaiser Family Foundation Survey of Americans on Race, November 2015.

Racism as Research Construct

- *Interpersonal*: Most work done, good measures developed, associations established
- *Internalized*: How discrimination effects individuals who are not aware or sublimate; accept cultural or biological inferiority
- *Perceived societal discrimination*: What does an individual perceive happens in society
- *Structural*: History, culture, institutions, policies and codified practices that perpetuate inequity by promoting an ideology of inferiority

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