

Cultivating Strategic Partnerships in Community Engagement



Karen Winkfield, MD, PhD

Executive Director, Meharry-Vanderbilt Alliance

Ingram Professor of Cancer Research

Professor of Radiation Oncology

Vanderbilt University Medical Center

Professor of Medicine, Meharry Medical College

High Quality Cancer Care Workshop
Washington, DC
October 5, 2023

Disclosures

• I have no conflicts of interest to disclose.



Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations







Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations

Key Findings: High Impact Practices

Priority Actions Between CCC Domains





Community Engagement

• Engage non-traditional stakeholders • Build advocacy coalitions • Engage patients through trusted community partners • Leverage Technology and engagement platforms



Patient Navigation (PN)

- Standardize best practices for lay navigation (focus on DX through Survivorship)
- Include PN in cancer TX guidelines, clinical trial protocols, CMMI and clinical care teams
- Establish community-academic partnerships to support PN Enhance/Ensure reimbursement; emphasize and coordinate PN efforts across institutions



Data Collection

Develop toolkits to collect SDOH data • Collect sexual orientation/gender identity (SOGI)
data • Work with payors to access claims data that highlight gaps in the CCC • Gather data
directly from patients to inform programs • Conduct benchmarket projects; share and
expand



Health Equity

• Implement the HHS action plan to reduce racial and ethnic health disparities • Build addressing SDOH impact into accreditation programs with teeth • Develop health equity scorecard for health systems • Build capacity for trusted community engagement

Screening to Diagnosis

- Add patient navigators to identify, and address barriers
- Assess SDOH before first appt with provider
- Focus on information that a patient needs that day
- Ensure that patients have access to a portal and know what to do next
- Provide cancer screening services, use mobile units to reach communities
- Ensure systems are built within EMRs to enable active follow up (by PN) of abnormal screening results
- Systematically implement shared

Diagnosis to Treatment

Treatment to Survivorship

- Develop PN practices across institutions that ensure "warm hand offs"
- Critical: Same trusted PN is needed from screening through treatment
- Track patients through second opinion to ensure follow up
- Metric tracking of days from DX to TX must trigger active outreach
- Focus on measurements with data/IT systems; entire care team needs to understand their roles
- Provide patients with oncology urgent care services for common

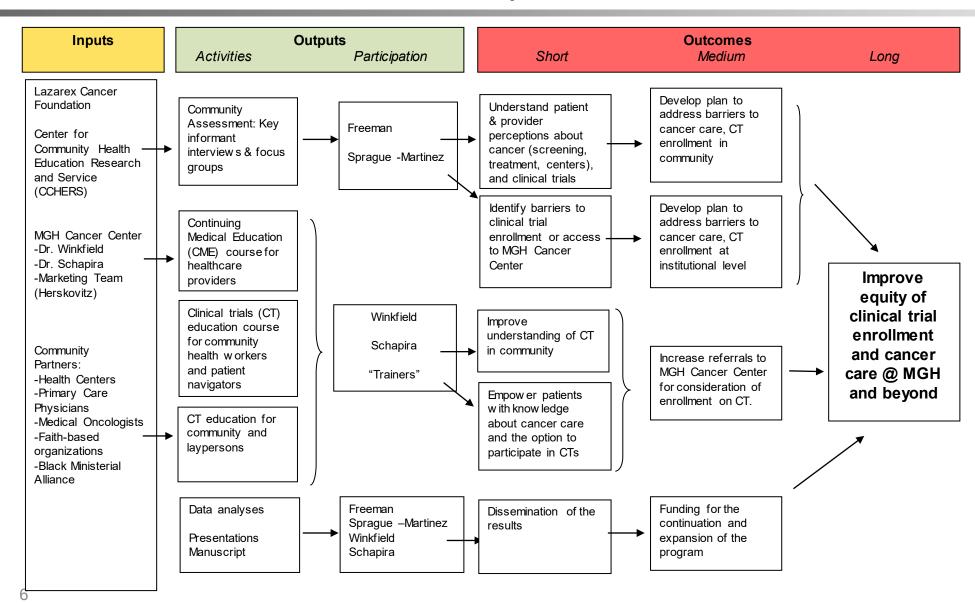
- Establish an advisory council with patients and community leaders to address local barriers and resource needs
- Develop community outreach programs with a focus on Survivorship
- Build and expand on partnerships with community leaders and Community Health Workers to provide training resources

PAVING THE ROAD TO HEALTH EQUITY



LOGIC MODEL:

Lazarex-MGH CCEP Community Outreach & Education



Programmatic Development: Wake Forest Baptist Health

- Population Health Navigation
 - Hispanic African American Rural AVA
- \$1.2M Programmatic Grants \$600K – NCI \$600K - Foundation
 - Transitions Program
 - Cancer Support Groups
 - Survivorship Clinic

Community Collaborations

- Cancer Screening & Prevention
 - Free mammogram program
 - Skin Cancer Screening
 - ANCHOR (NCI) Anal cancer prevention
 - CDC's Colorectal Cancer Control Program (State of VA)



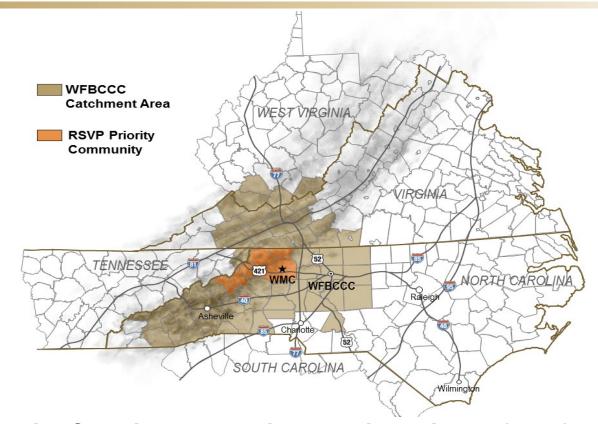
- Engagement in Rural Communities
 - Building Community Capacity for Cancer Control RSVP <u>Supplement Award P30 CA012197-43S2</u> (FY2018-19) ARRC <u>Supplement Award P30 CA012197-44</u> (FY19-20)



Rural Survivorship Navigation Program (RSVP)

6 counties in Northwest NC:

- Alleghany
- Ashe
- Avery
- Mitchell
- Watauga
- Wilkes



Aims:

- 1. Enhance our *understanding* of the *needs of rural cancer patients and survivors* along the cancer continuum
- 2. Address gaps via a rural *population health navigator*
- 3. Build community capacity for future CPC research by **developing collaborations** with community stakeholders and regional medical providers

RSVP: Community Assessment

Provider Needs

- Patient barriers: transportation, poverty, lack of resources
- *PCP needs:* education; better communication with specialists

Community Survey

- 80% agree there are so many different recommendations on preventing cancer, not sure which ones to follow
- 63% never screened for colon cancer
- 80% of men have never been screened for prostate cancer
- 36% of women have never had a mammogram
- 56% agree that it seems like everything causes cancer

Cancer Causes Control. 2022 Nov;33(11):1381-1386. doi: 10.1007/s10552-022-01621-7

RSVP: Survivor Assessment

Barriers:

- Cost of healthcare
- Help with paperwork/forms
- Meeting needs of other family members

Primary care:

- Average mileage to PCP- 21 miles
- Oncologist identified as main doctor for cancer-related care

Needed education:

- Nutrition/diet
- Decreasing risk of recurrence
- Cancer related follow-up tests to have
- Support/peer group

Cancer Causes Control. 2022 Nov;33(11):1381-1386.

doi: 10.1007/s10552-022-01621-7

RSVP: Community Engagement

Partners

Allura USA

American Cancer Society- Wilkes

Care Connection Pharmacy-Wilkes

Novant Oncology Clinic- Wilkes

Seby B. Jones Cancer Center- Watauga

Surry County Health Department

RCCOP Stakeholder Advisory Committee

Tyson Foods

Wilkes County Health Department (FQHC)

Wilkes Multidisciplinary Team

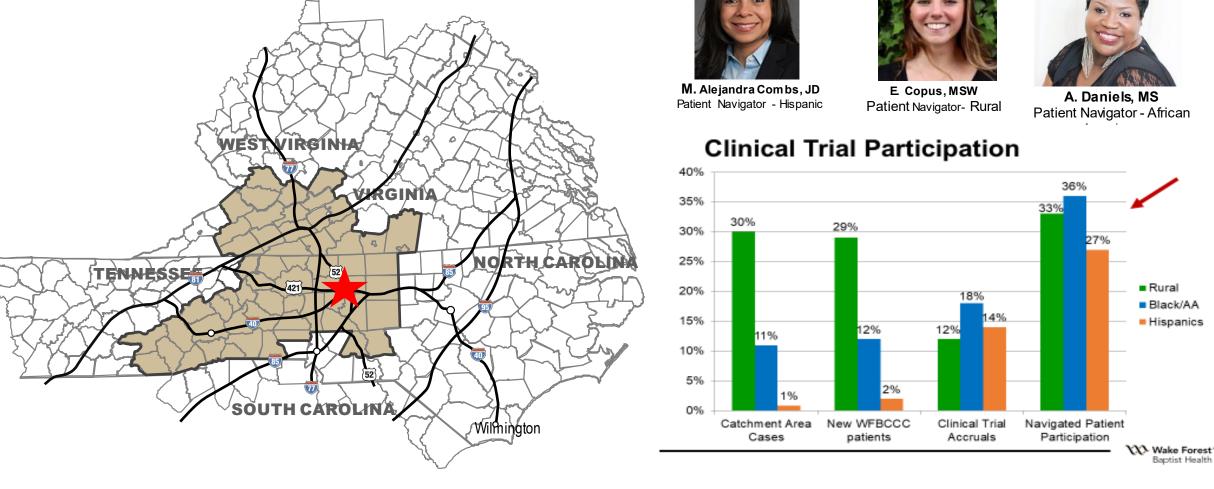
Wilkes Medical Center

Wilkes YMCA-Livestrong

- Environmental scan
- Stakeholder Advisory Committee
- 24 primary care teams
- ACS/Wilkes Relay for Life



Wake Forest Baptist Health: Population Health Navigation



Strom C, Combs MA, Weaver KE, Ruiz J, Winkfield K. *Hispanic Patient Navigation: Improving Cancer Care & Clinical Trial Participation*. **Advancing the Science of Cancer in Latinos**. Poster Presentation. February 22, 2018. San Antonio, TX.

JCO[®] Oncology Practice An American Society of Clinical Oncology Journal



Enter words / phrases / DOI / ISBN / authors / keywords / etc.

Search

Advanced Search

JCO Oncology Practice 19, no. 1 (January 01, 2023) 10-12

SPECIAL SERIES: TEAMS IN CANCER CARE



Creating the Right Team to Ensure Equitable Cancer Care: Whose Job **Equitable Cancer Care: Whose Job Is It Anyway?**

Karen M. Winkfield, MD, PhD^{1,2} and David G. Schlundt, PhD³

While collaboration has long been important in science and technology, its relevance has increased in the past 2 decades.^{1,2} The recent COVID-19 pandemic has team science, the study of the optimal development

surprising that the principals of team science have been applied to the cancer care team. 11 However,

Equity work MUST be intentional!!!



Awareness

- Get to know the issues
- Understand the social context
- Identify care gaps in your community

Assessment

• Measure & evaluate outcomes

Advocacy

- Policy Matters!!
- Resource allocation decisions:
 - Political, economic, and social systems
 - Institutions