Addressing Social Determinants of Health and Disparities in Cancer Risk Factors Across Populations

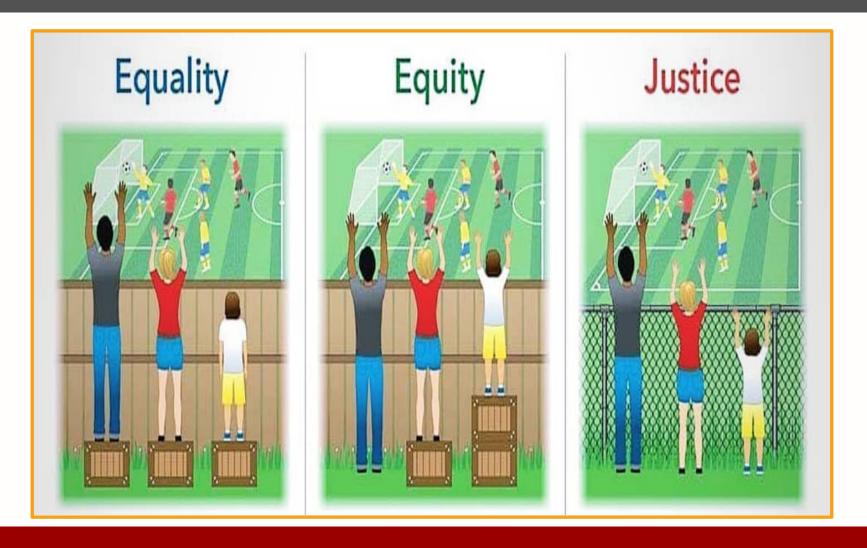
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Vision for Cancer Health Equity



Promote equity through effective approaches for early detection, prevention, and treatment



Determinants of Minority Health and Cancer Health Disparities

		Levels of Influence*				
		Individual	Interpersonal	Community	Societal	
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure	
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws	
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure	
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination	
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies	
Health Outcomes		Individual Health	Family/ Organizational Health	合 Community 合合 Health	Population Health	

National
Institute on
Minority
Health and
Health
Disparities
Research
Framework





c Some examples are Upstream, The Broadbent Institute, Health Nexus, the Canadian Medical Association, and the Canadian Nurses Association

National Collaborating Centre for Determinants of Health. (2014). Let's talk: Moving upstream. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

Cancer health equity research and interventions are moving upstream



Public Health Sciences

UPSTREAM INTERVENTIONS	MIDSTREAM INTERVENTIONS	DOWNSTREAM INTERVENTIONS
Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.	Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.	Seek to increase equitable access, at an individual or family level, to health and social services.
These changes generally happen at the macro policy level: national and transnational.	These changes generally occur at the micro policy level: regional, local, community or organizational.	These changes generally occur at the service or access to service level. They are about changing the effects of the causes.
They are about diminishing the causes-of-the-causes.	They are about changing the causes.	

National Collaborating Centre for Determinants of Health. (2014). Let's talk: Moving upstream. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

- Downstream interventions: Immediate health needs of disparity populations
- Midstream interventions: Target factors such as the quality of housing, food systems, and employment
- Upstream interventions: Target structural factors such as racism, exclusion



Public Health Sciences

SOCIAL DETERMINANTS FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.



HEALTHY FOOD

6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.







INCARCERATION

The incarceration rate in the U.S. grew by more than 220 % between 1980 and 2014, though crime rates have fallen.



ENVIRONMENT



ACCESS TO CARE





POVERTY

GRADUATION



HEALTH COVERAGE



More than 89% of U.S. adults had health coverage in 2014. **But 33 million Americans** still lacked insurance.



www.thenationshealth.org/sdoh



Stress



Social Connections

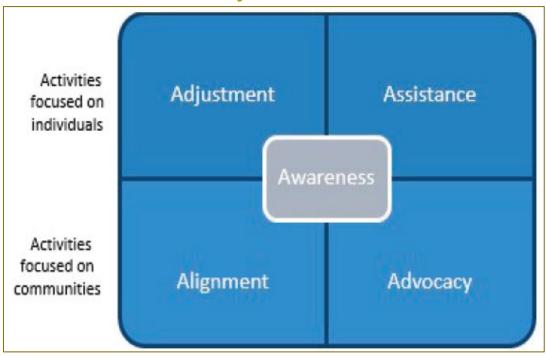
"Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all." Healthy People 2030







National Academies – Integrating Social Care into the Delivery of Health Care

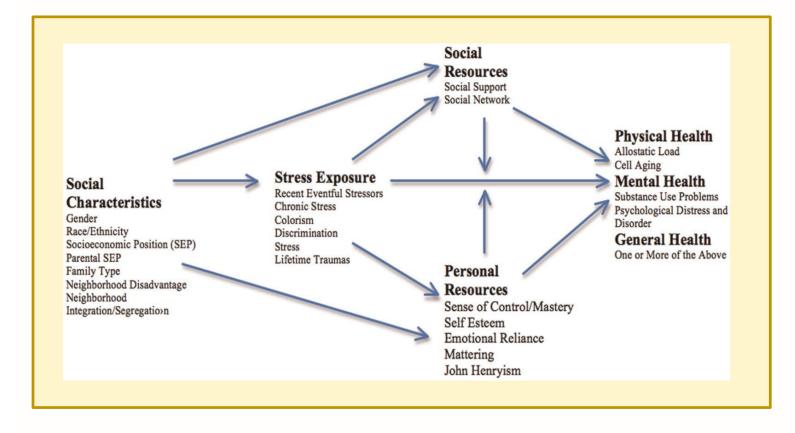




STRESS AND **HEALTH DISPARITIES** Contexts, Mechanisms, and Interventions Among Racial/Ethnic Minority and Low Socioeconomic Status Populations

APA WORKING GROUP REPORT ON STRESS AND HEALTH DISPARITIES

The Stress Process Model

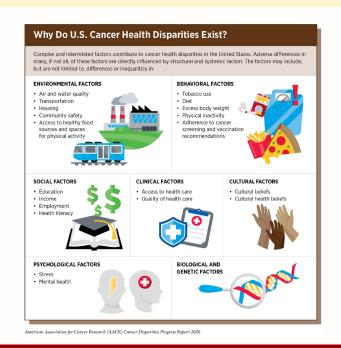


Turner RJ. Understanding health disparities: the relevance of the stress process model. Soc Mental Health. 2013;3:170-86



Transdisciplinary Collaborative Center in Precision Medicine and Minority Men's Health

- Multi-regional consortium
- Translational research on biological, social, psychological, and clinical factors
- Dissemination and implementation
- Data integration













Low Country AHEC
National Black Leadership Initiative on Cancer
Hope Institute, LLC
Southeastern Health Equity Council



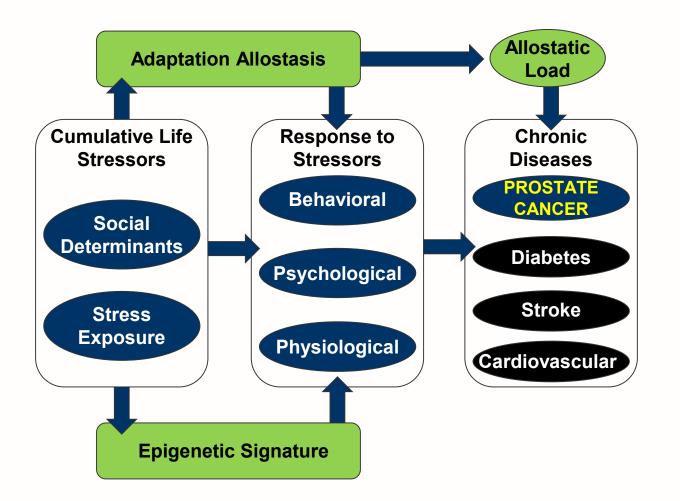
- **Project 1:** Sociobiological Responses to Stress in Prostate Cancer Survivors
- **Project 2:** Defining an Integrated Allostatic Load Index with Immune and Tumor Microenvironment Factors
- **Project 3:** Integrating Genomic and Sociobiological Data to Inform the Development of Prostate Cancer Treatment



Keck School of Medicine of USC

NIMHD

Transdisciplinary Collaborative Center in Precision Medicine and Minority Men's Health



- Minority men experience unique acute and chronic stressors
- Social and psychological stressors impact biological processes involved in the initiation and progression of disease
- Allostatic load is a marker of how much social and psychological stressors impact biological functioning
- Racial disparities in allostatic load exist
- Need to understand the effects of allostatic load on disease processes and outcomes.

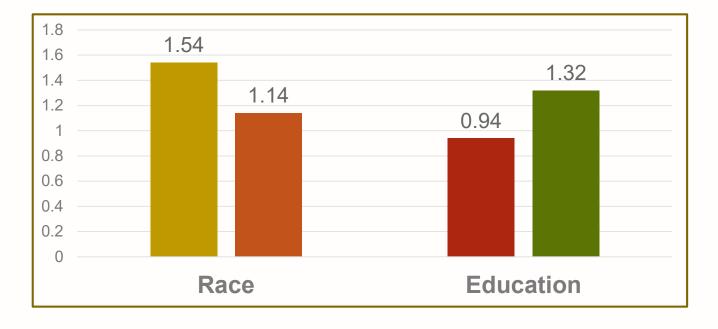


Public Health Sciences

Allostatic Load in Prostate Cancer Survivors

Allostatic load reflects physiological responses to stress





Allostatic Load: Clinical Model (n=392)							
Variable	Level	OR	95% CI (p-value)				
Race	African American White	1.78	1.15, 2.77 (0.01)				
PSA	***	1.05	1.02, 1.08 (0.001)				
Age	***	0.98	0.95, 1.01 (0.22)				
Stage	T2 T3	0.98	0.61, 1.58				



Structural Racism in African American Men

Social Context and Lived Experiences

- Housing instability
- Unemployment
- Difficulty finding a job
- Violence
- Legal issues







Social and Clinical Determinants of Physical Activity in Prostate Cancer Survivors

- Prostate cancer patients identified from biorepository and tissue analysis core at HCC
- Completed Social Determinants Survey
- Moderate intensity physical activity obtained by self-report

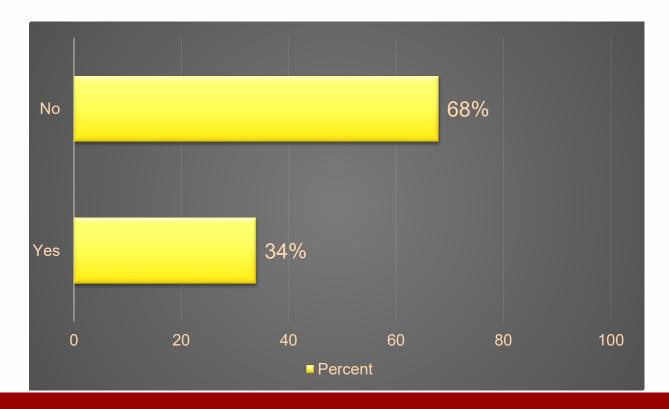


Table 2 Multivariate logistic regression analysis of meeting guidelines for physical activity

Variable	Level	Odds ratio	95% CI	p value
Chronic disease	Yes No	1.34 Reference	0.46, 4.12	0.57
Self-rated health	Same/worse Better	0.32 Reference	0.11, 0.96	0.04
Stage	pT2c or higher pT2b or lower	0.27 Reference	0.08, 0.86	0.03
Perceived stress	***	0.48	0.26, 0.89	0.02

^{***}OR reflects one SD unit change

Perceived stress is an important social determinant of health.

Halbert CH, Jefferson MS, Drake R, Lilly M, Savage SJ, Nahhas GJ, Price ST, Loftley AE, Bauer A. Social and clinical determinants of physical activity in prostate cancer survivors. Support Care Cancer. 2021;;29:459-465.



Cancer Health Equity Research and Interventions are Moving Upstream



Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019.

DOI: 10.1377/hblog20190115.234942

- Continued efforts are needed to understand the effects of multilevel social determinants on cancer health disparities
- SDOHs should be measured and addressed as part of clinical trial recruitment and cancer care delivery
- Additional research is needed to evaluate the effects of SDOH interventions on cancer care and outcomes

