

Greensboro Health Disparities Collaborative

Community-Inclusive Interventions to Achieve Equity in Health Care

Presented by Terence “TC” Muhammad and Patrick McCarter

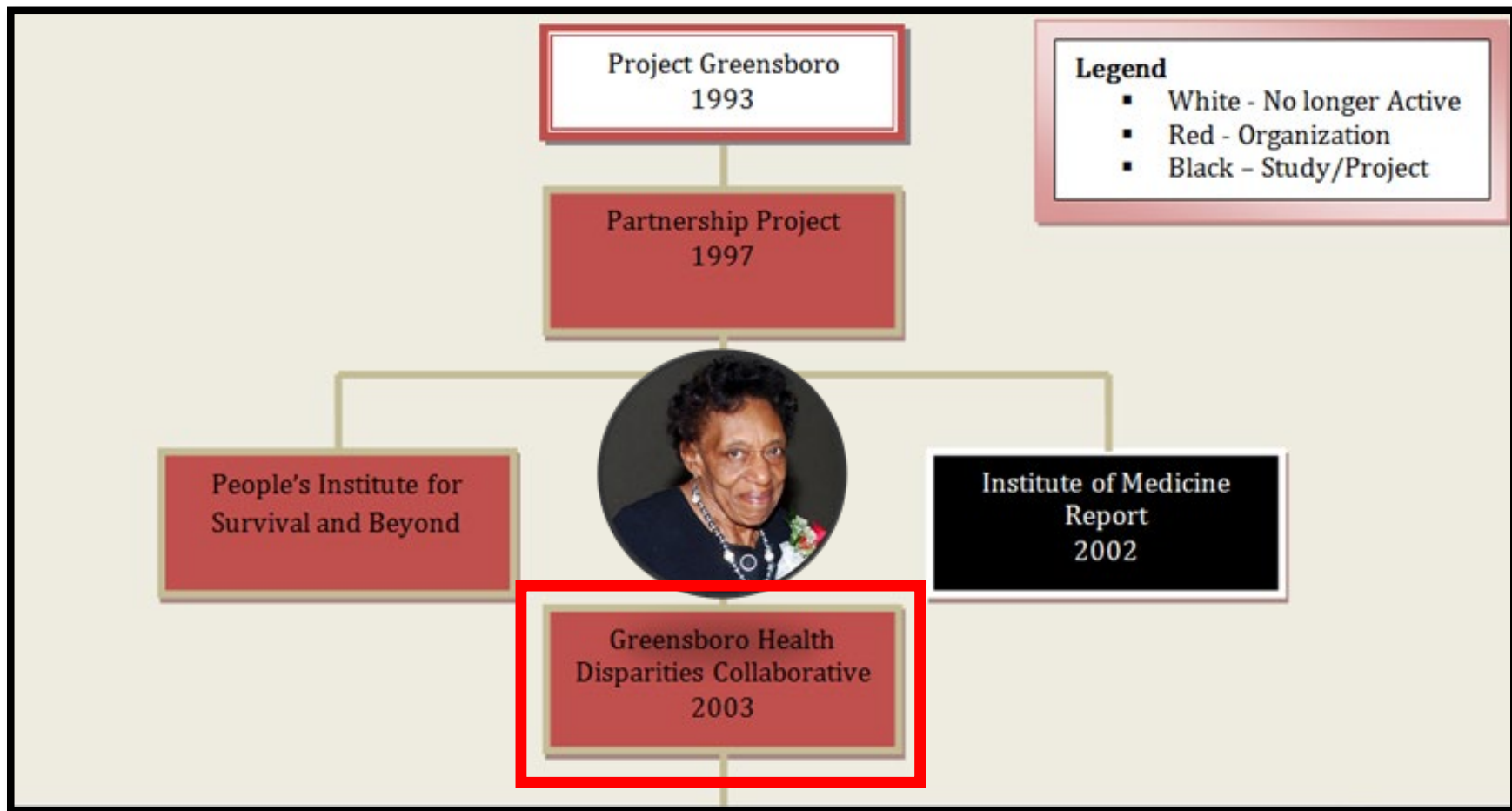


Greensboro Health Disparities Collaborative



Our mission is to establish structures and processes that respond to, empower, and facilitate communities in defining and resolving issues related to disparities in health.

How We Began



Building the Collaborative

Sept - Dec 2003

March 2004

Feb 2004

- Organized its membership
- Held its first meeting
- Held Undoing Racism Workshop



Continuing the Construction

May 2004

- Internalized Racial Oppression/ Superiority in Health Care focus group

June 2004

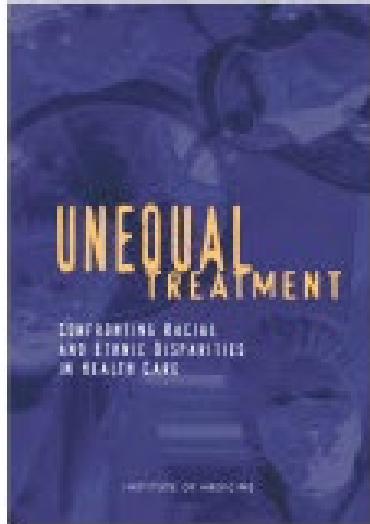
- Undoing Racism Workshop



Sept 2004

- CBPR Training
- Full-Value contract signed
- Grant-writing sub-groups formed

Unequal treatment

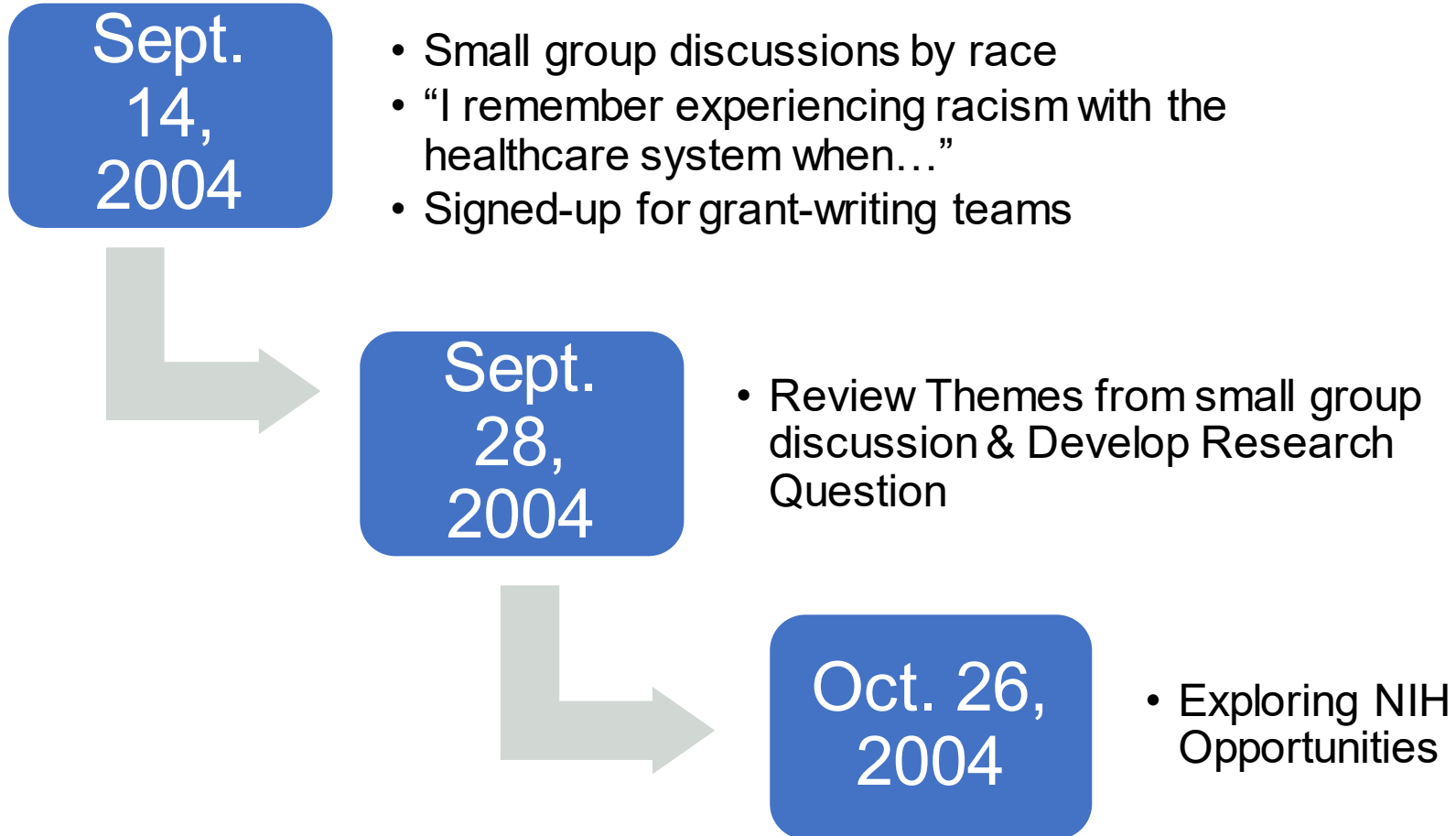


- In 2002, the Institute of Medicine released the report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Medicine*.
- In North Carolina, as in the US, African-Americans have higher cancer mortality rates.
- The Partnership Project wanted to bring the perspective of Undoing Racism™ to the issue of health equity.





Patient experiences drive the Greensboro Health Disparities Collaborative





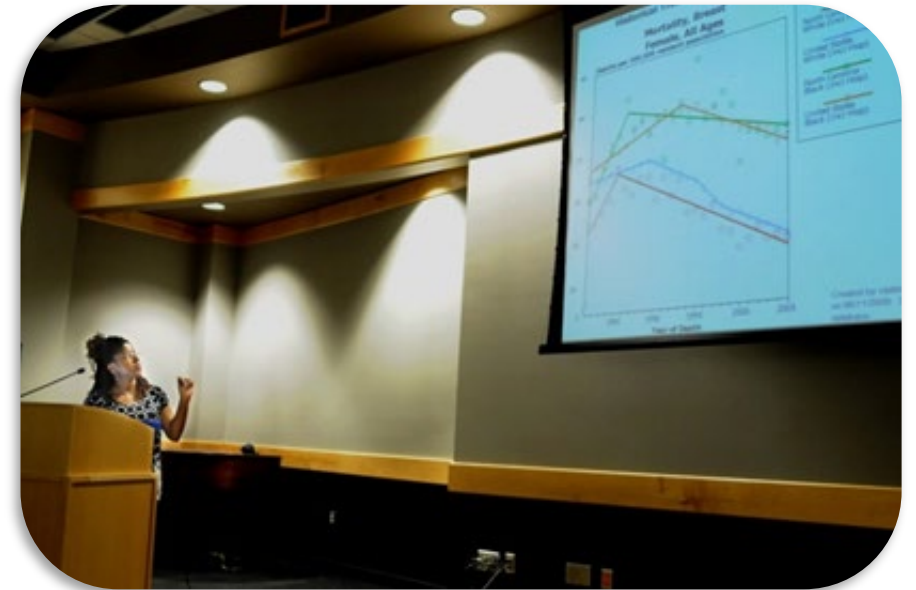
Cancer Care And Racial Equity Study (CCARES)

Research Question	
Among patients, who delayed or discontinued their breast cancer care, are the factors reported by African American women different from those reported by White women?	
Methods	
Examined local cancer registry data for 2001 & 2002 (N=838 White & African American women, age >40, diagnosed with breast cancer)	50 survivors, randomly selected from 838, completed 2 Critical Incident Technique (CIT) interviews each, September 2007-2008







CCARES Findings

- Findings revealed shortcomings of cancer registry data for recording who and how patients delayed or discontinued their breast cancer care.
- With regard to why, the Critical Incident Technique (CIT) findings described subtle, but important, racial differences.



Member Checking & Dissemination of CCARES results

<u>(1) Breast Cancer Survivors</u>	<u>(2) Partner Medical Agency's Staff</u>	<u>(3) General Public</u>
<ul style="list-style-type: none">• Funding through MOU between GHDC and Lance Armstrong-Carolina Well• Catered dinner event coordinated by GHDC Planning & Outreach Committee		
		

How did GHDC evolve the CCARES study?

- Accountability for Cancer Care through Undoing Racism and Equity (ACCURE)
 - Funded by National Cancer Institute - 5 R01 CA150980-04
 - Cone Health System (Greensboro)
 - The University of North Carolina at Chapel Hill
 - The Partnership Project and Sisters Network
 - University of Pittsburgh Medical Center

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A Multi-faceted Intervention Aimed at Black-White Disparities in the Treatment of Early Stage Cancers: The ACCURE Pragmatic Quality Improvement trial

Samuel Cykert, M.D., Eugenia Eng, Dr.P.H., Matthew A. Manning, M.D., Linda B. Robertson, Ph.D., Dwight E. Heron, M.D., Nora S. Jones, M.A., Jennifer C. Schaal, M.D., Alexandra Lightfoot, Ed.D., Haibo Zhou, Ph.D., Christina Yongue, M.P.H., Ziya Gizlice, Ph.D.

The ACCURE Study (design)

Abstract: Background: Reports continue to show that Blacks with curable lung or breast cancer complete treatment less often than similar Whites contributing to worse survival. ACCURE is an intervention trial designed to address this problem.

Patients and methods: A pragmatic, quality improvement trial comparing an intervention group to retrospective and concurrent controls. Patients with early stage breast or lung cancer aged 18 to 85 were enrolled (N = 302) at 2 cancer centers between April 2013 and March 2015 for the intervention component. Data from patients seen between January 2007 and December 2012 with these diagnoses were obtained to establish control completion rates. Concurrent data for non-study patients were used to identify secular trends. The intervention included: a real time registry derived from electronic health records of participants to signal missed appointments or unmet care milestones, a navigator, and clinical feedback. The primary outcome was "Treatment Complete", a composite variable representing completion of surgery, recommended radiation and chemotherapy for each patient.



ACCURE – Research Interventions 2012-2017

Transparency Components

1. Former-Patient **Focus Groups** (voice their feedback on “pressure point encounters” during treatment that expose quality and completion of cancer care)
1. **Healthcare Equity Education & Training** + booster sessions for providers

Accountability Components

3. **Clinical Performance Reports** delivered by a Physician Champion to clinicians and their teams on race-specific, quality of care data for their patients + suggestions for improving care
3. A specially trained **ACCURE Navigator** to provide a 2-way communication bridge for hearing and responding to patients using a **Real-time Registry**

The ACCURE Study (results)

Results: The mean age in the intervention group was 63.1 years; 37.1% of patients were Black. Treatment completion in retrospective and concurrent controls showed significant Black-White differences (Blacks (B) 79.8% vs. Whites (W) 87.3%, $p < 0.001$; 83.1% B vs. 90.1% W, $p < 0.001$, respectively). The disparity lessened within the intervention (B 88.4% and W 89.5%, $p = 0.77$). Multivariate analyses confirmed disparities reduction. OR for Black-White disparity within the intervention was 0.98 (95% CI 0.46–2.1); Black completion in the intervention compared favorably to Whites in retrospective (OR 1.6; 95% CI 0.90–2.9) and concurrent (OR 1.1; 95% CI 0.59–2.0) controls.

Conclusion: A real time registry combined with feedback and navigation improved completion of treatment for all breast and lung cancer patients and narrowed disparities. Similar multi-faceted interventions could mitigate disparities in the treatment of other cancers and chronic conditions.



From CCARES to ACCURE

Community Research to Clinical Research Interventions

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Taken together these interventions eliminated racial disparities in cancer treatment completion rates between Black and White Breast Cancer patients.

What's in progress? What's Next?

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A Multi-faceted Intervention Aimed at Black-White Disparities in the Treatment of Early Stage Cancers: The ACCURE Pragmatic Quality Improvement trial

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Funding: The National Cancer Institute; Grant# 1R01CA150980-01A1 [Cykert and Eng, PIs].

From the Division of General Medicine and Clinical Epidemiology, the Center for Health Promotion and Disease Prevention, and Lineberger Cancer Center, the University of North Carolina at Chapel Hill.

No authors or acknowledged contributors have any conflicts of interest to disclose.

Acknowledgments: The authors wish to acknowledge many important contributors to the ACCURE study and clinical manuscript. We recognize the following: Kristin Black, PhD for her contributions to project management and intervention design through the full duration of the work; Skip Miller for his unending leadership and commitment to implement all aspects of the project at Cone Health Cancer; and Nettle Coad (posthumously) and Terrence C. Muhammed for their vision and community organizing skills to eliminate health inequity. We also thank the ACCURE navigators, Beth Smith, RN, and Karen Foley, RN, for their dedicated development and application of this enhanced navigation role and the research team led by Brian Cass for their endless efforts to extract, harmonize, and verify digital data from multiple institutions. We also recognize the contributions of the members of the Partnership Project, the Greensboro Health Disparities Collaborative, and the Greensboro Sisters Network, for their advice regarding recruitment, intervention design, communication scripts, and navigation protocols and we thank the Racial Equity Institute for participation in and contributions to Health Equity Education sessions. All individuals and organizations that have contributed significantly to the work have been acknowledged. No authors or acknowledged contributors have any conflicts of interest to disclose. Note that ACCURE was sponsored by the National Cancer Institute, Grant # 1R01CA150980-01A1.

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Keywords: Cancer disparities ■ institutional racism ■ intervention ■ quality improvement

Author affiliations: Samuel Cykert, The University of North Carolina School of Medicine, 145 N Medical Drive CB# 7165, Chapel Hill, NC 27599, USA; Eugenia Eng, Department of Health Behavior, The Gillings School of Global Public Health, 360 Rosenau Hall, CB# 7440, Chapel Hill, NC 27599, USA; Matthew A. Manning, Cone Health Cancer Center, 501 N Barn Ave, Greensboro, NC 27403, USA; Linda B. Robertson, UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine 5150 Centre Avenue P082 Cancer Pavilion, Room 438 Pittsburgh, PA 15232, USA; Dwight E. Heron, Department of Radiation Oncology UPMC Hillman Cancer Center, University of Pittsburgh School of Medicine 3230 Centre Ave., Pittsburgh, PA 15232, USA; Nora S. Jones, The Partnership Project, 301 S. Elm Street, Suite 414 Greensboro, NC 27401, USA; Jennifer C. Schaaf, The Partnership Project, 301 S. Elm Street, Suite 414 Greensboro, NC 27401, USA; Alexandra Lightfoot, Department of Health Behavior, The Gillings School of Global Public Health 1700 Martin Luther King Jr. Boulevard CB #7426, Chapel Hill, NC 27599, USA; Haibo Zhou, Department of Biostatistics, The Gillings School of Global Public Health, The University of North Carolina at Chapel Hill, 3104C McGowan-Greenberg Hall, CB #7420, Chapel Hill, NC 27599, USA; Christina Yongue, Department of Public Health Education, University of North Carolina at Greensboro, P.O. Box 26170, Greensboro, NC 27402-6170, USA; Ziya Gizlice, Biostatistical Support Unit, The Center for Health Promotion and Disease Prevention, The University of North Carolina at Chapel Hill, 1700 Martin Luther King Jr. Boulevard, CB# 7426, Chapel Hill, NC 27599, USA. Corresponding author: Samuel Cykert, M.D., 145 N. Medical Drive, CB# 7165, Chapel Hill, NC 27599, USA, email: samuel_cykert@med.unc.edu

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<https://doi.org/10.1016/j.jnma.2019.03.001>

INTRODUCTION

Inequalities in the treatment of early stage breast and lung cancer have been consistently documented for Black patients compared to similar White patients for decades.^{1–4} These treatment differences are extremely important because lung cancer is the leading cause of cancer death for both men and women⁵ nationally and breast cancer is second to only lung cancer in women.⁵ While Bach and Hershman demonstrated a direct contribution of disparities to excess mortality for Blacks more than a decade ago,^{1,2} recent data show that lung cancer survival disparities persist while breast cancer survival disparities have actually widened.⁶ Even after controlling for confounders, such as comorbidity, health insurance, and socioeconomic status, studies still report less care and increased mortality for Blacks.^{1,2,7,8} Factors such as implicit bias, mistrust, and poor communication have been associated with treatment variability^{4,9–11} but interventions to address these issues have been sparse.^{12,13} In response to these gaps in research and persistent unequal outcomes, the Greensboro Health Disparities Collaborative (GHDC), the UPMC Hillman Cancer Center, the University of Pittsburgh School of Medicine,

- How can we help other institutions conduct ACCURE-like studies and implement ACCURE-like interventions?
 - Dissemination
 - Identify and eliminate barriers to publishing racial equity research in prominent medical journals
 - Racial Equity Trainings
 - Consultant work
 - Workshops