Socio-ecological and Community-Engaged Approaches in Addressing Health Disparities: A DC Example

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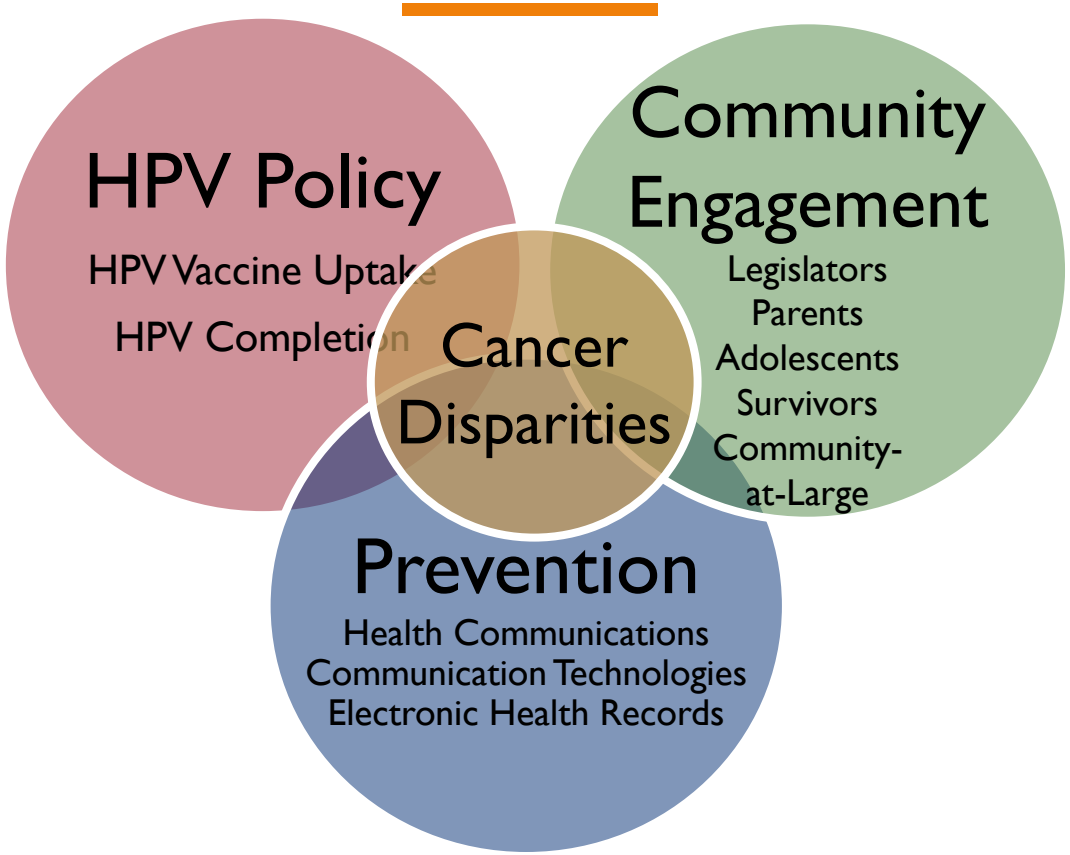
Objectives

1. What are health disparities and health inequities?
2. What contributes to health disparities
3. Health Behavior Theories and the Socioecological Model
4. Community Engagement Approaches
5. Discuss Selected Research

Sherrie's Research Program



Prevention	Early Detection	Diagnosis Incidence	Treatment	Post Treatment & Quality of Life	Survival & Mortality

Freeman & Chu, 2005; Mary A. Gerend, and Nancy Par Cancer Epidemiol Biomarkers Prev 2008;17:2913-2923

Additional Research Topical Themes

Clinical Trials Accrual & Minority Populations

Maternal and Child Health

Adolescent Health

Biospecimen Data Collection in Minority Populations

Substance Abuse

Prostate Cancer

Breast Cancer

Health Disparity

The **disproportionate difference** in health between groups of people.

Health Inequity

Differences in population health status and mortality rates that are **systematic, patterned, unfair, unjust, and actionable**, as opposed to random or caused by those who become ill.

Health Equity

A **fair, just distribution** of the social resources and social opportunities needed to achieve well-being.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

(HealthyPeople.gov 2019)

Reference: Healthypeople.gov, 2019: Disparities. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

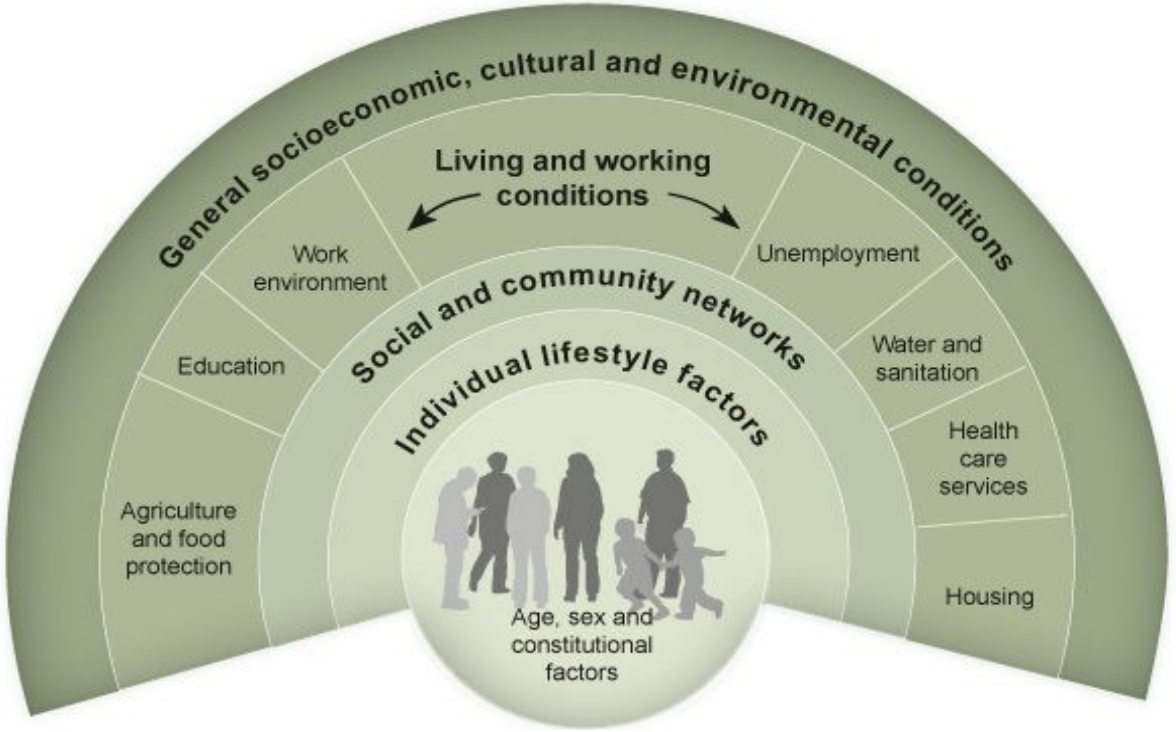
Social Determinants of Health (SDOH) Framework

A "place-based" organizing framework, reflecting five (5) key areas of social determinants of health (SDOH).

Healthy People 2020, Social determinants framework,, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

According to the WHO

The social determinants of health are the conditions in which people are **born, grow, live, work and age, including the health system.**

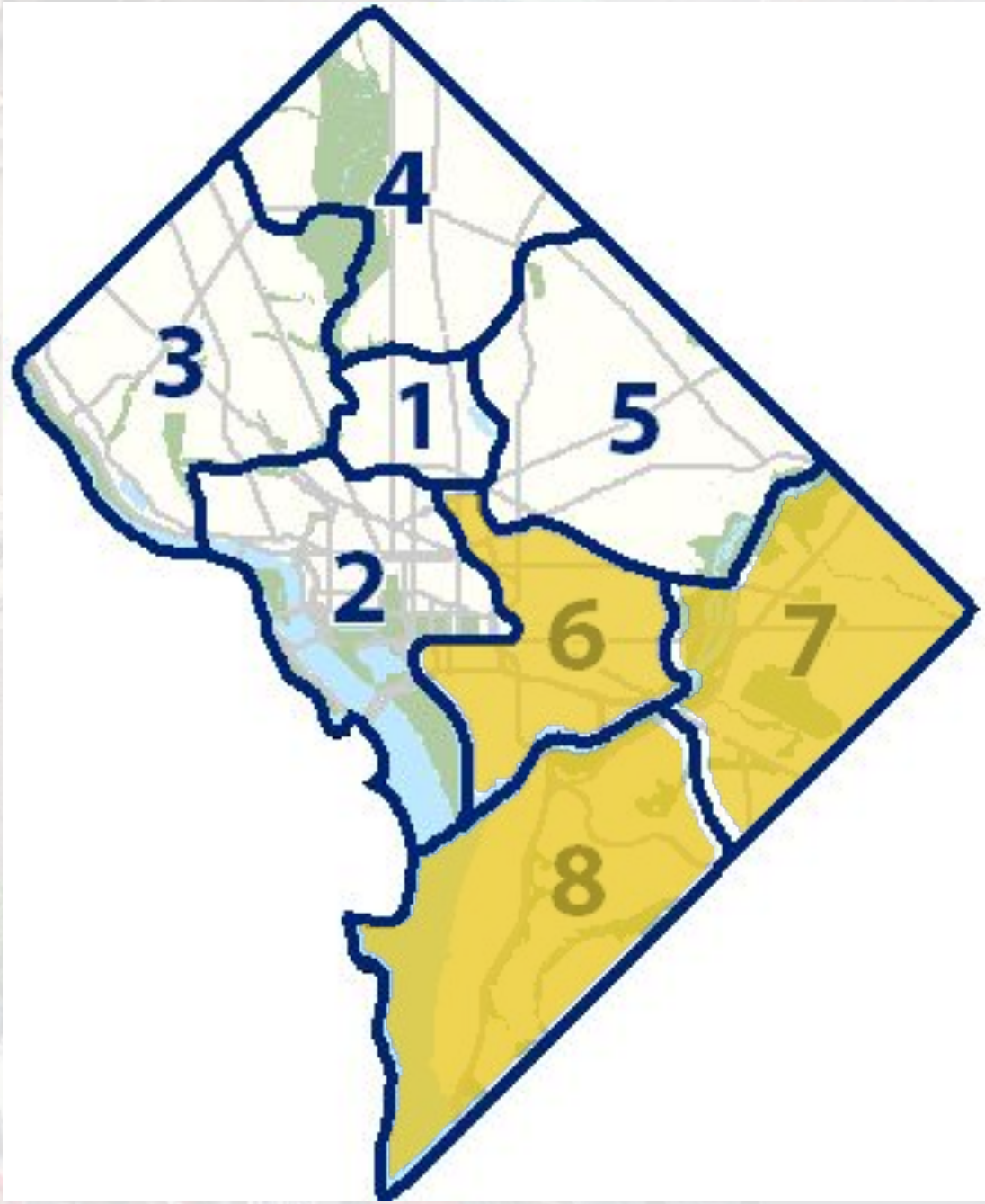


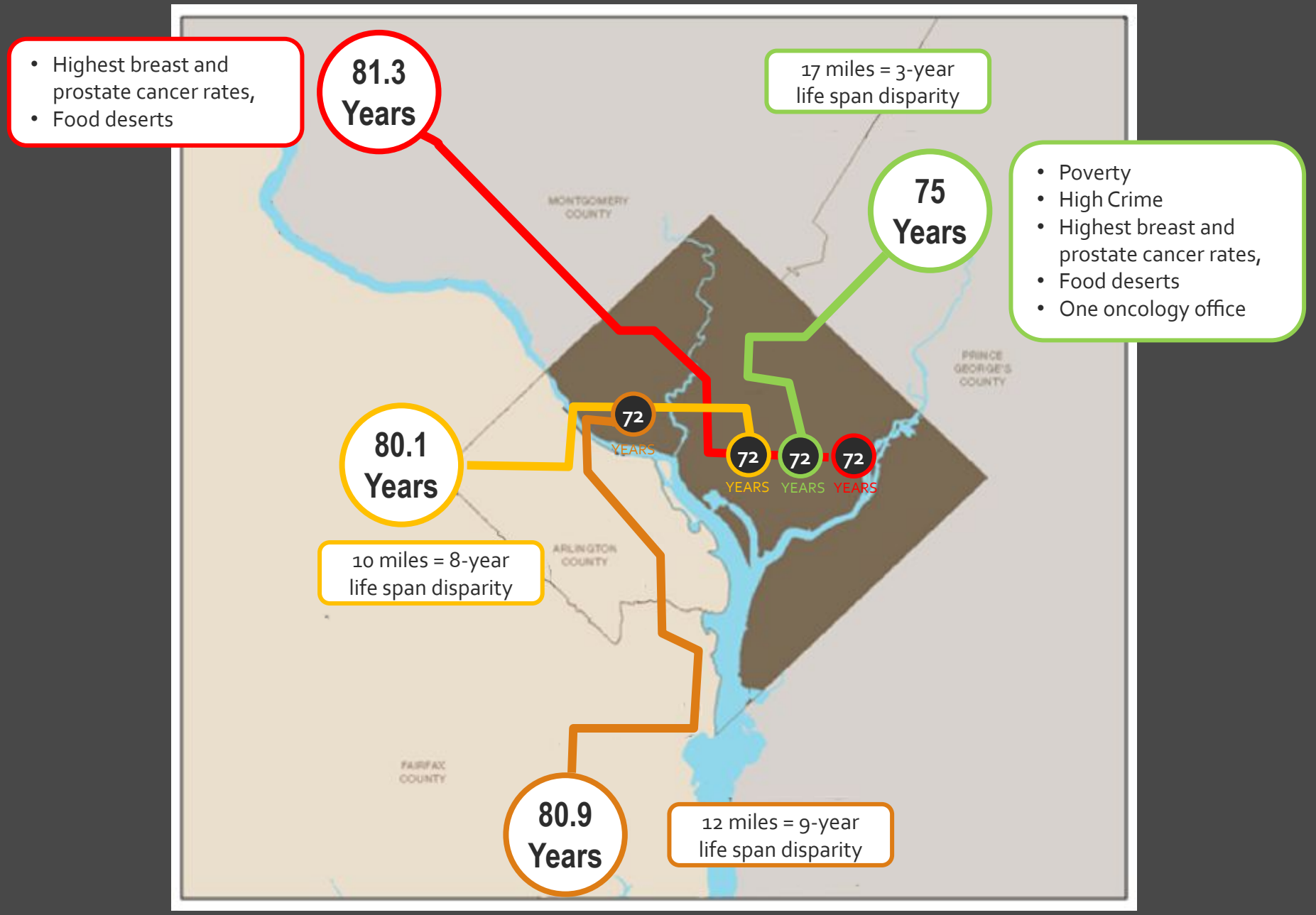
"Your zip code is a better predictor of your health than your genetic code."

~ Melody Goodman

Source: Dahlgren and Whitehead, 1991.
http://healthpowerforminorities.com/special-channels/major-killers/.

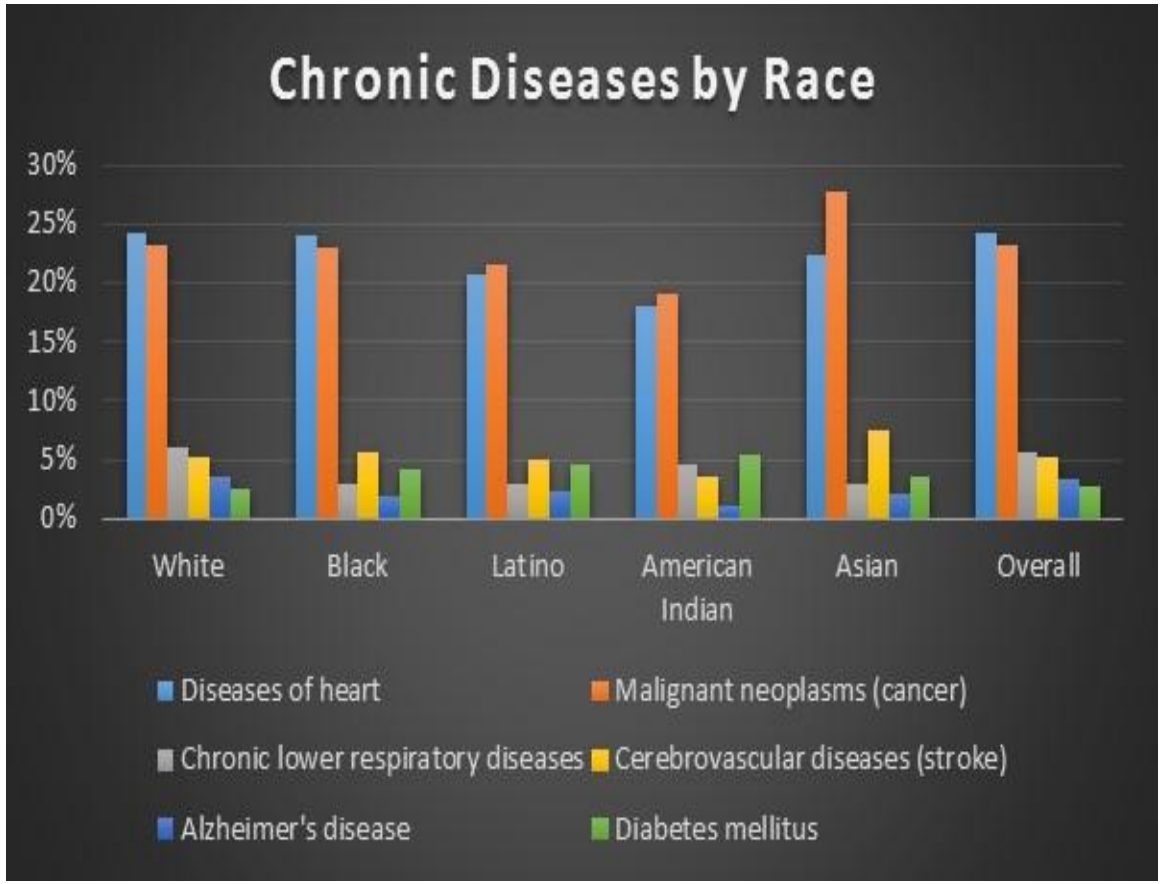
DC WARD Map





Source: Robert Johnson Wood Foundation, Commission to Build a Healthier America

Chronic Disease: An Impending Social Disaster Exposure and Its Crippling Costs



- 7 out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year.
- 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness.
- Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases.
- Health disparities in chronic disease incidence and mortality are widespread among members of racial and ethnic minority populations.
- For example, cancer death rates are higher among Asians than whites, and diabetes rates are substantially higher among American Indians and Alaska Natives than whites.

Source: CDC (2019). Chronic disease: An impending social disaster and it crippling costs, https://financesonline.com/the-crippling-cost-of-chronic-diseases/.

Groups with Marked Disparities

- Racial/ethnic groups
- Low income
- Low Educational attainment
- Immigrants
- Elderly
- Disabled (Intellectually and Physically)
- Gender-based
- Military

Examples of Cancer Disparities

Breast Cancer

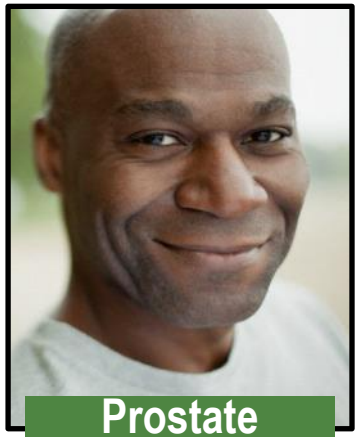
African American women are nearly twice as likely as white women to be diagnosed with triple-negative breast cancer and are much more likely than white women to die from breast cancer

Kidney Cancer

The highest rates of kidney cancer cases and death in the United States occur among **American Indians/Alaskan Natives**

Liver Cancer

Rates of liver cancer are higher among **American Indians/Native Americans and Asian and Pacific Islanders** than other racial/ethnic groups

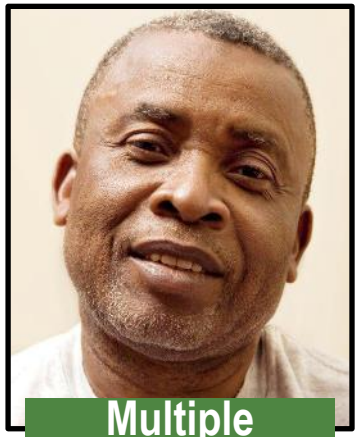


Prostate Cancer

African American men are more than twice as likely as white men to die from prostate cancer

Cervical Cancer

Women in rural areas are twice as likely to die from cervical cancer than women in urban areas



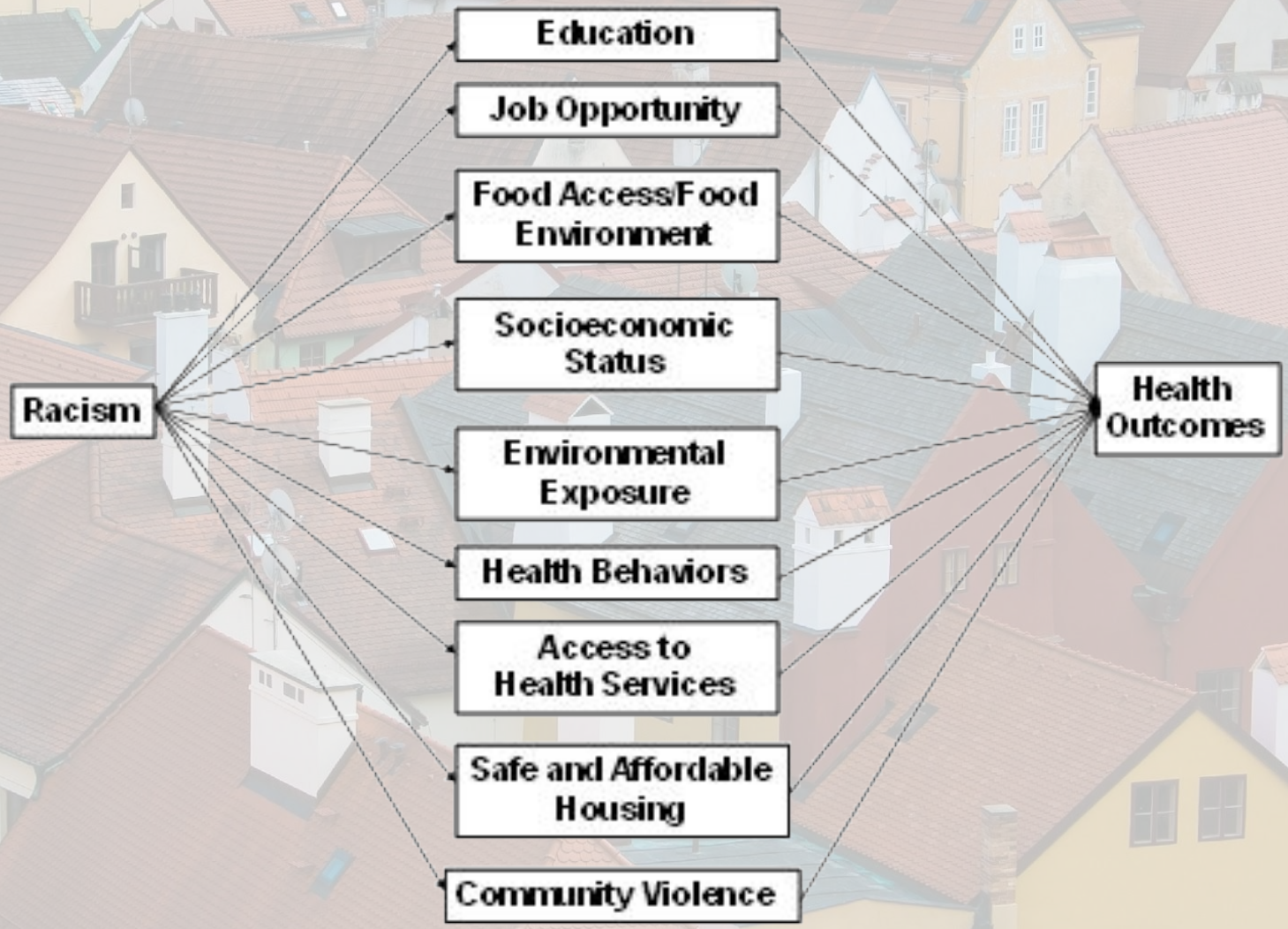
Multiple Myeloma

African Americans are more than twice as likely as whites to be diagnosed with and die from multiple myeloma

The National Cancer Institute defines "cancer health disparities" as

differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States.

Roots Causes of Racial and Ethnic Disparities



Boston Public Health Commission, http://www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/what-is-health-equity.aspx

What Characteristics are Linked or Contribute to Health Disparities?

NON-MODIFIABLE

- Race/Ethnicity
- Socioeconomic Status
- Gender
- Sexual Identity
- Disability

MODIFIABLE (THEORETICALLY)

- Insurance status
- Employment status
- Geographic location
- Racism
- Discrimination
- Bias
- Stereotypes
- Ignorance

Translating Research From Bench to Bedside to Community

According to the National Institutes of Health,

"in order to improve human health, scientific studies must be translated into practical applications."

Your Health Equity Lens

- **Question:** Who are the specific populations affected by a particular policy, practice, program or decision? What are the potential impacts on these specific populations?
- **Question:** In what ways does a particular policy, practice, program or decision ignore or worsen existing disparities or produce other unintended consequences? What are the political, social, cultural implications, human subjects implication to be considered?
- **Question:** How have we intentionally involved the specific population affected through this policy, practice, program or decision using input and feedback loops?

Social Ecological Model

- The social ecological model helps to understand factors affecting behavior and also provides guidance for developing successful programs through social environments
- Social ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that behaviors both shape and are shaped by the social environment
- The principles of social ecological models are consistent with social cognitive theory concepts which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors

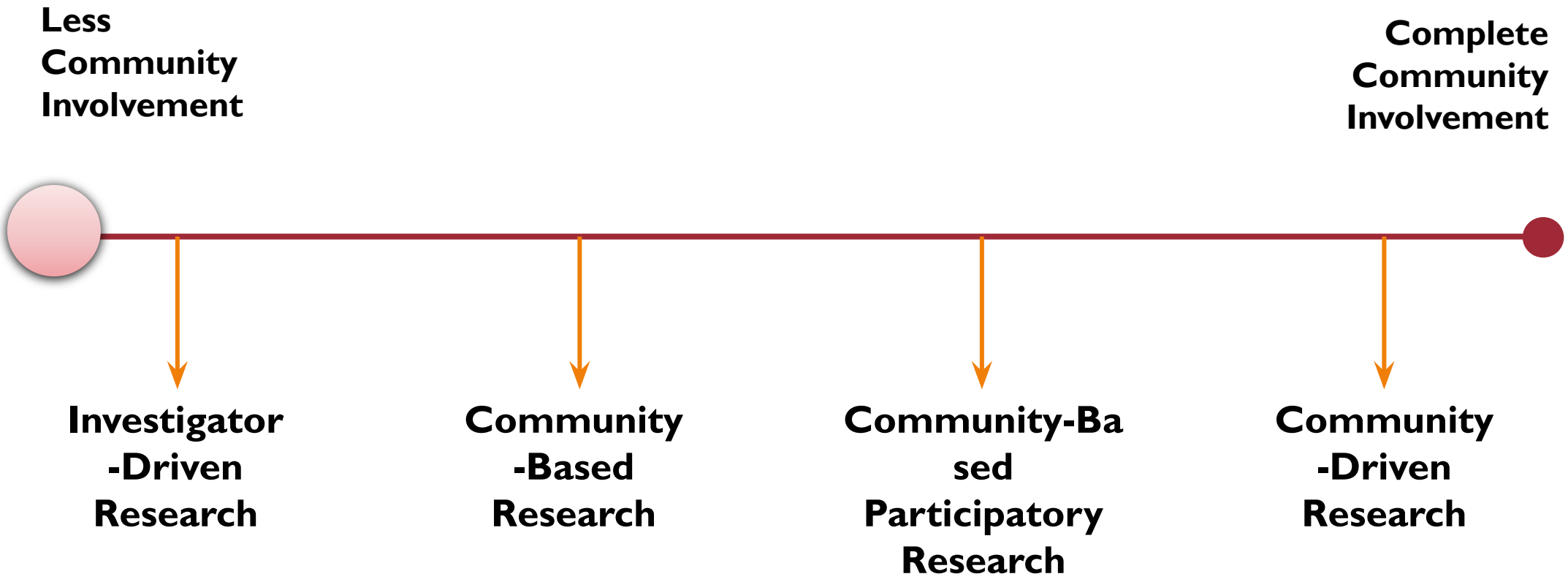
Social-Ecological Model

SEM Take Home Message

- Current research is demonstrating **very tangible relationships** between social determinants and policies and adverse effects on the community and the individuals that live there
- It is increasingly clear that **only by addressing these factors** can long-term disparities be reduced
- Using a **formal socio-ecological framework** for problem analysis is a useful way of identifying upstream causal pathways and meaningful intervention strategies
- This requires that local key stakeholders (i.e. academics, communities, legislators, municipalities, etc.) **build new broad-based partnerships** that commit to pooling expertise and resources to address upstream issues

PREPARING AND MOVING COMMUNITIES TOWARD HEALTH DISPARITY REDUCTION: COMMUNITY-ENGAGED APPROACHES

Community-Engaged Approaches



Why Do It?

- CBPR approaches …
  - Can help address health disparities
  - Accounts for social and cultural aspects of health, and health behavior,
    - including family history and relationships, traditions, cultural norms, spending priorities, living arrangements, and support systems
  - Increase sustainability potential
  - Add credibility (given mistrust in some communities)

Community-Level Research and Methodological Tools

- Community Assessments
- Focus Groups
- Key Informant Interviews
- Randomized Controlled Trials
- Assets Mapping
- Social Network Analyses
- Photo Voice

Recognize and Respect the Power of the Community by Taking Research Findings Back to the Community - **How?**

- Town Hall Meetings
- Workshops/Training
- Newsletters
- Blogs - Research Vignettes
- Lay Health Research Publications

Health Equity for Older Adults with Cancer

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SPECIAL SERIES: CARING FOR OLDER ADULTS WITH CANCER

Health Equity for Older Adults With Cancer

Reginald D. Tucker-Seeley, MA, ScM, ScD[1,2]; Sherrie F. Wallington, PhD[3]; Beverly Canin[4]; Weizhou Tang, MSW, PhD[1]; and June M. McKoy, MD, MPH, JD, MBA[5]

INTRODUCTION

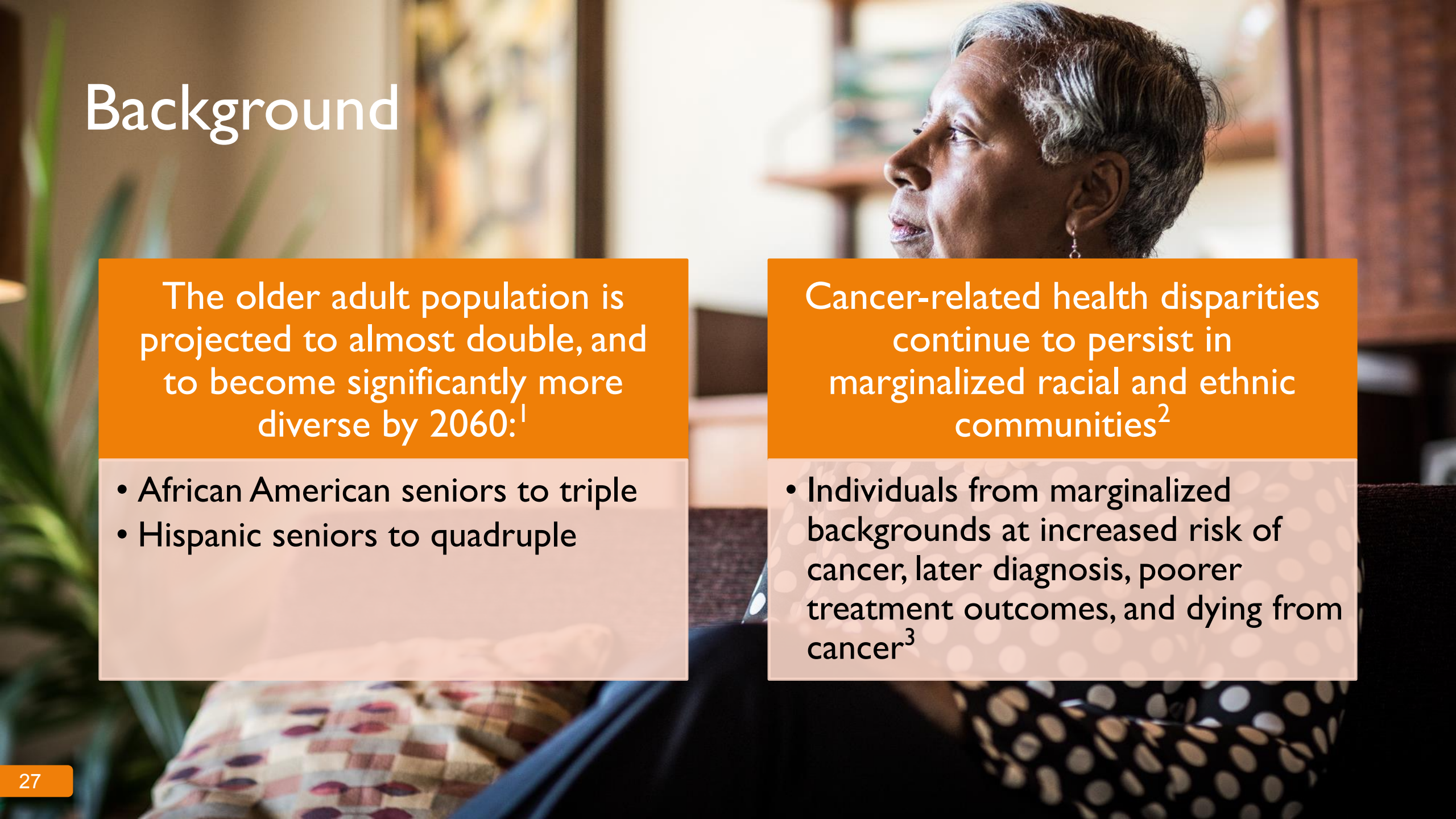
The number of adults age 65 and older in the United States is expected to increase from approximately 52 million in 2018 to 95 million in 2060,[1] with women representing approximately 54% of this population. The older adult population will also increase in racial or ethnic diversity as the percent of the older adult population that is non-Hispanic White will decrease from 72% to 55% and the percent of Hispanic older adults will double from 11% to 22%.[2] Given that cancer is a disease associated with aging, the aging of the population is expected to increase the burden of cancer in the United States. These demographic characteristics will have implications for the oncology workforce and the demand for cancer care,[3] the quality of cancer care received, age-related disparities in cancer, and other sociodemographic (eg, sex, race, and place) group-based disparities within the older adult population across the cancer care continuum from prevention to end of life.

disparities and health equity are defined and measured must be reached. The following discussion reviews these critical issues related to health equity for older adults with cancer in three sections: defining and measuring health equity and health disparities; older adults with cancer and the health care system; and policy, advocacy, and practice recommendations.

Defining and Measuring Health Equity and Health Disparities Among Older Adults

What is health equity? The goal of efforts to reduce or eliminate disparities in health-related or health care–related outcomes is to achieve health equity. But, what is health equity? Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[12] In the context of cancer care, cancer health equity contex-

Background



The older adult population is projected to almost double, and to become significantly more diverse by 2060:[1]

- African American seniors to triple
- Hispanic seniors to quadruple

Cancer-related health disparities continue to persist in marginalized racial and ethnic communities[2]

- Individuals from marginalized backgrounds at increased risk of cancer, later diagnosis, poorer treatment outcomes, and dying from cancer[3]

Addressing Cancer-Related Health Disparities

- **Social Determinants of Health (SDOH):**[1]
  - "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."
  - Impact health disparities in general, including cancer-related disparities
- **Addressing SDOH is an important component in addressing health disparities**
- **For older adults in particular, SDOH factors significantly impact their health and experiences aging, especially their ability to live independently and age in place.**

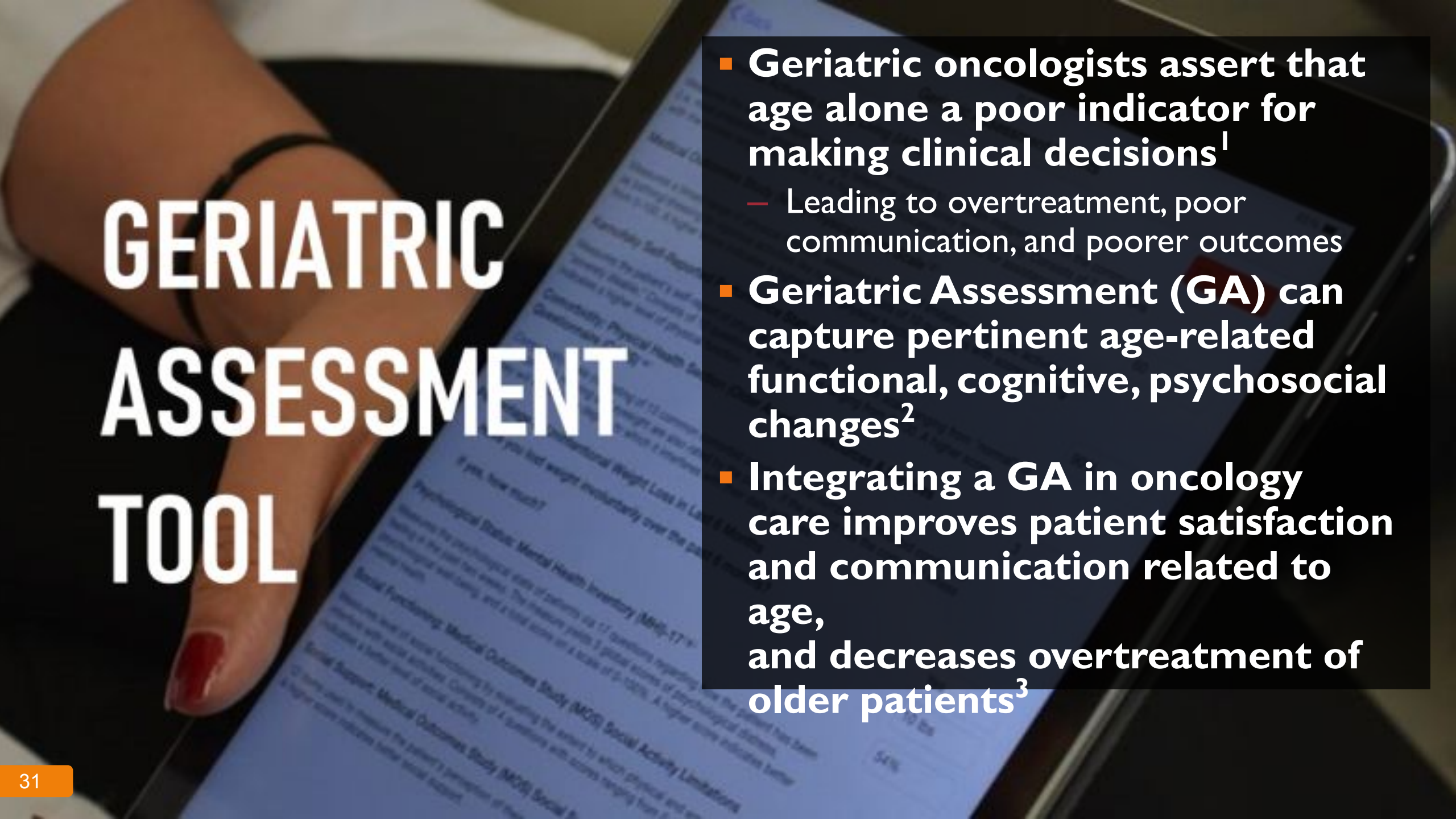
Patient Engagement in Cancer Care

- **Engagement is especially hard in cancer care:**[1]
  - Emotional repercussions of a cancer diagnosis
  - Complexity of diagnosis and treatment options
  - Patients' health literacy level & experience navigating healthcare system
- **Engagement improves treatment delivery and outcomes**[2]
  - Patient-centered communication and shared decision making
- **Providers often lack the skills necessary to effectively engage patients**[3]
  - Plain language communication, and recognizing and responding to needs
  - Most oncologists were aware of the impact of SDOH on their patients but were constrained in their time to assist patients with social needs. [4]

Ageism in Cancer Care Delivery

- **Ageist stereotypes and discrimination:**[1]
  - Biases from providers
  - Ageist communication
  - Biased clinical decisions

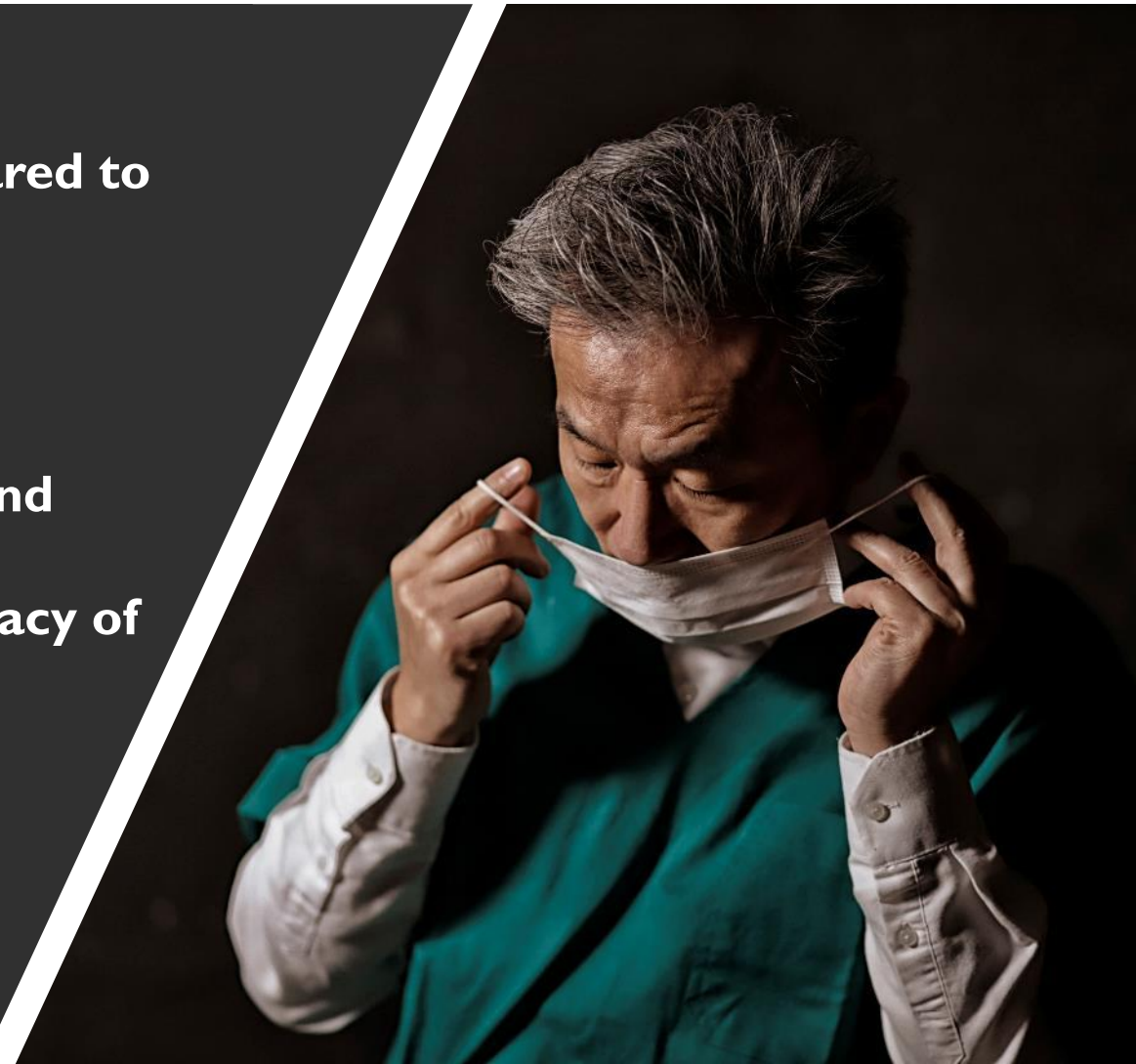
- **Discriminatory policies and practices:**[2]
  - Reimbursement structures related to geriatric care
  - Exclusion by age from clinical trial participation
  - Lack of geriatric provider training



- **Geriatric oncologists assert that age alone a poor indicator for making clinical decisions[1]**
  - Leading to overtreatment, poor communication, and poorer outcomes
- **Geriatric Assessment (GA) can capture pertinent age-related functional, cognitive, psychosocial changes[2]**
- **Integrating a GA in oncology care improves patient satisfaction and communication related to age,**
  and decreases overtreatment of older patients[3]

Clinical Trials' Applicability to Older Patients

- **Clinical trials of cancer treatments disproportionately enroll patients who, compared to the average cancer patients:**[1]
  - Are younger and generally healthier
  - Are less often from racial/ethnic minority groups
  - Have fewer/no comorbidities
- **Under-enrollment due to age-related biases, and design barriers**[2]
- **Leading to grave doubts about safety and efficacy of cancer treatment for the majority of cancer patients**[3]



Recommendations for HEALTH Equity in Older Adults with Cancer[1]

1. Be explicit about definitions of health disparities and health equity. Be inclusive of differences by age and within age groups
2. Systematically collect sociodemographic data, including age
3. Advocate for addressing disparities in cancer between age groups and across sociodemographic groups
4. Implement age-friendly health systems,[2] and measure disparities between age groups

Recommendations for HEALTH Equity in Older Adults with Cancer[1] (continued)

5. Implement a team care approach for older adult patients with cancer, including comprehensive social history and needs, GA, and survivorship care plans[2,3]
6. Increase the geriatric and geriatric oncology workforce, including adequate representation of marginalized groups[4]
7. Consistently apply a health equity lens to oncology research and practice with older adults, particularly with clinical trials
8. Develop strategies to educate and prepare older adults to advocate for health equity

Moving Toward Health Equity For Older Adults With Cancer

- **Longstanding disparities across cancer care continuum suggest multifactorial causes, both within and outside the cancer care delivery systems[1]**
- **American Society of Clinical Oncology identified domains to work on:[2]**
  1. Equitable access to care
  2. Workforce diversity
  3. Patient/public awareness
  4. Research focused on cancer disparities
  5. Sociodemographic diversity in clinical trials
  6. Patient-centered care

Future Outcomes of Interest that Warrant Further Investigation to Advance the Science and Population Impact

Future research should evaluate whether sociocultural factors can explain racial, gender, and education-specific differences in biospecimen knowledge as well as explore medical and family history and perceived risk with biospecimen awareness and participation

More studies are warranted to inform the development of effective cancer interventions aimed at narrowing inequities and improving outcomes among communities of color.

Future efforts and plans are underway to expand similar recruitment and enrollment strategies in the design of both therapeutic and non-therapeutic clinical trials across race, ethnicity, and SES

Future research examining HPV and HPV vaccine-related multi-level factors that result in increased vaccine confidence, uptake, and completion interventions, particular among communities of color.

More research is needed to understand and improve evidence on what works to improve the effects of health literacy on health outcomes and disparities in marginalized communities

Key Partnerships Established

- **Community Partners**
  - DC American Academy of Pediatricians
  - Alliance of Concerned Men, Inc.
  - DC Fatherhood Coalition
  - DC American Academy of Pediatricians
  - DC Public School Nurses
  - DC Public Housing Residential Communities
  - DC Public School Nurses
  - Mary's Center
  - DC Family Homeless Shelter
  - DC Department of Health
  - Tamika Felder, Cervical Cancer, Survivor and Advocate
  - Shiloh Baptist Church, Health Ministry
  - Beverly Canin, Breast Cancer Survivor & Advocate
  - Rhode Island Federally Qualified Health Centers
  - A special Thank You to community residents in Southeast DC

Academic Partners

ohns Hopkins Bloomberg School of Public Health

THE WORLD AWAITS YOU
AND YOUR GREAT IDEAS

DREAM BIG