

Social Determinants of Health in Cancer Care



Karen Winkfield, MD, PhD

Executive Director, Meharry-Vanderbilt Alliance

Ingram Professor of Cancer Research

Professor of Radiation Oncology

Vanderbilt University Medical Center

Essentials of Oncology, Solid Organ and Blood/Marrow Transplant
Management for the Health Care Team

Scottsdale, AZ • March 14–15, 2022

Learning Objectives:

Participants will be able to:

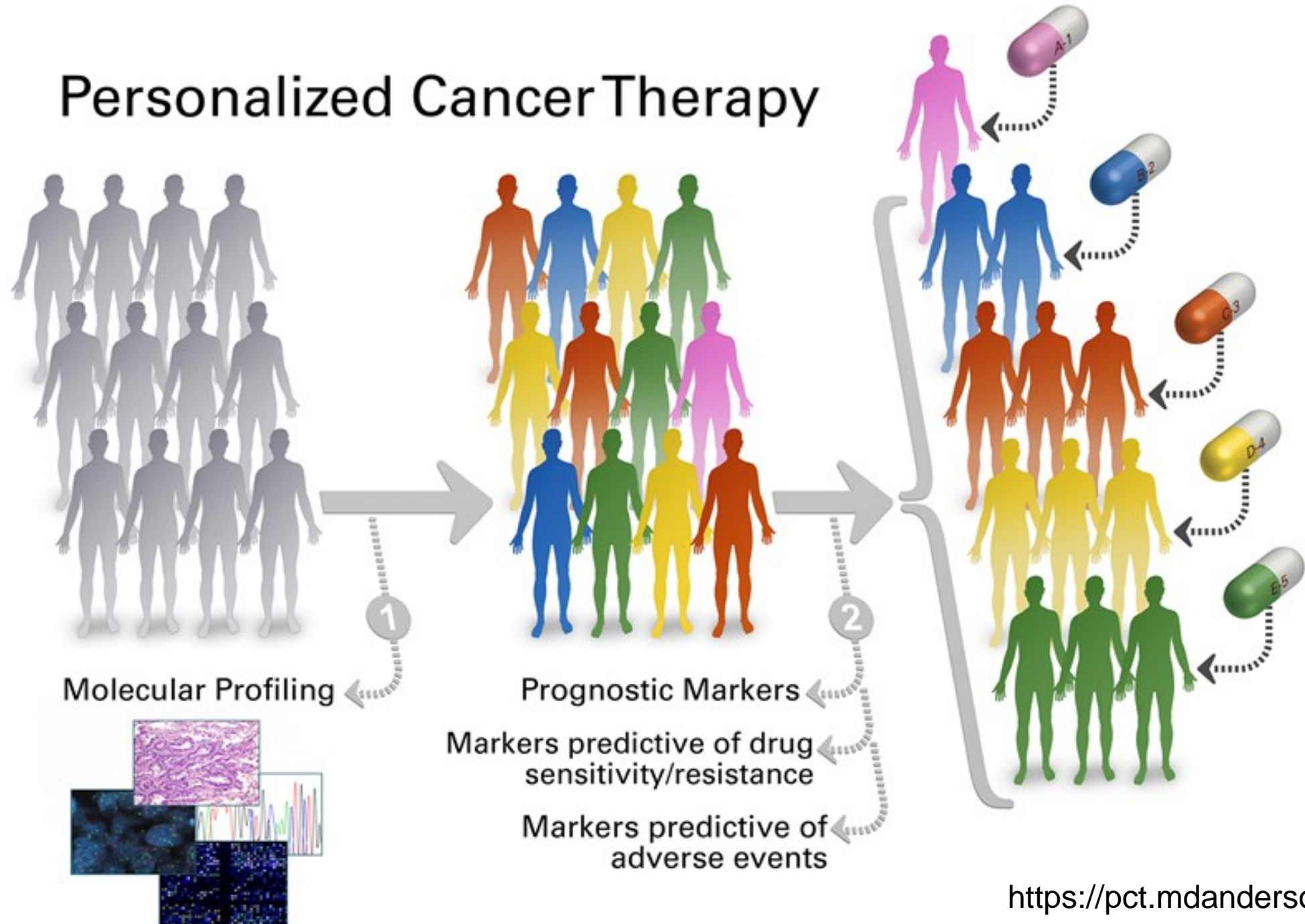
- Identify how SDOH status is strongly linked with cancer outcomes, morbidity and mortality.
- Discuss how less-favorable SDOH impacts many aspects of cancer treatment, including access to care, decision making, and financing, and review the barriers to cancer care that cause health inequities.
- Describe care models for cancer care from prevention and screening through treatment and end-of-life that can help to improve the health care disparities seen in cancer care.

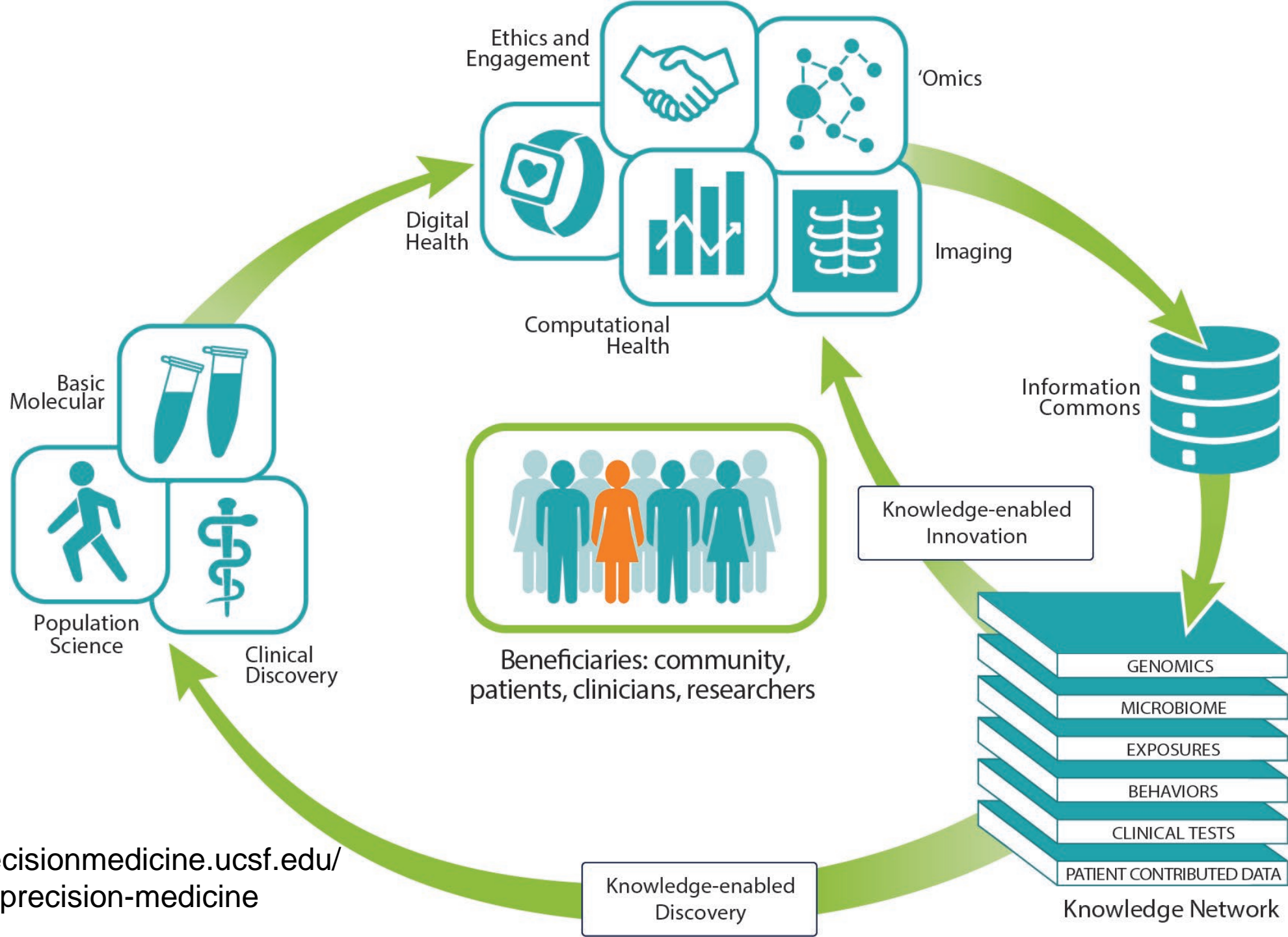


PRECISION MEDICINE



Personalized Cancer Therapy









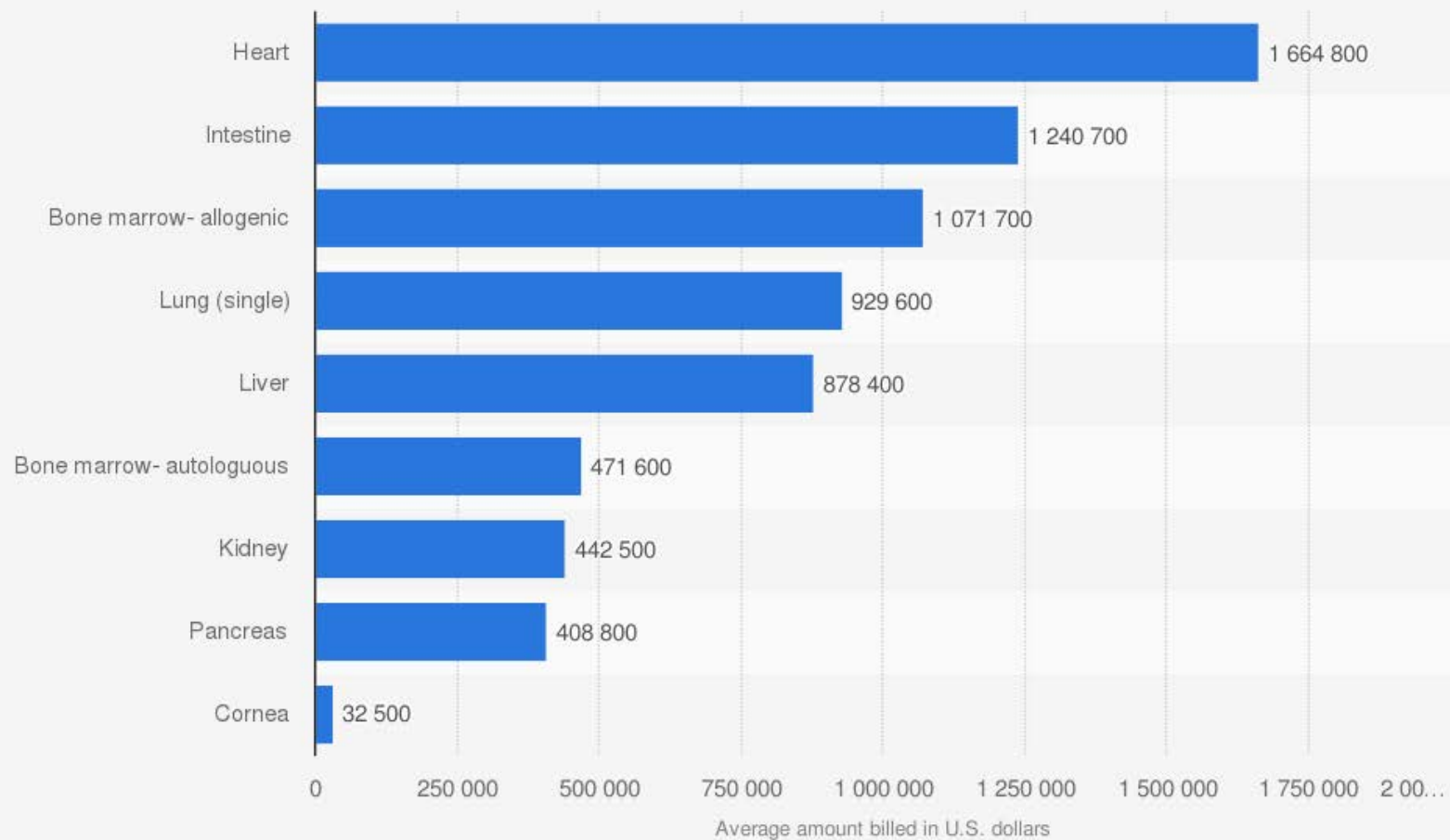




Patient-centered care



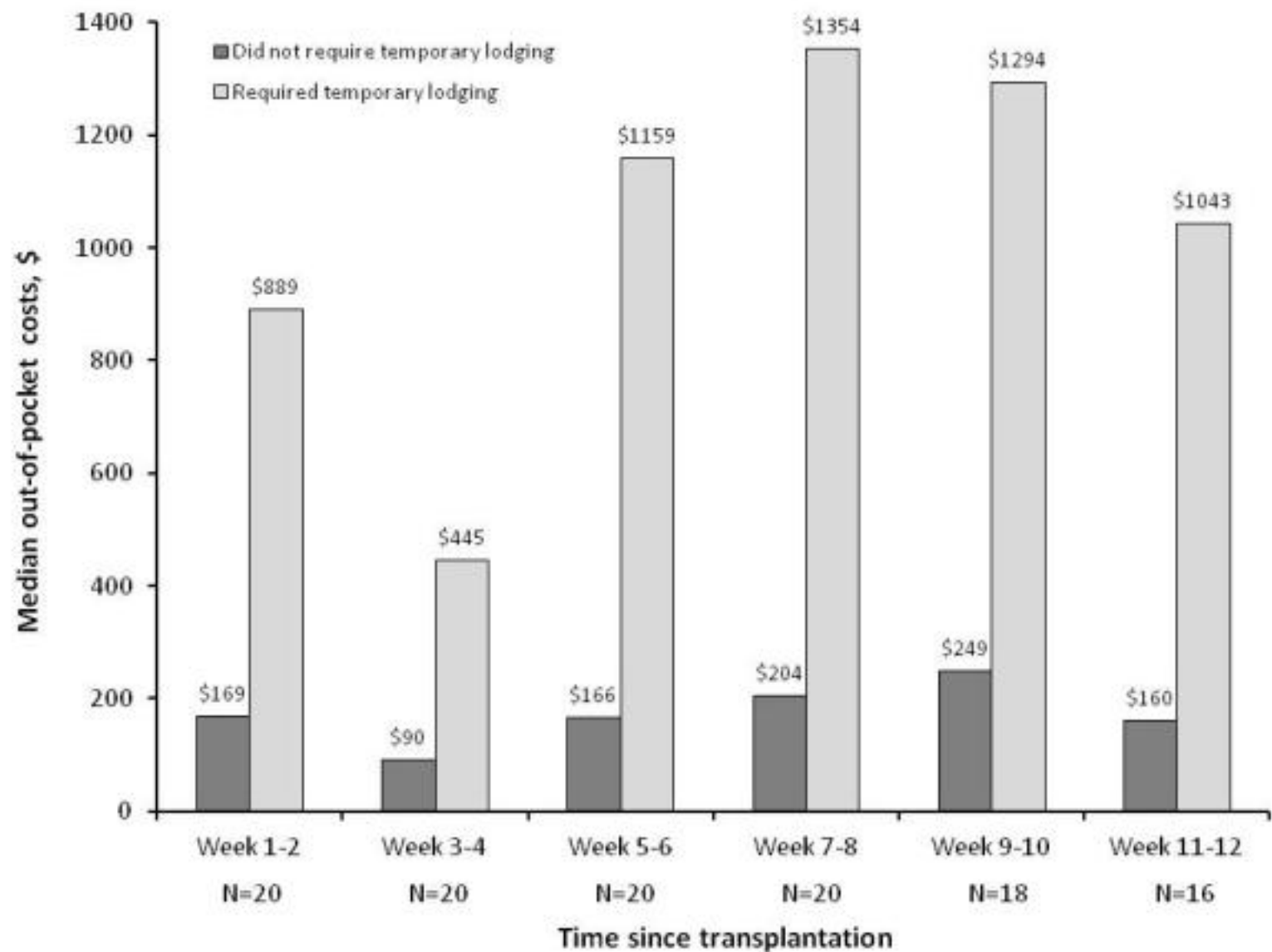
Average amount charged for select organ transplantations in the U.S. as of 2020 (in U.S. dollars)



Source:
Milliman
© Statista 2020

Additional Information:
United States

Pilot Study of Patient and Caregiver Out-of-Pocket Costs of Allogeneic Hematopoietic Cell Transplantation



Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Greatest Predictor of Health

- Socioeconomic status

- Income
- Occupation
- Education

Children living in poverty are 7X more likely to have poor health

UNNATURAL CAUSES
...is inequality making us sick?

A seven-part documentary series exploring racial & socioeconomic inequalities in health.

Do we ALL have an EQUAL chance for HEALTH?

Replay »

THE DOCUMENTARY
About the Series
Video Clips
Discussion Guide
For the Press
More...

ACTION CENTER
Action Toolkit
Policy Guide
Connect Up!
Inspiring Stories
Handouts
More...

ABOUT HEALTH EQUITY
Resource Database
Interactivities
Case Studies
From the Experts
For Educators
More...

MEDIA & DOCUMENTS
Video Clips
Podcasts
Amazing Facts
Health Equity Quiz
More...

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Presented by the National Minority Consortia of Public Television
Outreach in association with Joint Center Health Policy Institute

NACCHO
National Association of County & City Health Officials
Website Manager & Advisor

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Practical Healthcare Barriers Among the Poor

- Lack finances to purchase needed health services and treatments (e.g., medications, diagnostic tests, health provider fees)
- Transportation difficulties (e.g., no car)
- Difficulties taking leave from work to seek care (e.g., no paid leave available, employer will not allow time off)
- Difficulties arranging childcare

Populations at Greatest Risk for Exclusion

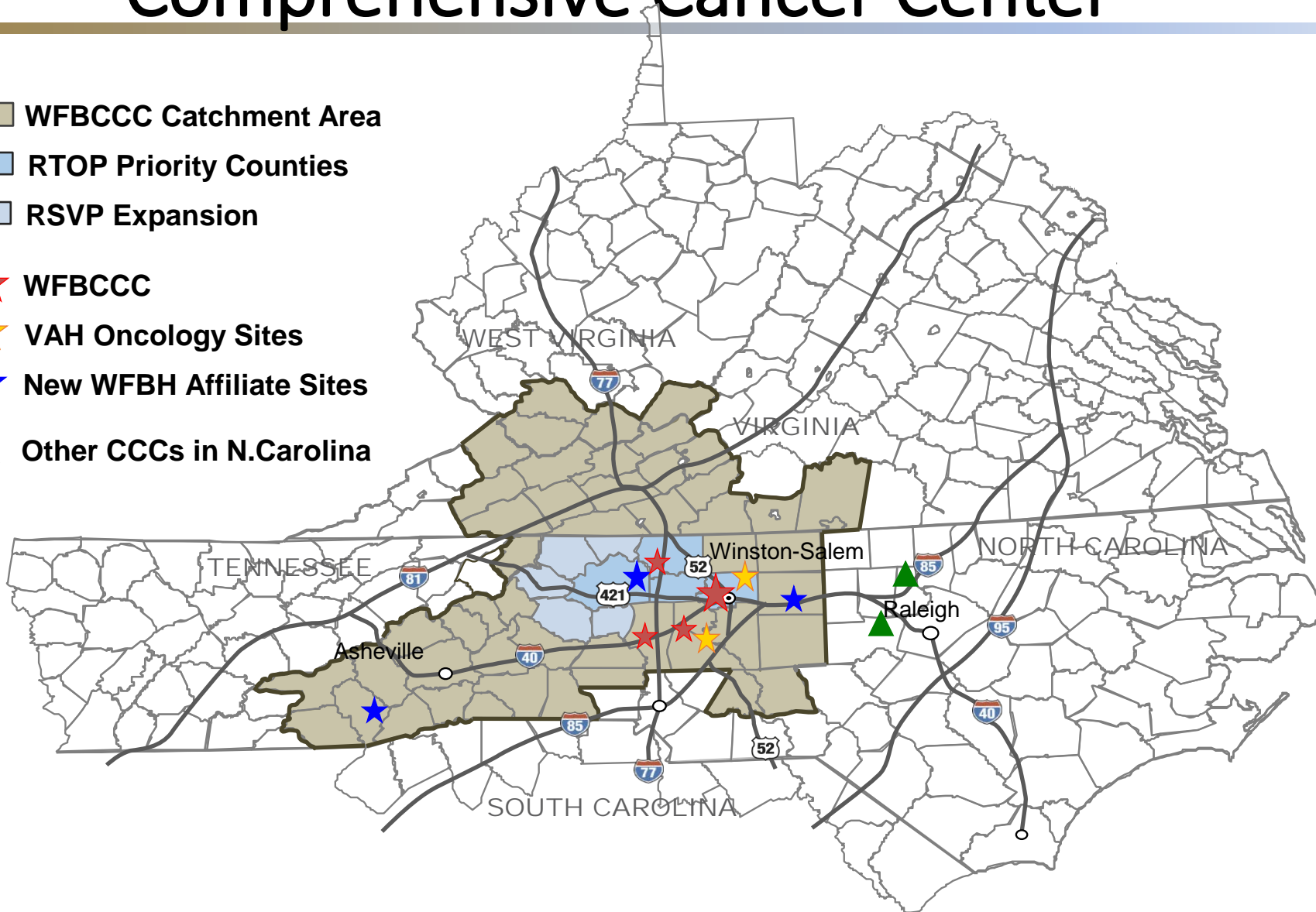
- Adolescent/Young Adult
- Older adults
- Racial/Ethnic Minorities
 - Black/African-American
 - Hispanic/Latino
 - American Indian/Native Alaskan
- Rural
- LGBTQ+

Lower Socioeconomic Status

Wake Forest Baptist Comprehensive Cancer Center

- WFBCCC Catchment Area
- RTOP Priority Counties
- RSVP Expansion

- WFBCCC
- VAH Oncology Sites
- New WFBH Affiliate Sites
- Other CCCs in N.Carolina

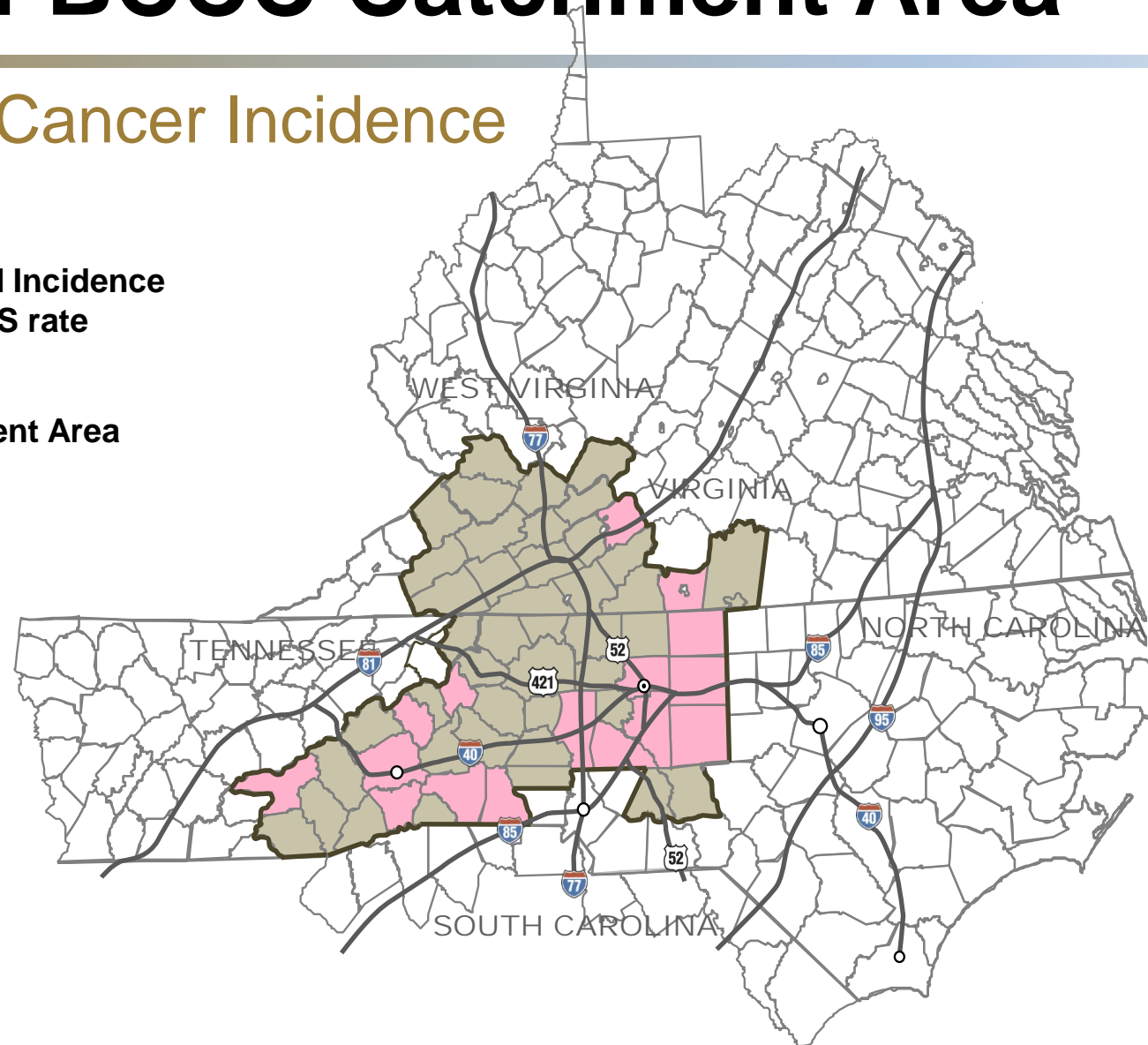


WFBCCC Catchment Area

Breast Cancer Incidence

 Elevated Incidence
above US rate

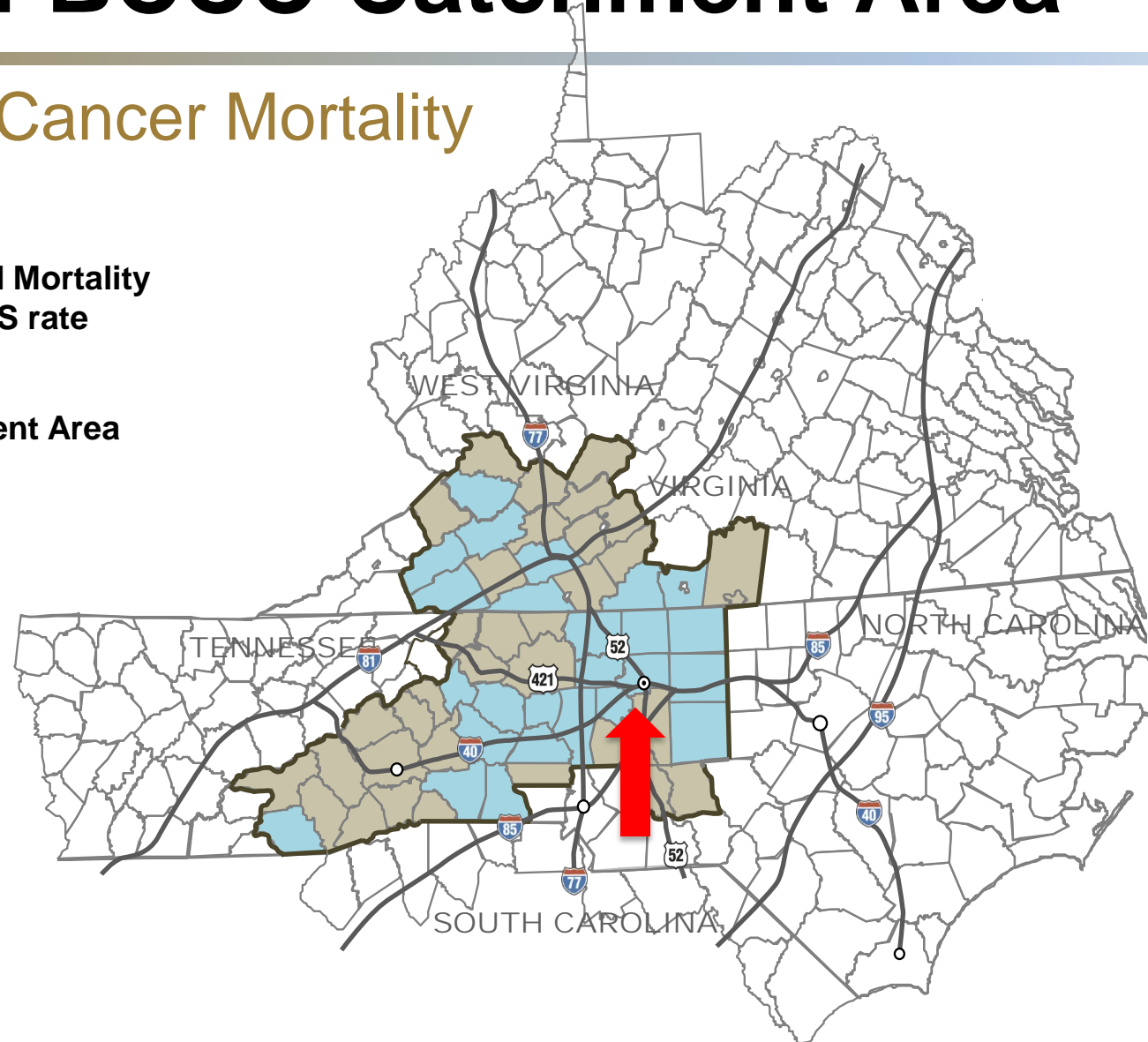
 Catchment Area



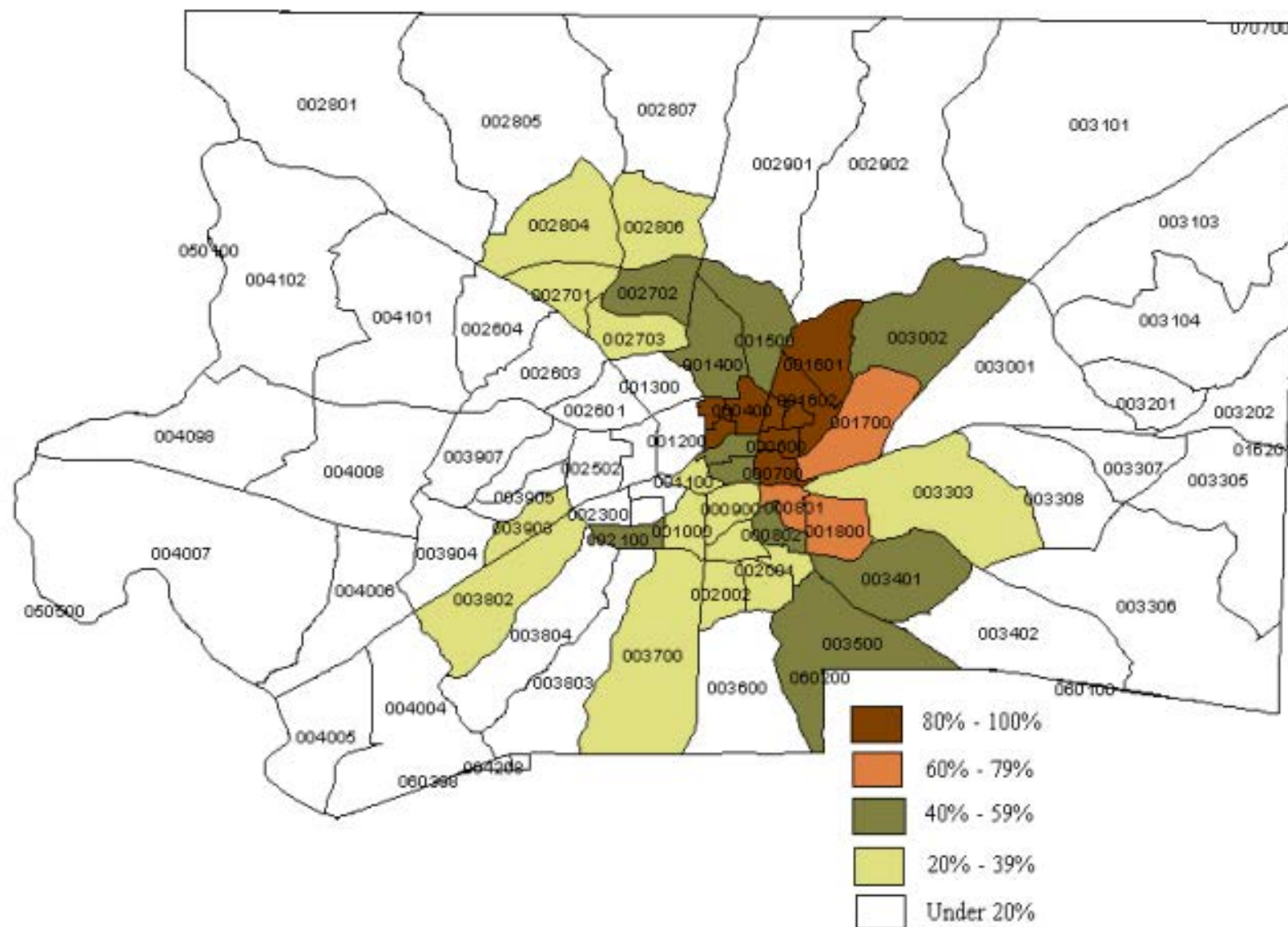
WFBCCC Catchment Area

Breast Cancer Mortality

-  Elevated Mortality
above US rate
-  Catchment Area

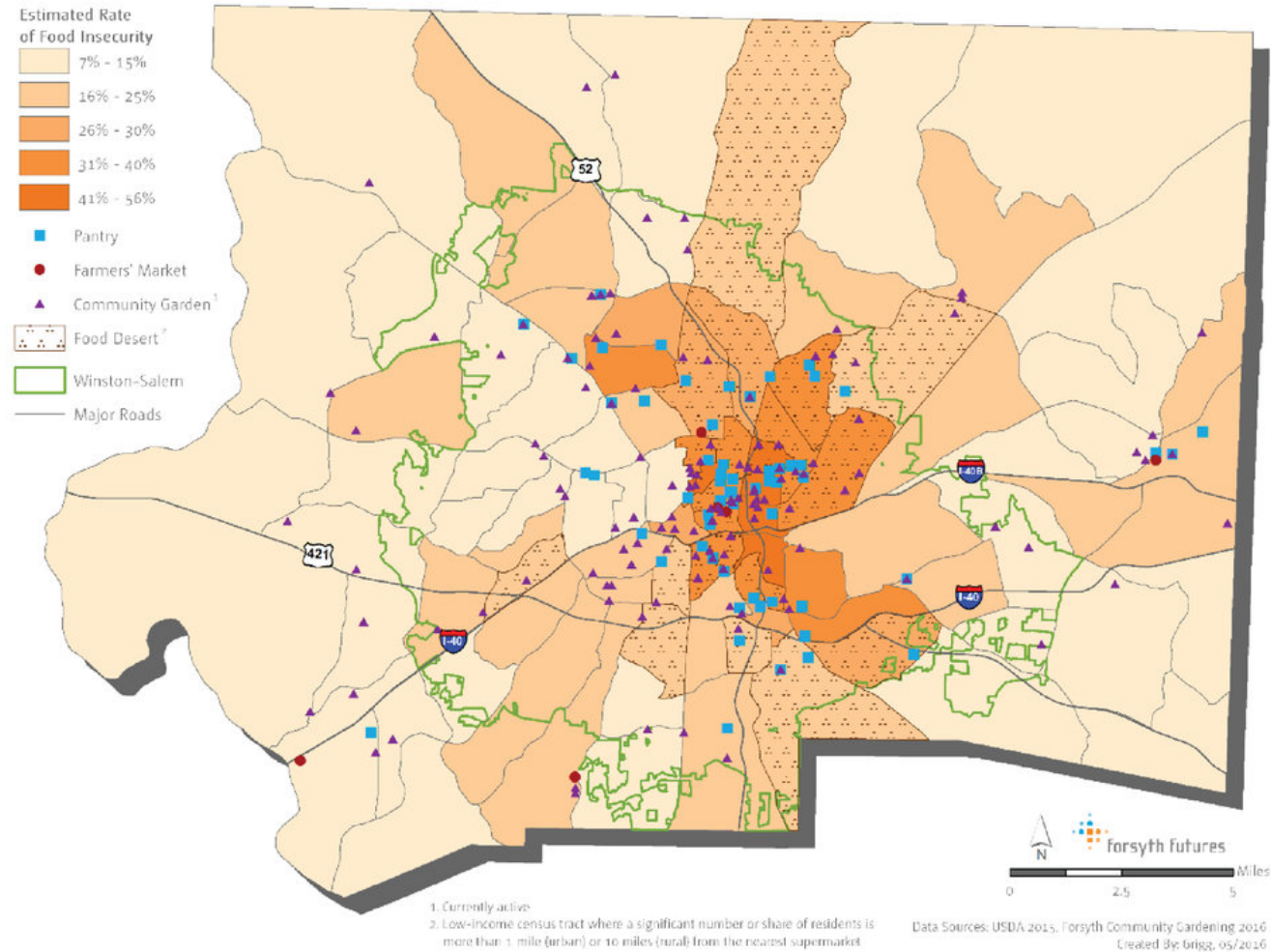


*Winston Salem, Forsyth County African American Population



Food Desserts

FIGURE 30:



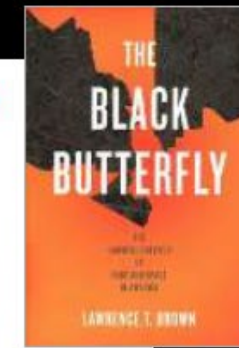
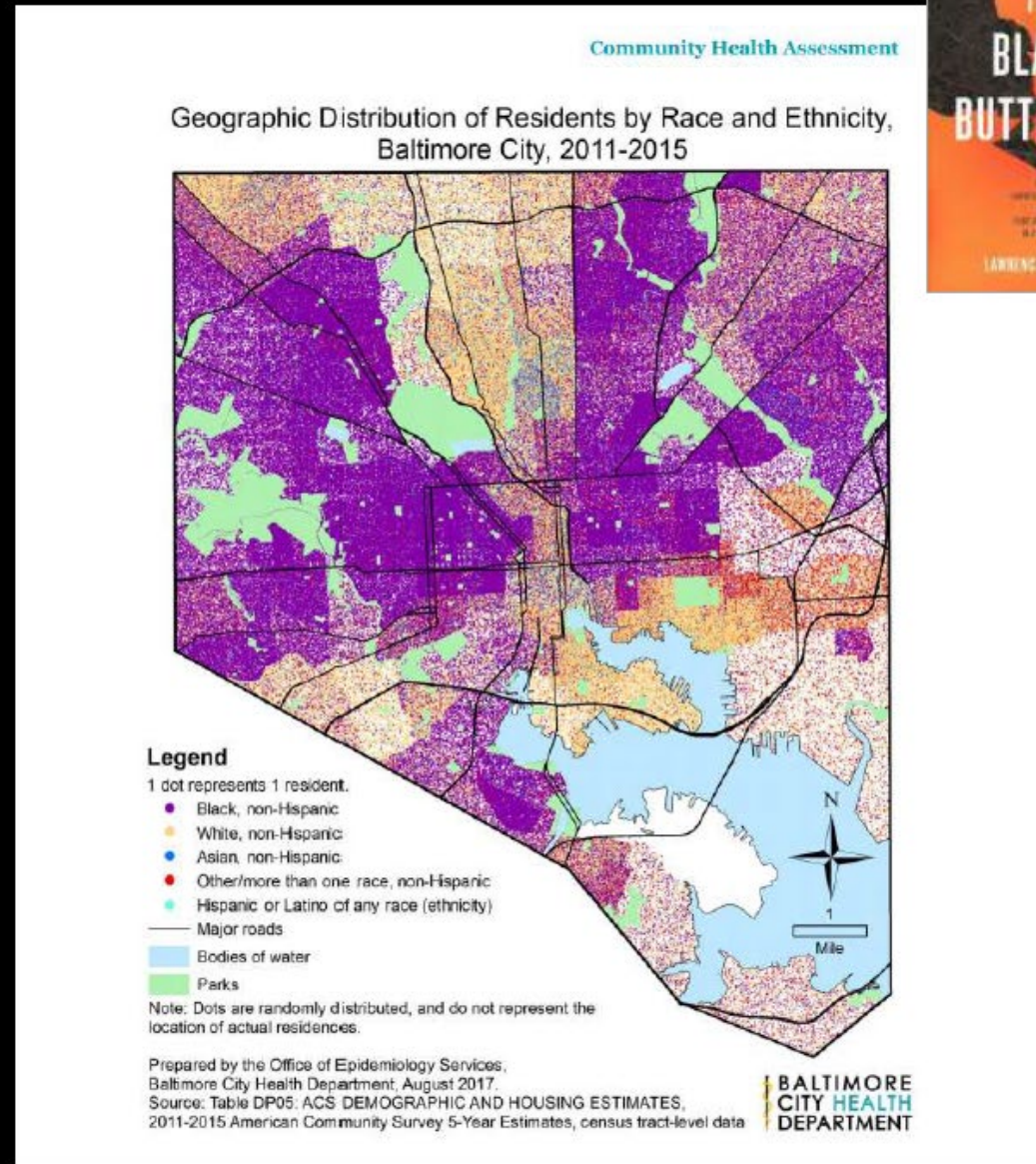
White “L” & the Black Butterfly



Lawrence Brown, PhD
Associate Professor
School of Community Health & Policy
Morgan State University

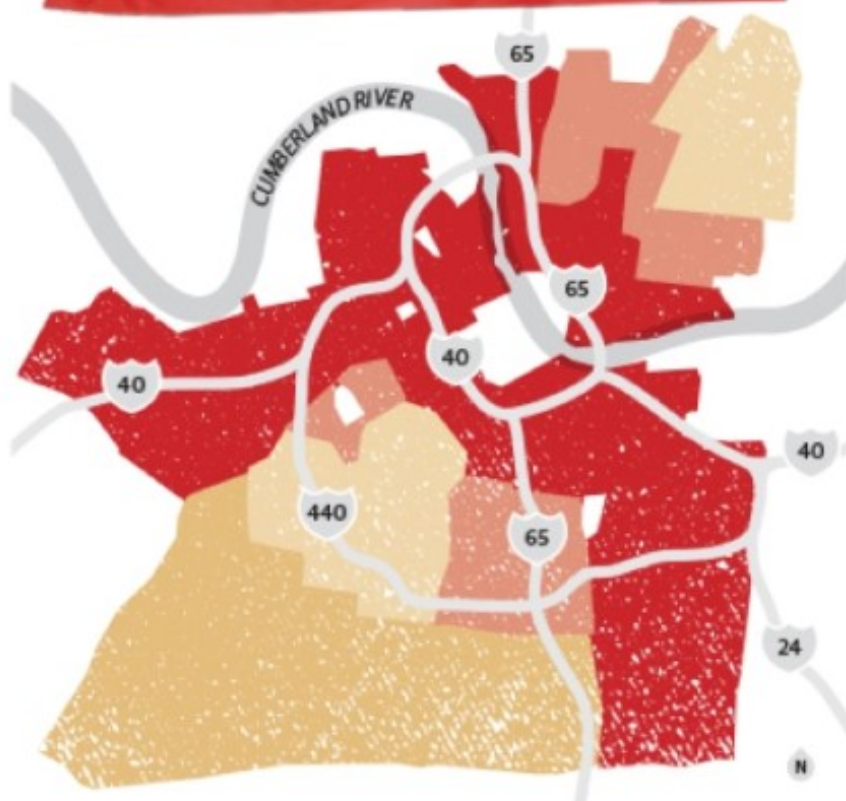


Lawrence Brown “Two Baltimore’s”



REDLINING IN NASHVILLE

In the 1930s and 1940s, maps from the Home Owners' Loan Corporation with grades ranging from "best" to "hazardous" were used to guide investments and home loans. Areas where Black residents lived were likely to be termed riskier for loans, while white areas were deemed safer.



SOURCE: UNIVERSITY OF RICHMOND "MAPPING INEQUALITY"/
COMMUNITY IMPACT NEWSPAPER

DEEP-ROOTED RESULTS

Effects from redlining can still be seen today by comparing the percentage of white and Black homeownership in these areas.

Best

These areas were typically white neighborhoods and would be deemed safest for investors to take on mortgage loans.

2017 homeownership rates

75.8%

White

34.4%

Black

Still desirable

These areas were seen as still a conservative investment for home loans.

57.4%

White

52.7%

Black

Definitely declining

This category refers to areas that were once "desirable" but may have seen an infiltration of people of color.

55.1%

White

41.7%

Black

Hazardous

These areas were occupied by mainly Black residents and deemed risky. Lenders would often refuse to make home loans there.

45.6%

White

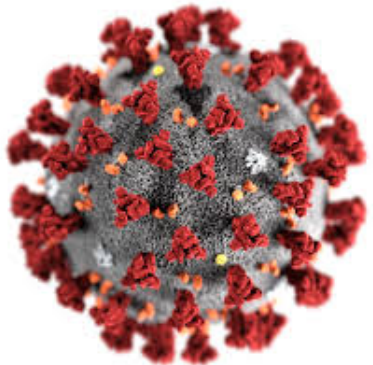
28.3%

Black

SOURCES: REDFIN, 2013-2017 5-YEAR AMERICAN COMMUNITY
SURVEY/COMMUNITY IMPACT NEWSPAPER

SDOH Increase COVID-19 Risk

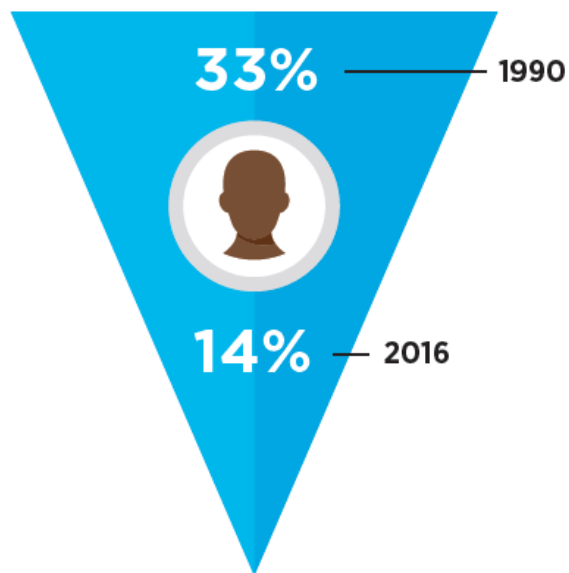
- Living Conditions
 - Densely populated
 - Racial Housing Segregation
 - Lack of safe transportation (public)
- Work Circumstances
 - “Essential worker”
 - No sick leave



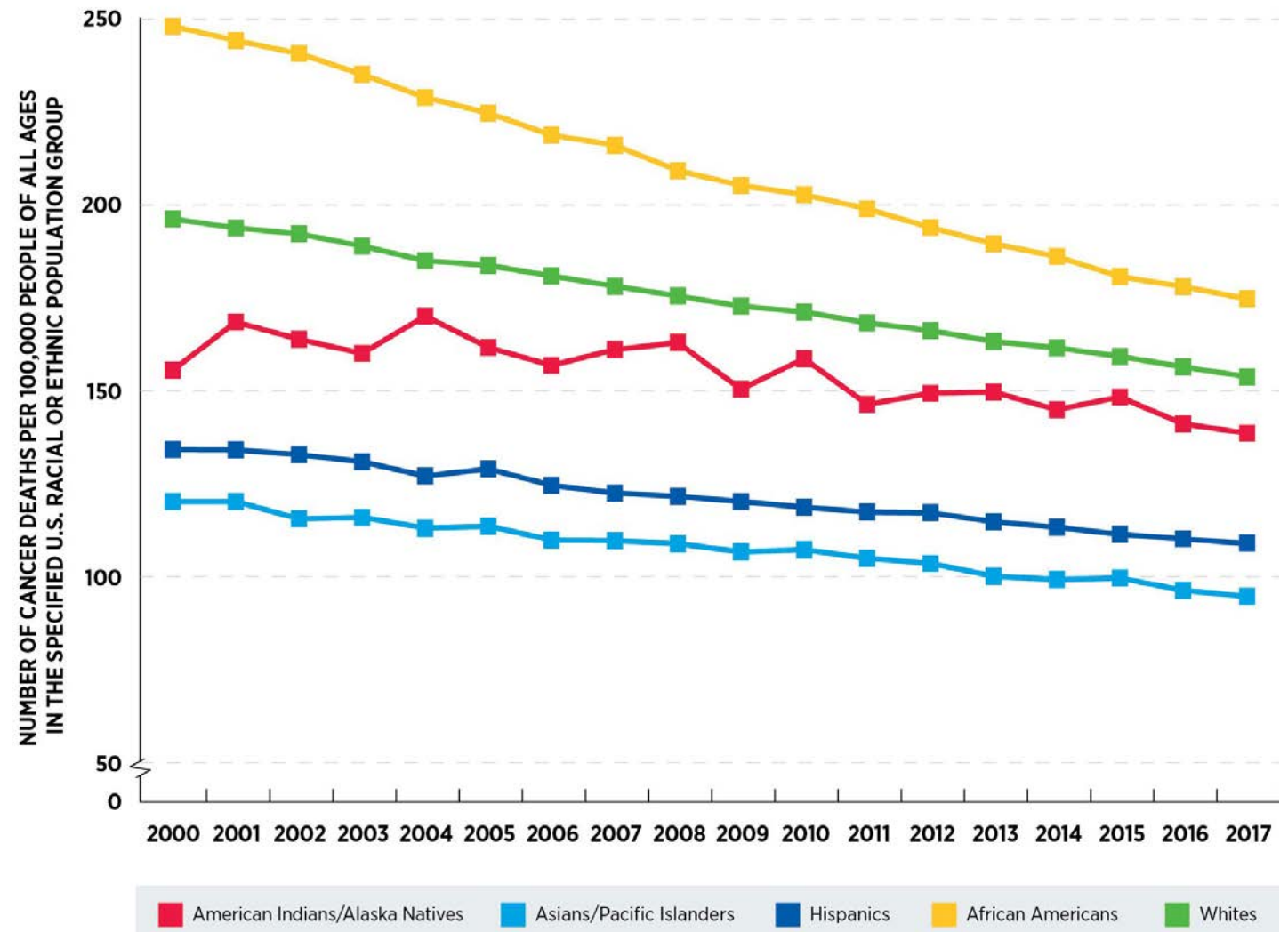
- Health Circumstances
 - Lack of Insurance – 2-3 times as likely to have no insurance
 - Underinsured
 - Not able to seek medical care due to cost
 - Chronic Conditions – comorbidities
 - Systemic inequities



DECLINE IN DISPARITY FOR OVERALL CANCER DEATH RATE BETWEEN AFRICAN AMERICANS AND WHITES



Trends in Cancer Death Rates



Health Disparities: *Nature vs. Nurture*

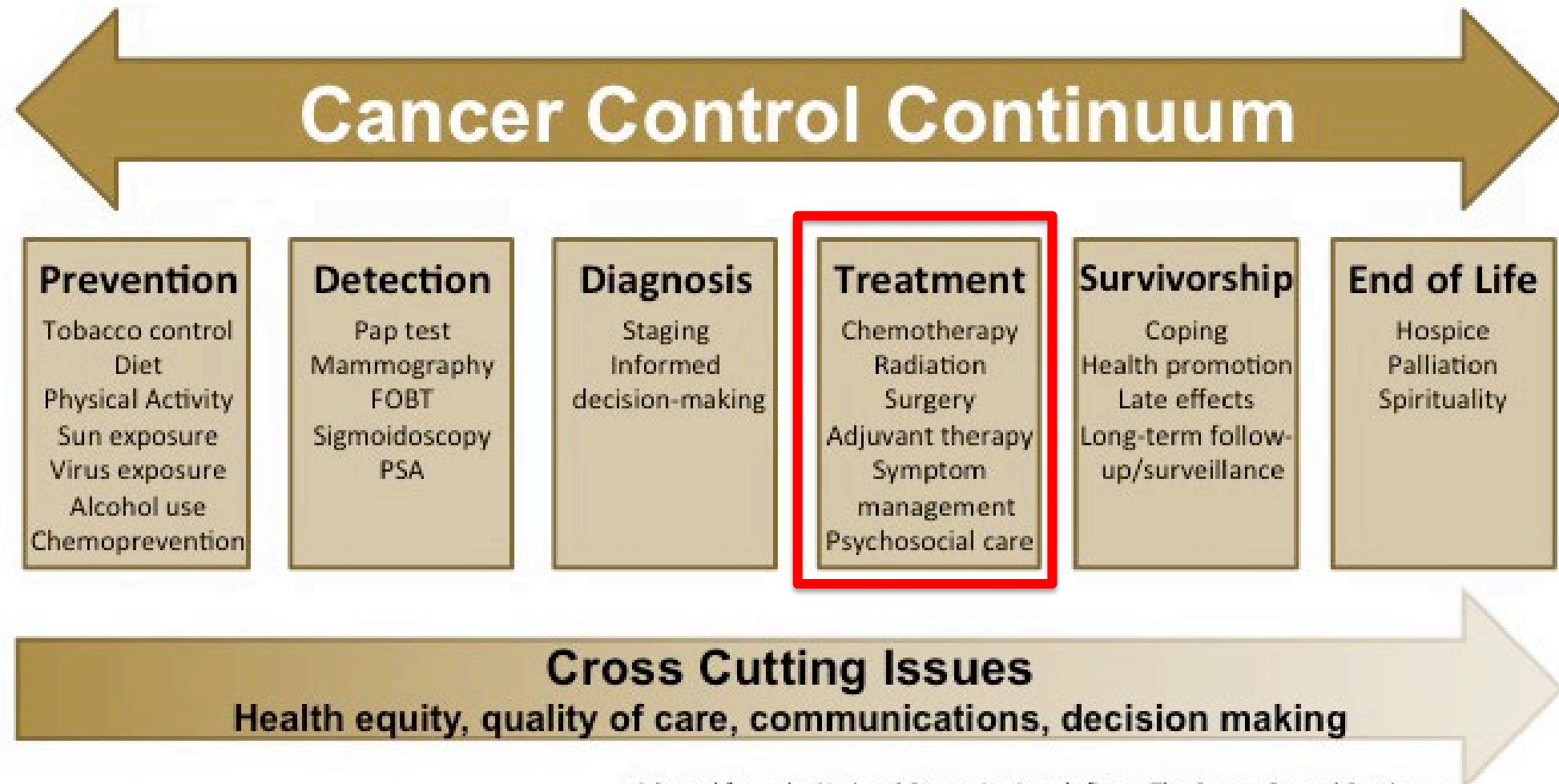
Biologic determinants

- Genetics
- Biology
- Comorbidities

Social determinants

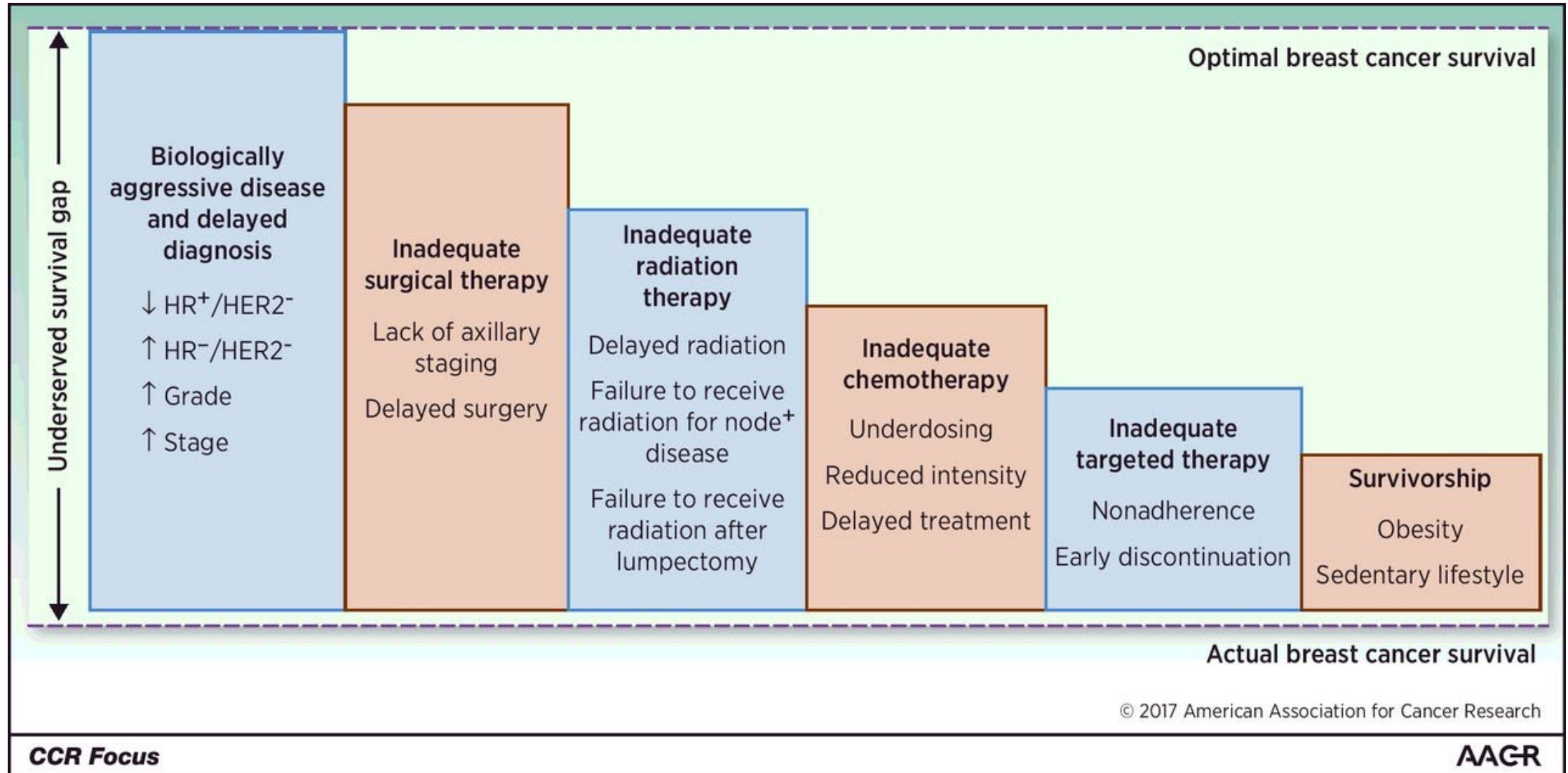
- Socioeconomic status
- Access to care
- Sociocultural barriers

Barriers to Access Along the Cancer Continuum



Adapted from the National Cancer Institute's figure *The Cancer Control Continuum*

Factors Contributing to Breast Cancer Disparities



Disparities in Oncotype Dx Use

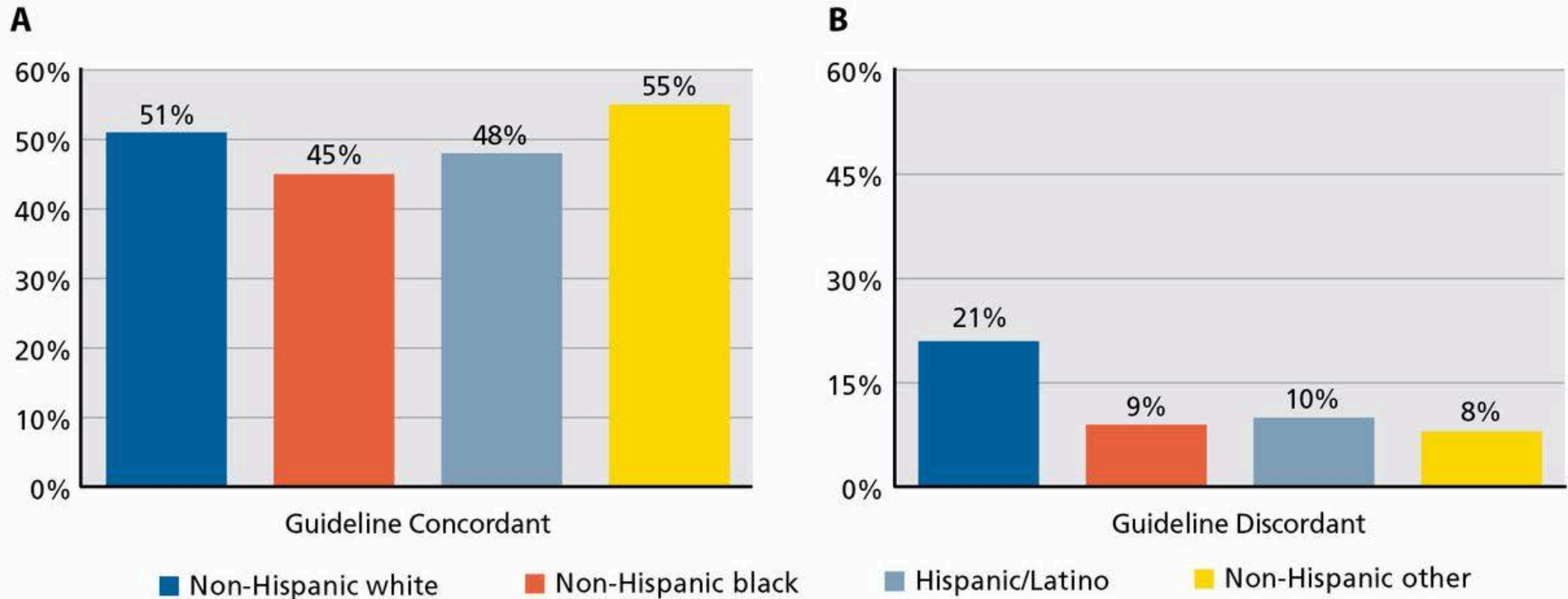
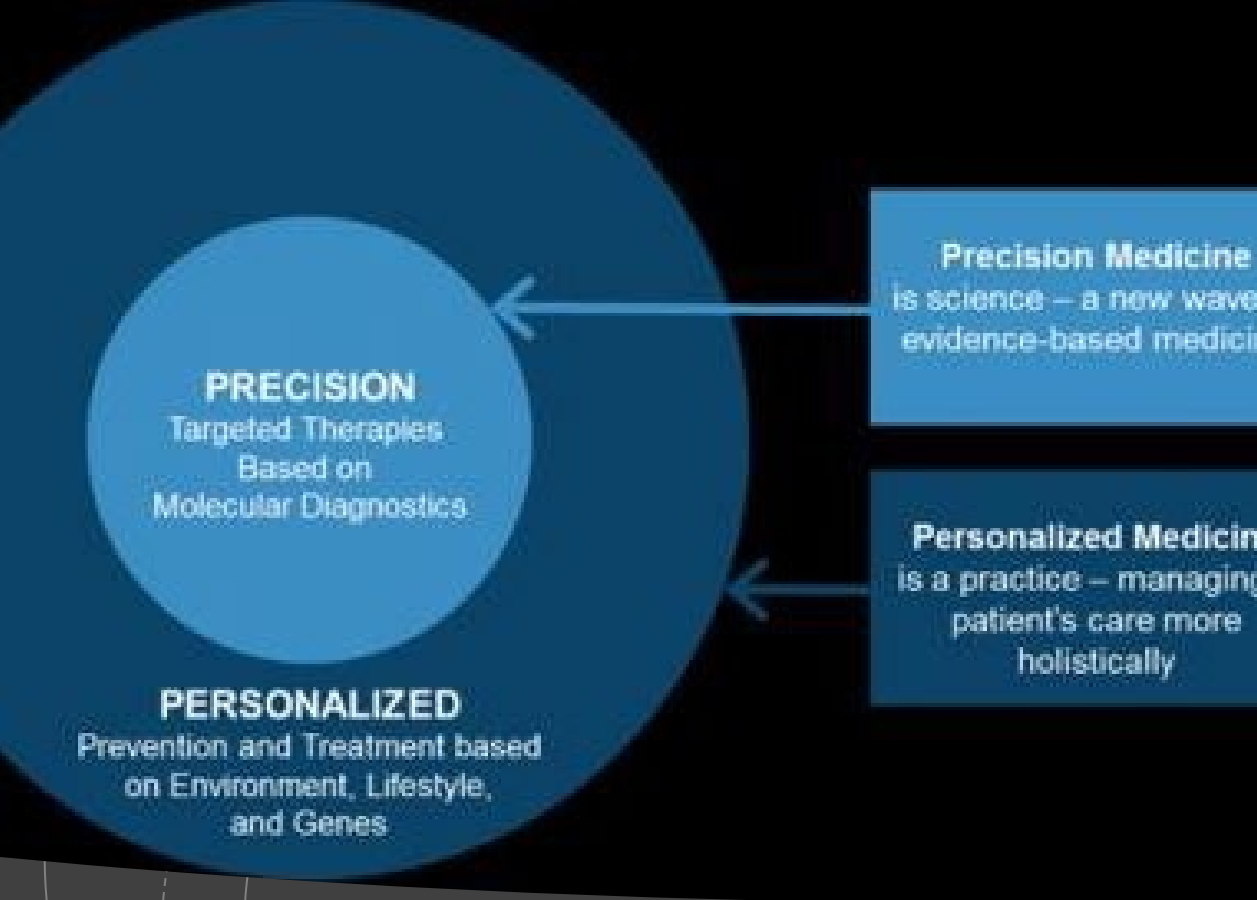


Figure 2. Racial and ethnic variation in Oncotype DX use in Connecticut (2011–2013) by NCCN Guideline (A) concordance and (B) discordance.

Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
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Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					



- Glady, Gilbert. (2019). The Bio Immune(G)ene Medicine or How to Use a Maximum of Molecular Resources of the Cell for Therapeutic Purposes. Edelweiss Applied Science and Technology. 26-29. 10.33805/2576-8484.164.





Limited Access to Treatment

Food Insecurity and the Impact on Health

According to the study *Hunger in America 2014*, which surveyed 60,000 Feeding America clients and 32,000 partner agencies:



More than
48 million Americans
lived in food insecure
households in 2014.



24% of households had at least one member in poor health.



66% of households had to choose between food and medical care.



33% had a household member with diabetes.



58% had a household member with high blood pressure.

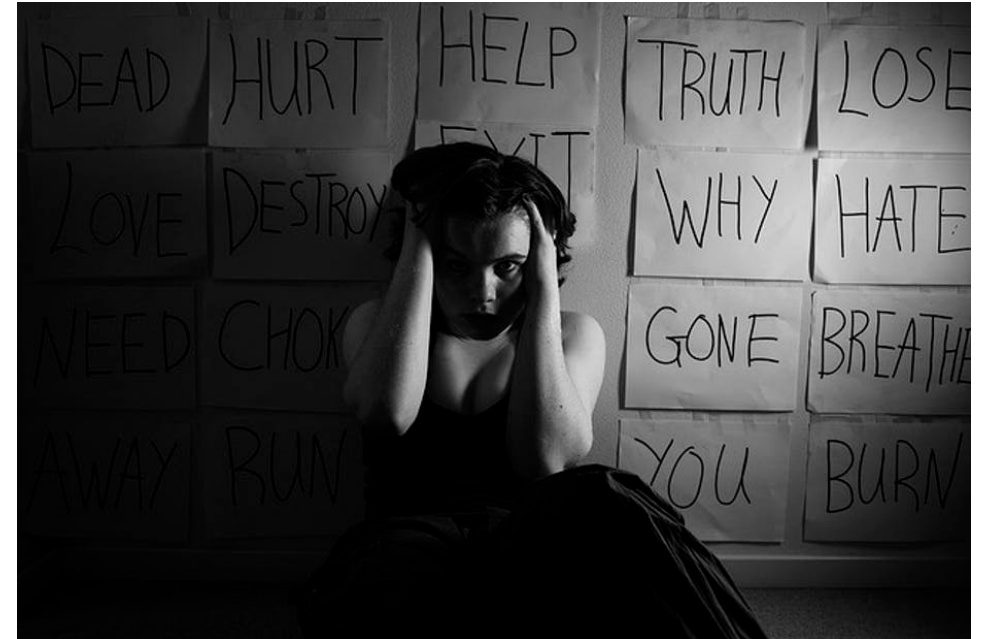
Physical Toxicity of Cancer Treatment

- Cognitive Impairment
- Pain/Neuropathy
- Fatigue
- Sexual dysfunction
- Fertility
- Secondary Cancer



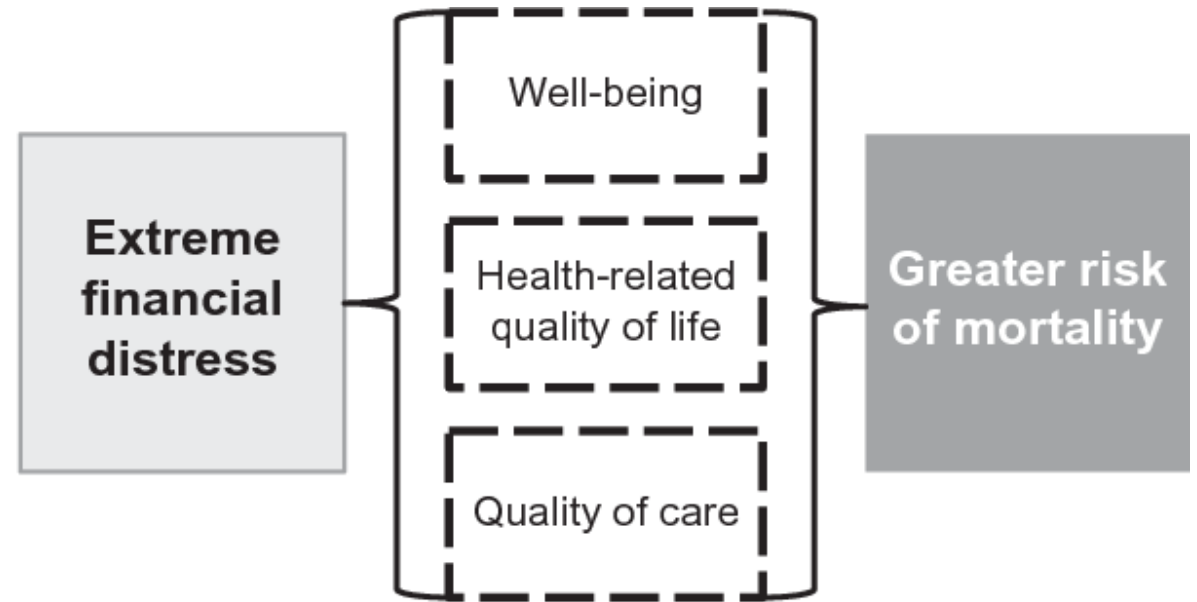
Emotional Toxicity of Cancer Toxicity

- Fear of recurrence
- Body image
- Relationships (friends, dating)
- Mental health
- Uncertainty about future
- Emotional numbness



Financial Toxicity of Cancer Toxicity

- Direct & Indirect Costs
 - Lack of Insurance
 - Underinsured
 - Workability
 - Employment discrimination
 - New job/Limited time off
 - Inability to get life insurance
 - Fertility treatments



Here are the numerous ways chronic stress can impact your body:



Hair Problems

- Telogen effluvium (temporary hair loss)
- Premature graying



Tension headaches



Insomnia

(problems falling asleep or staying asleep)



Skin Problems

- Hormonal acne breakouts
- Rosacea, psoriasis and eczema flareups
- Shingles outbreak



Suppressed immune system



Increased risk for heart disease



Back and muscle pain



Excess belly fat



Frequent urge to urinate



Digestive problems

(increased sensitivity to pain and bloating; and bowel issues)



Sexual dysfunction

- Men: Erectile dysfunction
- Women: Difficulty with sexual arousal and/or orgasm



Reproductive health

- Men: Low sperm count
- Women: Ability to conceive; irregular or missed periods



Cold, sweaty hands and feet

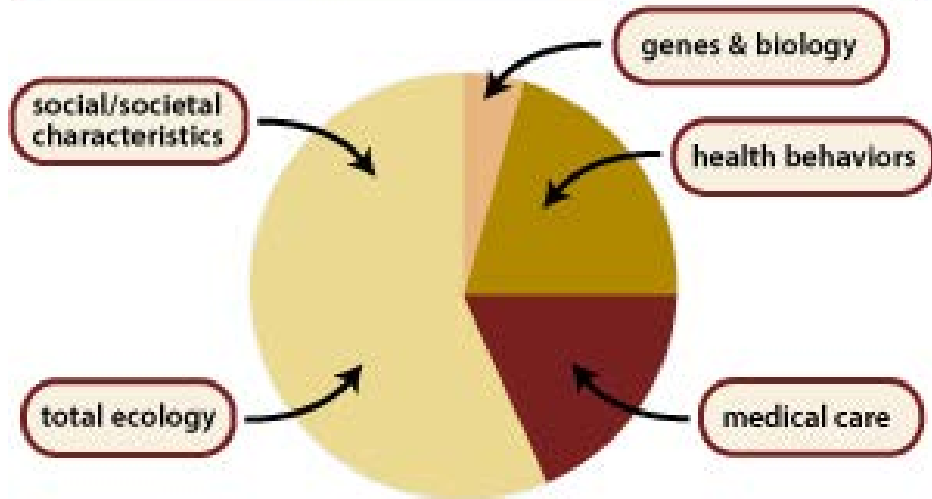
HOUSTON
Methodist
LEADING MEDICINE

SOURCES

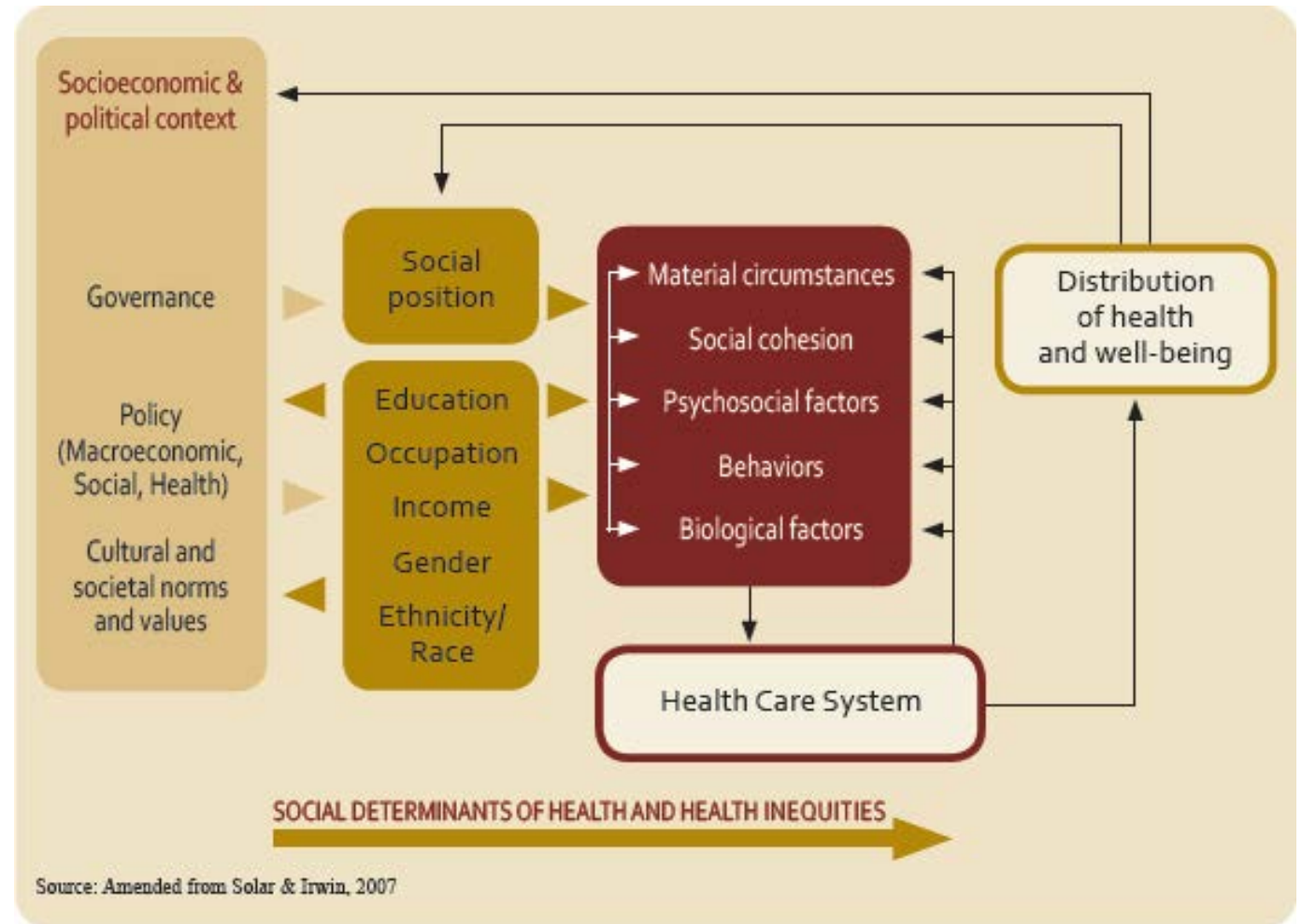
American Psychological Association | The American Institute of Stress | U.S. National Library of Medicine

Impact of SDOH on Health

DETERMINANTS OF POPULATION HEALTH



<http://www.cdc.gov/socialdeterminants/>



Assembling the Right Team

- Social Workers
- Financial Counselors
- Navigators
- Community Health Workers
- Volunteers ←

Engage the Community!!

Define

Align

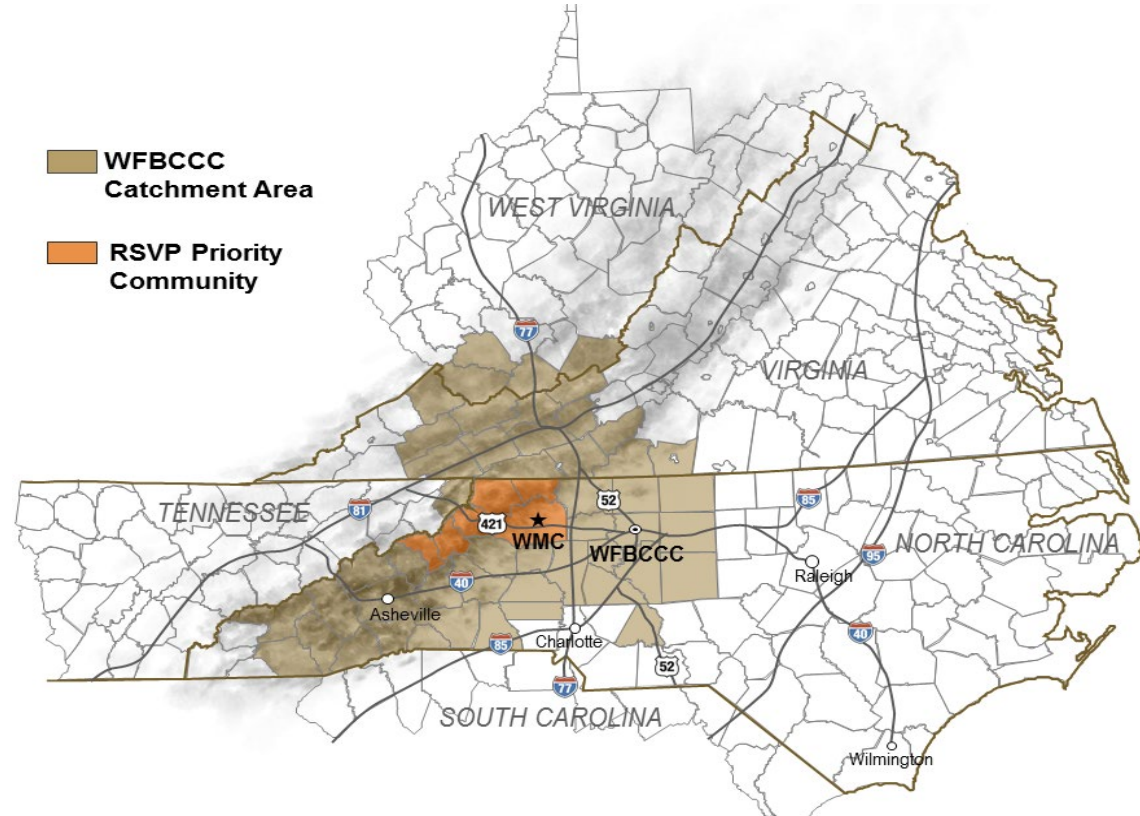
Connect

Plan

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



E. Copus, MSW
Patient Navigator- Rural

■ 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

RSVP: Survivor Assessment



E. Copus, MSW
Patient Navigator- Rural

■ **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

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



M. Alejandra Combs, JD
Patient Navigator - Hispanic

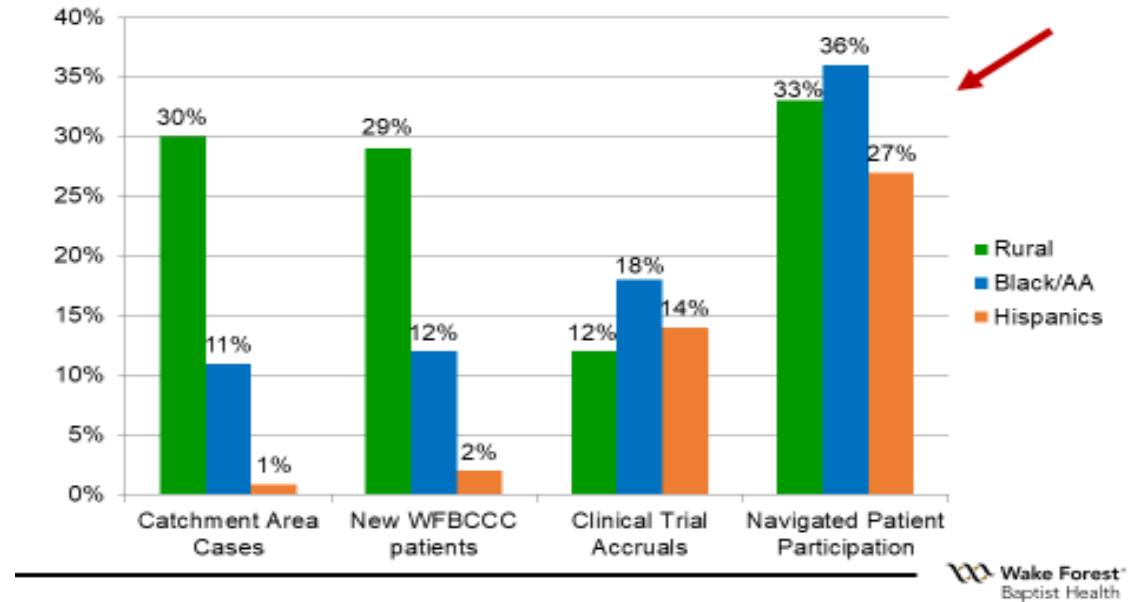


E. Copus, MSW
Patient Navigator - Rural



A. Daniels, MS
Patient Navigator - African

Clinical Trial Participation

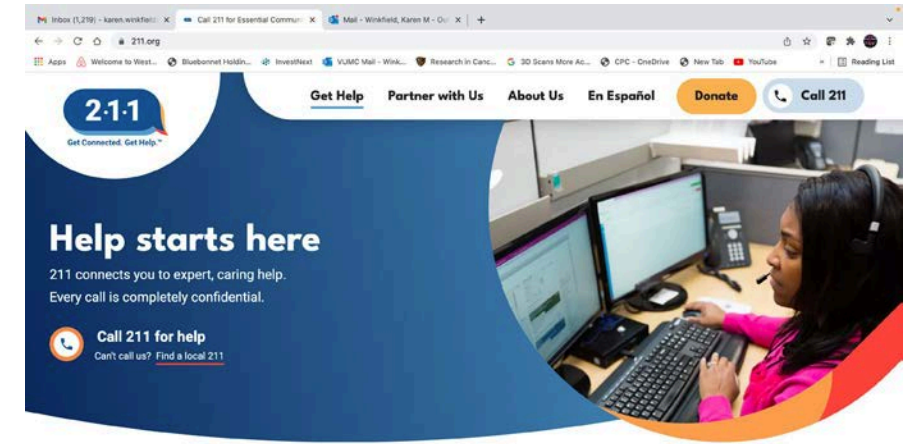


Strom C, Combs MA, Weaver KE, Ruiz J, Winkfield K. *Hispanic Patient Navigation: Improving Cancer Care & Clinical Trial Participation. Advancing the Science of Cancer in Latinos.* Poster Presentation. February 22, 2018. San Antonio, TX.

Barriers navigation can eliminate

- Financial barriers (including uninsured and under insured)
- Communication barriers (such as lack of understanding, language/cultural)
- Medical system barriers (fragmented medical system, missed appointments, lost results)
- Psychological barriers (such as fear and distrust)
- Other barriers (such as transportation and need for child care)

Leveraging community services to enhance provision of comprehensive cancer care



What are you looking for today?



Community Services

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

Stakeholders who implement this framework.



Health care leaders, patient advocate groups, community outreach leaders, community-based organizations, lay, nurse and clinical navigators, researchers, industry, govt and policy leaders

Medically underserved populations.



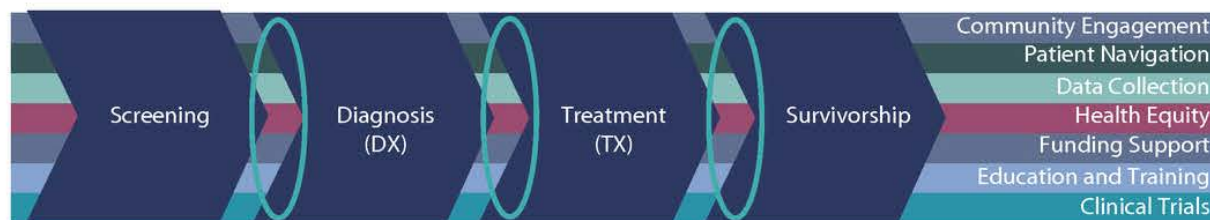
Racial/ethnic minority groups, rural populations, aged, adolescent/young adult], LGBTQ, differently-abled, immigrants and refugees, and under and uninsured communities.



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 benchmark 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

- 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

Treatment to Survivorship

- 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



2021 Theme:
What Is
Our Next
Normal?

Registration
Required!



Saturday, October 2nd
10:00 AM - 12:00 PM
Via Zoom Video Conference

20th Annual
THE PINK RIBBON TALKS
Breast Cancer Survivor Conference

"What's Up Doc?" Medical Panel | "Who You Gonna Call?" Expert Panel
Door Prizes & More!



Register by September 27th
at PinkRibbonTalks.org
or call Cancer Services
at 336-760-9983

Made possible by support from:



\$15,699,071

**medication & financial
assistance provided & secured
for breast and ovarian cancer
patients because of your help!**



**Register today
for DW 2021!**



WELLNESS GROUPS!

- Art & Wellness
- Blood Cancer
- GI Cancer
- GYN Cancer
- Breast Cancer
- Sobrevivientes

Department of Public Health

- Insurance
- Screening
- Transportation



The Official Website of the Executive Office of Health and Human Services (EOHHS)

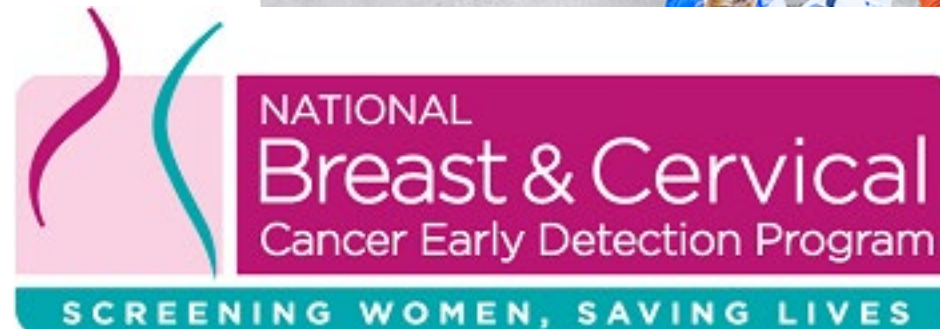
Health and Human Services
Departments & Divisions

Search...

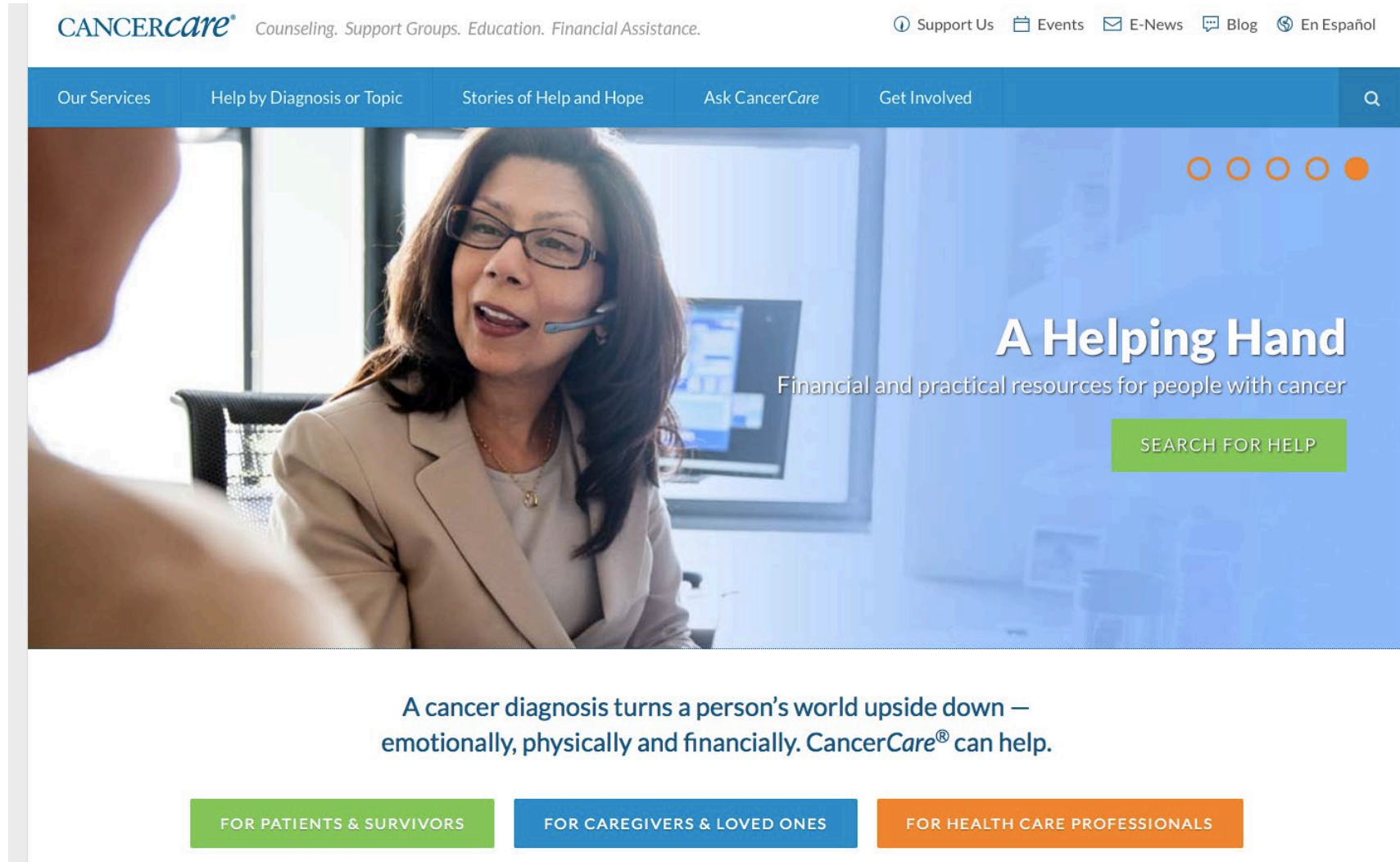
A-Z Topic Index Health Care & Insurance Consumer Licensing Provider

Home > Government Agencies > Departments & Divisions > Public Health > Bureaus and Programs > Comprehensive Cancer Prevention & Control Network

Comprehensive Cancer Prevention & Control Network



National Organizations: CancerCare



The screenshot shows the CancerCare website homepage. At the top, the CancerCare logo is followed by the tagline "Counseling. Support Groups. Education. Financial Assistance." and navigation links for "Support Us", "Events", "E-News", "Blog", and "En Español". Below this is a blue navigation bar with links for "Our Services", "Help by Diagnosis or Topic", "Stories of Help and Hope", "Ask CancerCare", and "Get Involved", along with a search icon. The main banner features a woman in a headset talking to someone, with the text "A Helping Hand" and "Financial and practical resources for people with cancer". A green button labeled "SEARCH FOR HELP" is positioned below the text. At the bottom of the banner, a quote reads: "A cancer diagnosis turns a person's world upside down — emotionally, physically and financially. CancerCare® can help." Below the quote are three colored buttons: green for "FOR PATIENTS & SURVIVORS", blue for "FOR CAREGIVERS & LOVED ONES", and orange for "FOR HEALTH CARE PROFESSIONALS".

CANCERcare® Counseling. Support Groups. Education. Financial Assistance.

Support Us Events E-News Blog En Español

Our Services Help by Diagnosis or Topic Stories of Help and Hope Ask CancerCare Get Involved

A Helping Hand

Financial and practical resources for people with cancer

SEARCH FOR HELP

A cancer diagnosis turns a person's world upside down — emotionally, physically and financially. CancerCare® can help.

FOR PATIENTS & SURVIVORS FOR CAREGIVERS & LOVED ONES FOR HEALTH CARE PROFESSIONALS

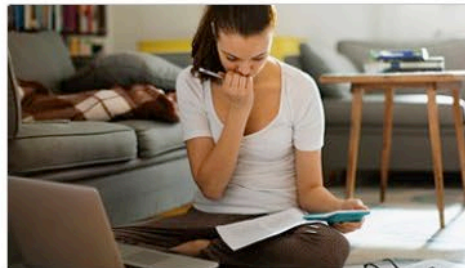
www.cancercare.org

American Cancer Society

[CANCER A-Z](#)[STAY HEALTHY](#)[TREATMENT & SUPPORT](#)[OUR RESEARCH PROGRAMS](#)[GET INVOLVED](#)[ABOUT US](#)

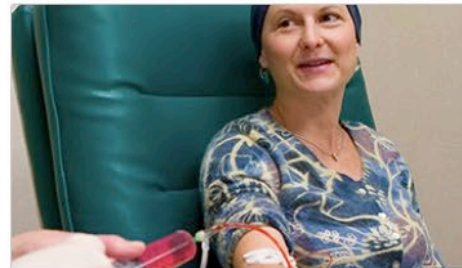
Understanding Your Diagnosis

How is a cancer diagnosis made and what does it mean? Find out here.



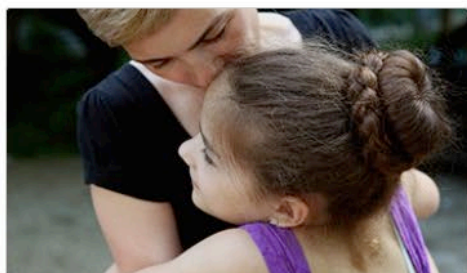
Finding & Paying for Treatment

Have questions about finding the right healthcare team for you? Get answers here.



Treatment & Side Effects

Get details on treatments like surgery, chemotherapy, radiation and more.



Children & Cancer

Learn how a cancer diagnosis in a family with children can have unique challenges.



For Caregivers & Family

Find out what to expect when you take care of someone with cancer.



Nearing the End of Life

Get all the information you need about hospice care and dealing with loss.



www.cancer.org

Clinical Trials: Lazarex Cancer Foundation



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At Lazarex Cancer Foundation we improve patient access to cancer clinical trials.
With your support, every day at Lazarex is the equivalent of 14 months of life for our patients.



Open "<https://www.lazarex.org/barbara-story>" in a new tab

www.lazarex.org

A NATIONAL AFRICAN AMERICAN **BREAST CANCER** SURVIVORSHIP ORGANIZATION



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Breast Cancer Assistance Program (BCAP)

EFFECTIVE MARCH 1, 2017, The New Guidelines for the Breast Cancer Assistant Program will provide financial assistance for the following:

- **Utilities**
- **Medical accessories (prosthesis, medical bras and compression arm sleeves)**

Sisters Network® Inc. national Breast Cancer Assistance Program (BCAP) was established in 2006. BCAP provides assistance to breast cancer survivors, currently in treatment and facing financial challenges. Financial assistance is paid directly to third party providers and cover medical *accessories, utilities, mammograms and ultrasounds.*

**BREAST CANCER ASSISTANCE PROGRAM (BCAP) APPLICATION
SCREENING MAMMOGRAM APPLICATION**

DID YOU KNOW? 

2016 BCAP Sponsors



Somos Latinas Contra Cancer

Our mission is to create an inclusive health care system that provides services to the underserved Latino population around issues of cancer



DONATE



Culturally Tailored: Sexual & Gender Minorities

National LGBTQ Cancer Network

<http://cancer-network.org>






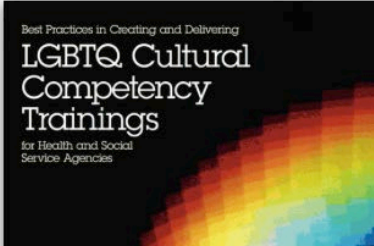
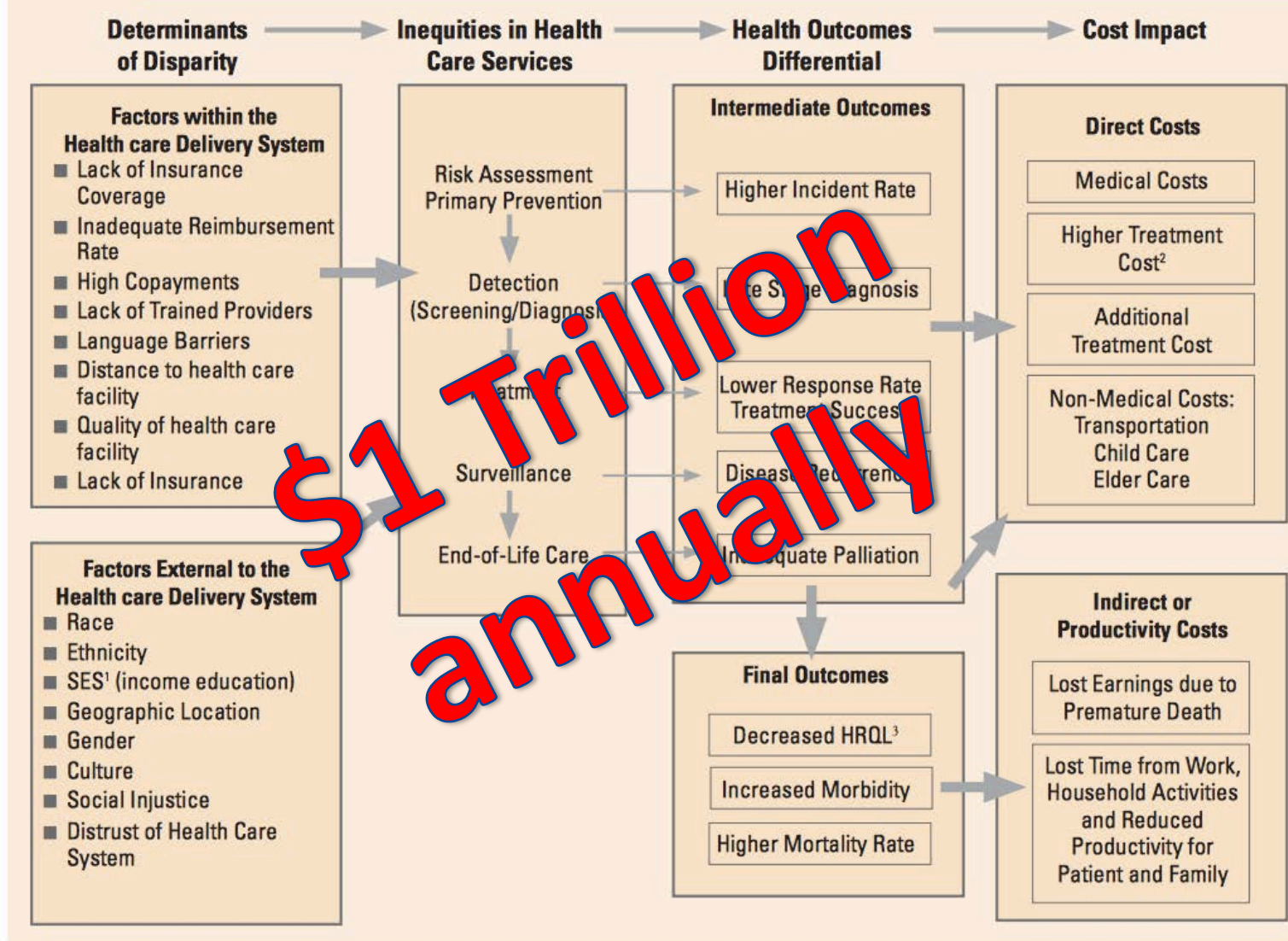
 <p>THE LGBT CULTURAL COMPETENCY TOOLKIT</p> <p>Cultural Competence Training</p> <p>Our nationally recognized curriculum, training program and manual</p>	 <p>Take Care of That Body</p> <p>Personalized cancer risk assessment tools and a directory of LGBT-welcoming cancer screening facilities</p>	 <p>Out and Surviving</p> <p>Our directory of LGBT-friendly cancer treatment facilities across the country</p>
 <p>Support Groups for Survivors</p> <p>Information, referrals and registration for our online groups</p>	 <p>LGBT Cancer Information</p> <p>Original articles on LGBT cancer, survivorship, research and barriers to care</p>	 <p>LGBTQ Cultural Competency Trainings for Health and Social Service Agencies</p> <p>Reports</p> <p>Our published comprehensive reports on cancer and LGBT cultural competence training</p>

FIGURE 7 Framework for Assessing Economic Costs of Cancer Health Disparities



¹ SES- Socioeconomic Status

² Stage IV cancers may have lower cost than Stage II and III cancer

³ HRQL – Health Related Quality of Life

Your Advocacy Matters



Awareness

- Get to know the community you serve
- Understand the social context of your patients
- Identify care gaps at your institution

Advocacy

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

Action!!!

Equality



Equity



MEHARRY
VANDERBILT
ALLIANCE

SINCE 1999

Thank you!!

www.drkarenwinkfield.com

3blackdocs.com



@DrWinkfield

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Questions?

podcast



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