Health Disparities: Considering the Societal Determinants of Health (SDH) in Oncology Research and Practice

Kimlin Tam Ashing, PhD

Kimlin Tam Ashing, PhD

Associate Cancer Director for Community Outreach and Engagement

Professor, BRI

Founding Director, Center of Community Alliance for Research and Education

Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their personalized care and quality of care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- Presentation will address ethnic and socioecological (SDH) components that impacts cancer risks and outcomes.
- Presentation will address system and provider/clinician bias in response to patient ascribed ethnic and SDH status.

Population Demographics

Demographic Data

	City of Hope Catchment	California	United States
Age 65+	13.3%	14.0%	16.5%
Race/Ethnicity			
Non-Hispanic White	34.6%	38.7%	62.3%
Non-Hispanic Black	5.9%	5.6%	12.3%
Non-Hispanic Asian and NHPI	11.6%	13.9%	5.3%
Non-Hispanic AIAN	0.3%	0.4%	0.7%
Hispanic/Latino	45.1%	38.4%	17.1%
Below Poverty Level	13.9%	13.4%	13.4%
SNAP Benefits	8.8%	8.4%	10.7%
Foreign Born	30.1%	26.8%	13.4%
Limited English-Speaking Household	11.3%	9.5%	4.5%
College Degree	9.2%	35.0%	32.1%
Age <65 w/ Health Insurance	84.9%	86.6%	87.7%
Medicaid Alone	22.2%	20.3%	14.6%

Data from American Community Survey, 2019 5-year estimates

Health Equity

- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:
    - Address historical and contemporary injustices;
    - Overcome economic, social, and other obstacles to health and health care; and
    - Eliminate preventable health disparities.

CDC, What is Health Equity?, https://www.cdc.gov/healthequity/whatis/index.html
Bill Text - SB-987 California Cancer Care Equity Act. (2021-2022.). https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB987

Culture, Societal Determinants of Health (SDH), Racism

- Culture is the core, fundamental way of life. Culture is often dynamic, responsive, adaptive, and relatively coherent organizing system of life designed to ensure the survival and well-being of its members and is shared always to find meaning and purpose throughout life and to communicate caring.
- The societal determinants of health (SDH) are the conditions in which people are born, grow, live, eat, work, play, worship and age.
- Racism is an intentional structure that mandates segregation and distributes resources based on race/ethnicity

Kagawa-Singer M, Valdez Dadia A, Yu MC, Surbone A. Cancer, culture, and health disparities: Time to chart a new course? CA Cancer J Clin. 2010;60(1):12-39.
CDC, What is Health Equity?, https://www.cdc.gov/healthequity/whatis/index.html

What Are Societal Determinants of Health?

- Conditions where and how people are born live, eat, learn, work, worship and play
- Root causes of health status, risk and outcomes
- Laws, Policies, Practices, both historic and current have profound and dire health legacies
- When it comes to your health, your zip code maybe more important than your genetic code

What Determines the Health of Populations?

- **Modifiable Societal Determinants of Health:**

  ZNA (Zip code)

  - Economic factors
  - Physical environment factors
  - Segregation, racism, discrimination
  - Health behaviors

  CNA (clinical)

  - Access
  - Affordability
  - Quality

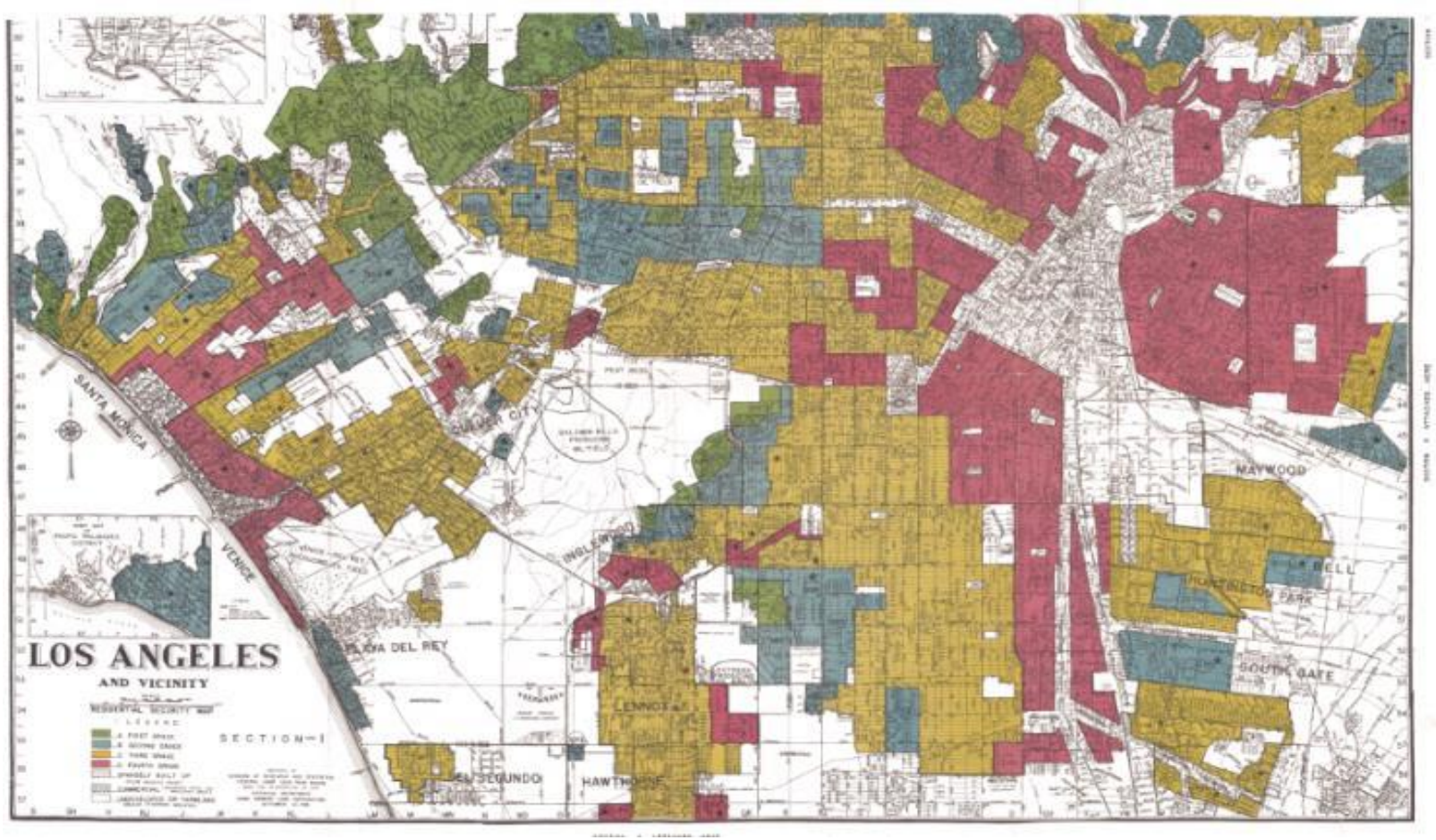
- **Less/Non-Modifiable Determinants of Health:**
  DNA

  Biology and Genetics: some biological and genetic factors affect specific populations more than others e.g., prostate cancer, sickle cell in Blacks

  - Examples of biological and genetic determinants of health include age, sex, inherited mutation e.g., BRCA1 or BRCA2, family history

Patwardhan, B., G. Mutalik, and G. Tillu. "Chapter 3-Concepts of Health and Disease." Integrative Approaches for Health (2015): 53-78.

Societal Determinants: Legacy of 1930's Redlining on Health



Color-coded maps developed for every metro area in the US

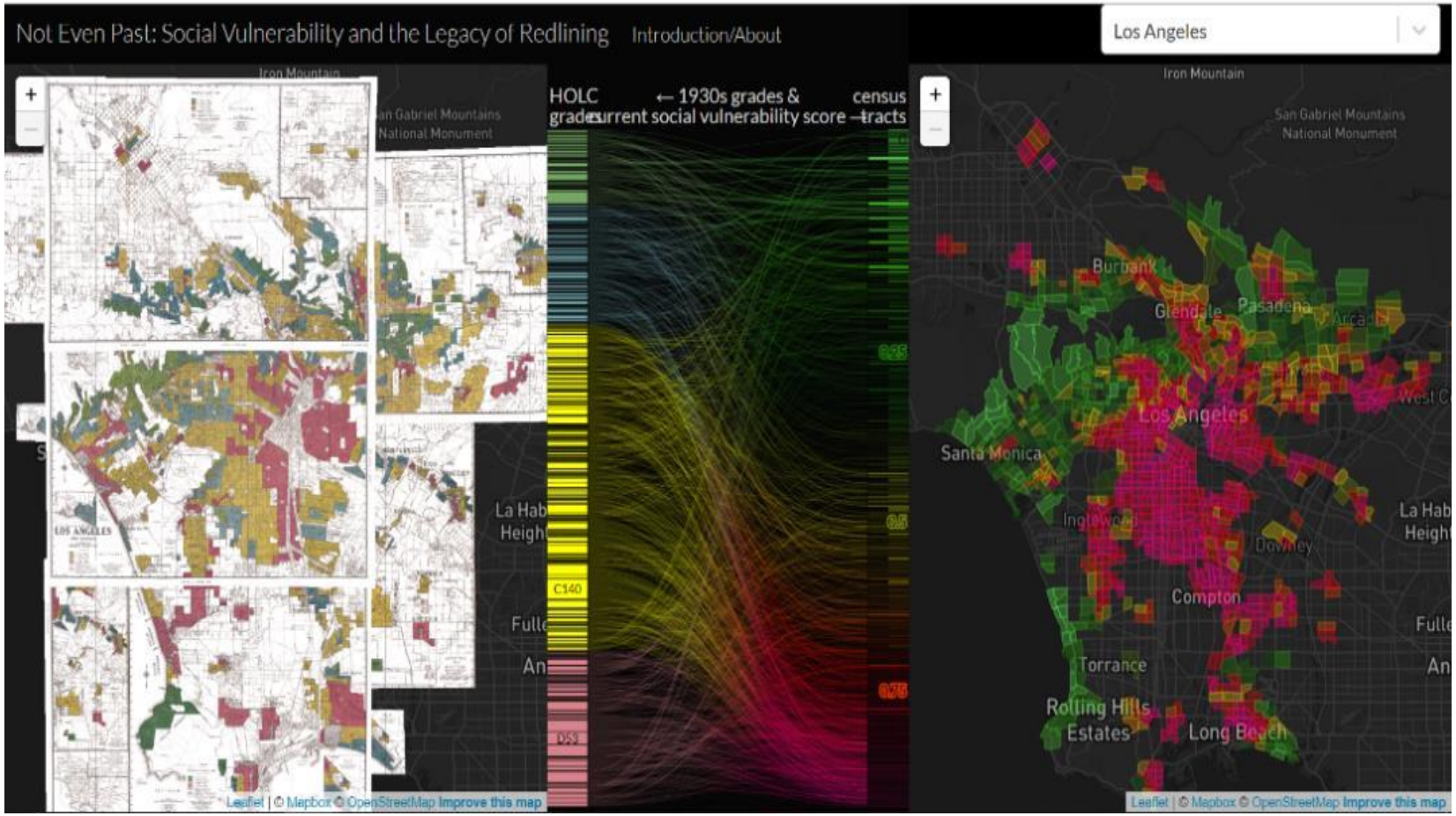
Anywhere Blacks lived colored red to indicate that these neighborhoods were "too risky"

Federal Housing Administration "incompatible racial groups should not be permitted to live in the same communities"

Red zones were systematically denied funds fueling their decline for the rest of the century.

Robert K. Nelson, LaDale Winling, Richard Marciano, Nathan Connolly, et al., "Mapping Inequality," American Panorama, ed. Robert K. Nelson and Edward L. Ayers, accessed August 24, 2021, https://dsl.richmond.edu/panorama/redlining/[YOUR VIEW].

Social Vulnerability Index Intersects with HOLC Risk Grade



https://dsl.richmond.edu/socialvulnerability/

Center for Disease Control's Social Vulnerability Index (SVI) scores for census tracts today

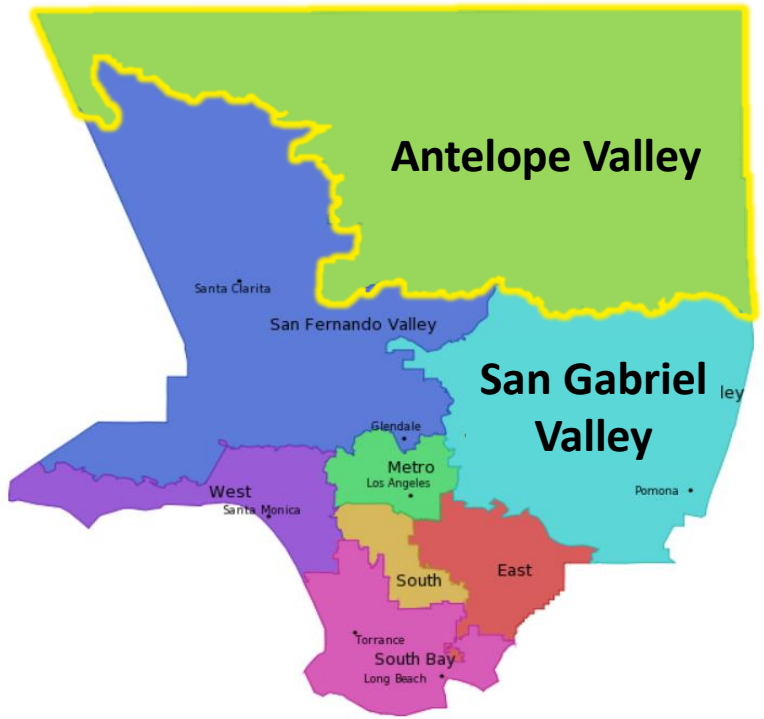
The SVI combines SDH: societal and economic, housing, transportation, minority status, language, household composition

This map overlay show that redlining cemented neighborhood degradation with associated poorer health

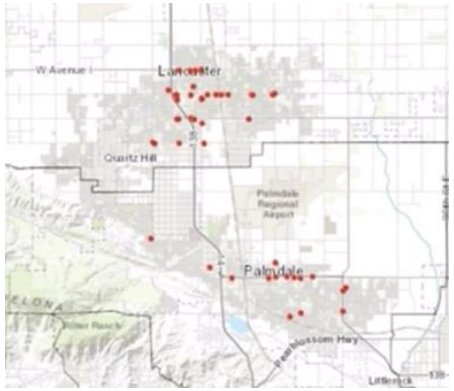
Continuous mapping shows that neighborhood experiencing gentrification/white urban return show associated better health

Region of Tobacco Vulnerability: Antelope Valley

- Population 16.3% Non-Hispanic Black, 45.9% are Hispanic and 33.4% are Non-Hispanic White
- Highest tobacco use in the Los Angeles County:
  - 18.6% smoking rate vs. national average of 13.7%
  - Has the highest ENDS user rate (7.4%) and the highest secondhand smoke rate (14.9%)
  - Only SPA in L.A. County with upward smoking trend, and elevated death rate from lung cancer, COPD, and cardiovascular disease ↑
  - Greater density of dedicated tobacco/vape shops AV 3/sq ml vs SGV 1sq/ml. Lancaster 21 dedicated tobacco shops
  - Compared to SGV cancer patients who smoke at 3.8%, cancer patients in AV continue to smoke at a rate of 10%



Los Angeles County Service Planning Areas



Smoke shop locations in Antelope Valley

AV Region of Tobacco Vulnerability: Results

- Dedicated smoke/vape shop density associated with smoking rates
- LCa incidence: 35.04 per 100,000 population (SD=7.27)
  - San Gabriel Valley: 11% of adults who smoke cigarettes
- LCa mortality: 26.73 per 100,000 population (SD=5.64)
  - San Gabriel City: 24.9 per 100,000 population (lung cancer)
- CVD mortality: 195.51 per 100,000 population (SD=34.08)
  - San Gabriel Valley: 124 per 100,000 population
- Number smoke/vape shops was positively correlated with LCa incidence (Pearson's r [ρ]= 0.546; p= 0.0027), LCa mortality (ρ= 0.517; p= 0.0048), CVD mortality (ρ= 0.620; p= 0.0004).
- % Blacks (ρ= 0.420; p= 0.0259), Am Indian/AN (ρ= 0.676; p <.0001), depressed residents (ρ= 0.473; p= 0.0111) were positively correlated with the number of smoke/vape shops

Why do SDH Matter? The Human and Economic Costs

- SDH significantly impact overall health. Up to 50% of patients' health can be attributed to non-clinical factors, such as social, economic, and physical environment.
- SDH amplifies existing racial/ethnic/gender/sexual orientation disparities in patient access and outcomes.
- SDH can exacerbates patients' medical adherence and outcomes. For example, 66% of food insecure households have to choose between paying for food or paying for medical care.
- SDH are strongly associated with increased costs to health systems. For example, patients with unmet social needs have 10% higher annual health expenditures, approximately $2,443 per year.
- The collective impact on the health care system is staggering. The annual health-related costs attributed to food insecurity alone—just one of the SDOH—amount to $155 billion.

Social Determinants of Health, Health Care Industry Committee, Advisory Board Research (2020). https://advisory-prod.azureedge.net/-/media/project/advisoryboard/shared/research/pec/tools/2020/social-determinants-of-health_population-health

The Cancer Cost of SDH: Health Inequities

- **Ethnic Minority and low Socioeconomic status persons:**
  - **Bear unequal burden of cancer and other chronic diseases[1]**
  - **Receive inadequate preventive care and screening, delayed diagnosis/treatment and poorer quality care[1]**
  - **Receive care in community clinical settings that are burdened and under resourced[2]**
  - **Are underrepresented in ancestry and biospecimen research (lacking in cell-lines) studies [3]**
  - **Are understudied in research, including behavioral, clinical/treatment studies[3]**
  - **Do not rapidly benefit from medical advancements[3]**
  - **Health education and advocacy focused on ethnic minorities are lagging[5]**

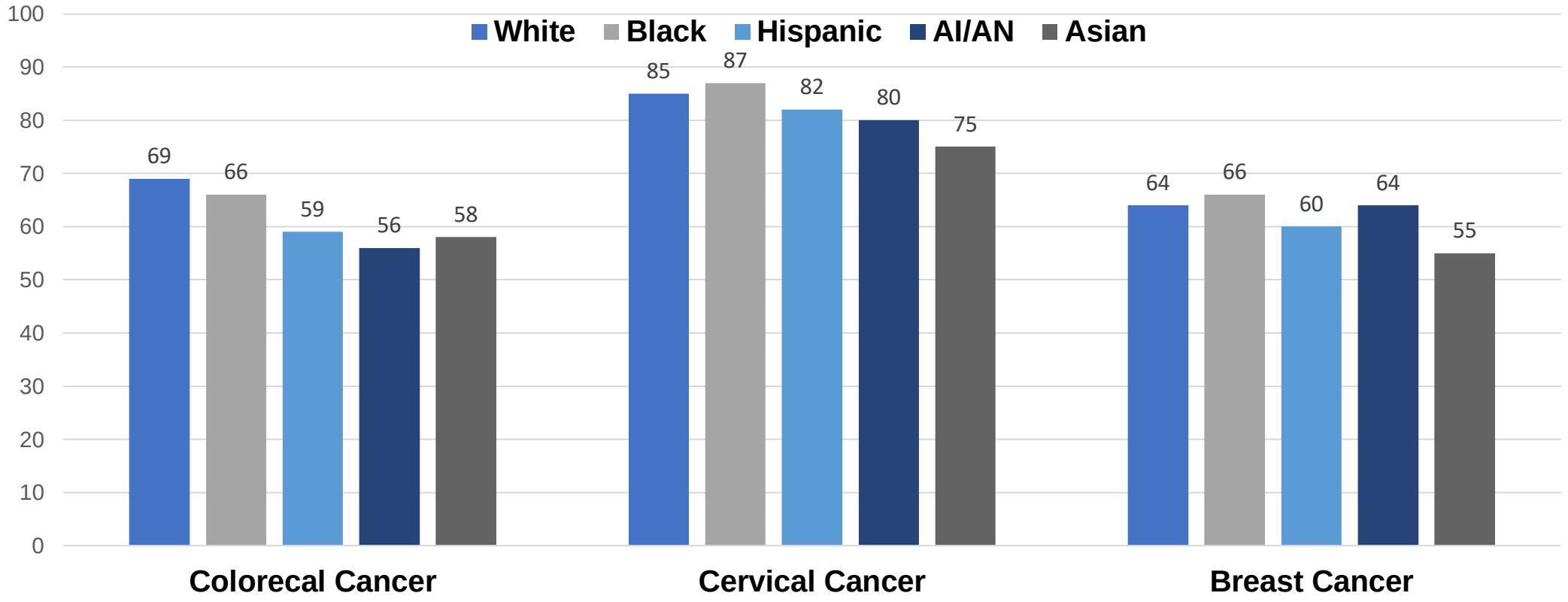
34% of cancer deaths among all U.S. adults ages 25 to 74 could be prevented if socioeconomic disparities were eliminated [4]

In cancer clinical studies, 38% women, 68% White/European American, 15% Asian American, 3% Black/African American, 4% Hispanic/Latino [3]
48% of adult trials did not meet target recruitment of underrepresented populations[3]

1CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 Available from http://www.CancerDisparitiesProgressReport.org/.
2Fiscella, Kevin, and Mechelle R. Sanders. "Racial and ethnic disparities in the quality of health care." Annual review of public health 37 (2016): 375-394.
3American Society of Clinical Oncology. 2020. Enrollment of Racial Minorities in Clinical Trials: Old Problem Assumes New Urgency in the Age of Immunotherapy. https://ascopubs.org/doi/10.1200/EDBK_100021
4Siegel RL, Jemal A, Wender RC, Gansler T, Ma J, Brawley OW. An assessment of progress in cancer control. CA Cancer J Clin 2018;68:329–39
5Regnante, Jeanne M., et al. "US cancer centers of excellence strategies for increased inclusion of racial and ethnic minorities in clinical trials." Journal of oncology practice 15.4 (2019): e289-e299.

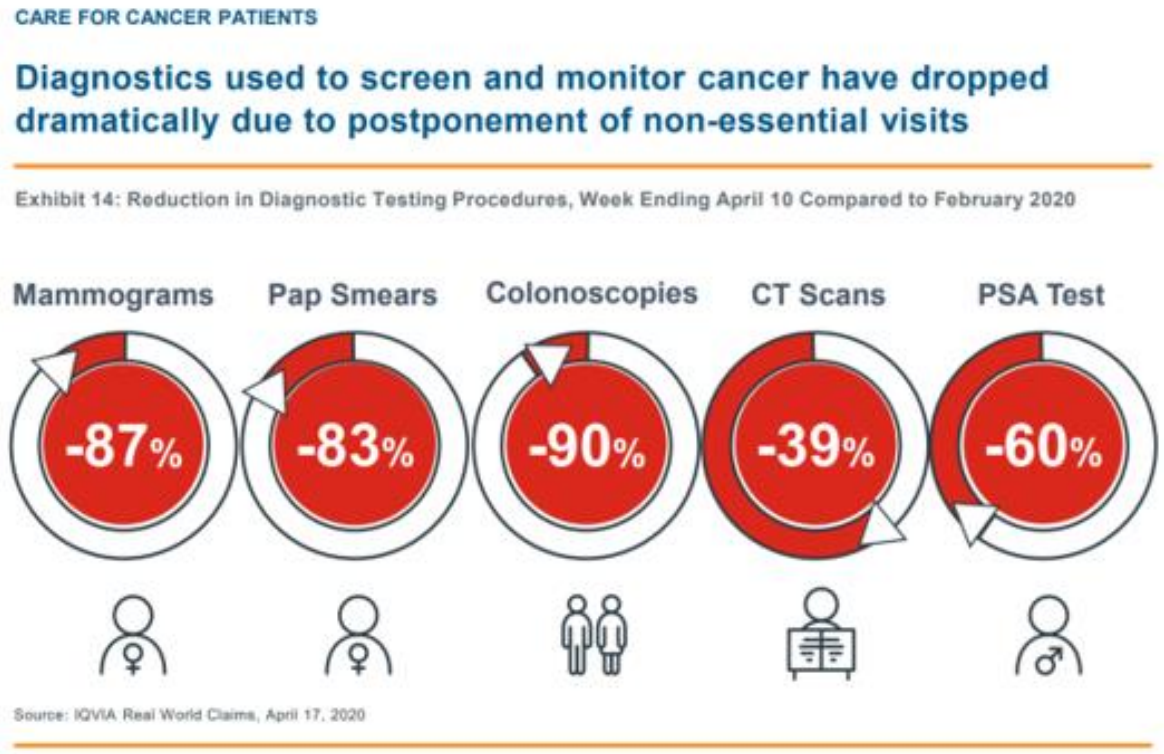
Cancer Screening

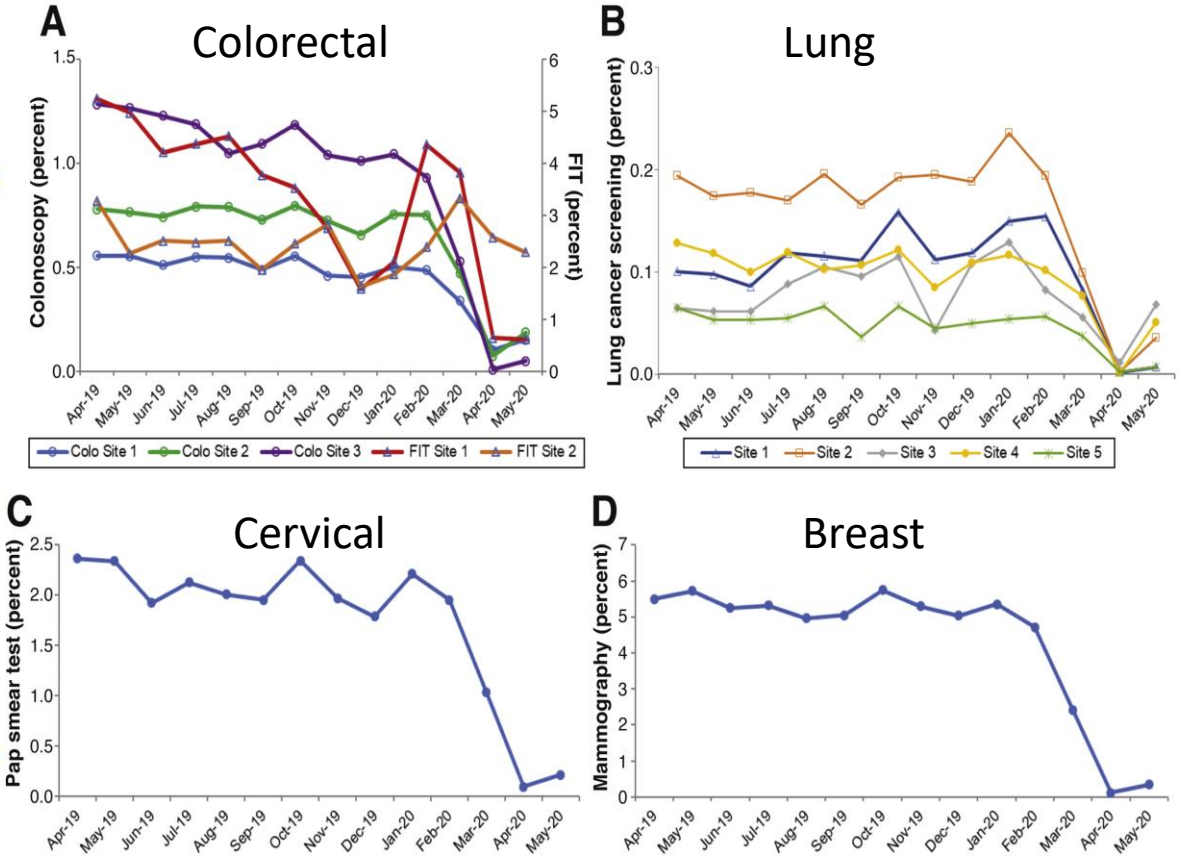
Rate of Up-to-date Cancer Screening, United States, 2018



Source: American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2020. Atlanta: American Cancer Society; 2020
Breast: Mammogram within the past year (ages 45-54 years) or past two years (ages ≥55 years)
Cervical: Pap test in the past 3 years among women 21-65 years OR Pap test and HPV test within the past 5 years among women 30-65 years
Colorectal: For ages ≥45 and ≥50 years: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. For ages 50-75 years: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively, OR sigmoidoscopy in past 10 years with FOBT/FIT in past 1 year.

Decline in Cancer Screening during COVID-19





Source: https://www.healthpopuli.com/2020/06/02/cancer-in-the-age-of-covid-delayed-care-may-reverse-survival-gains-particular-among-black-people/

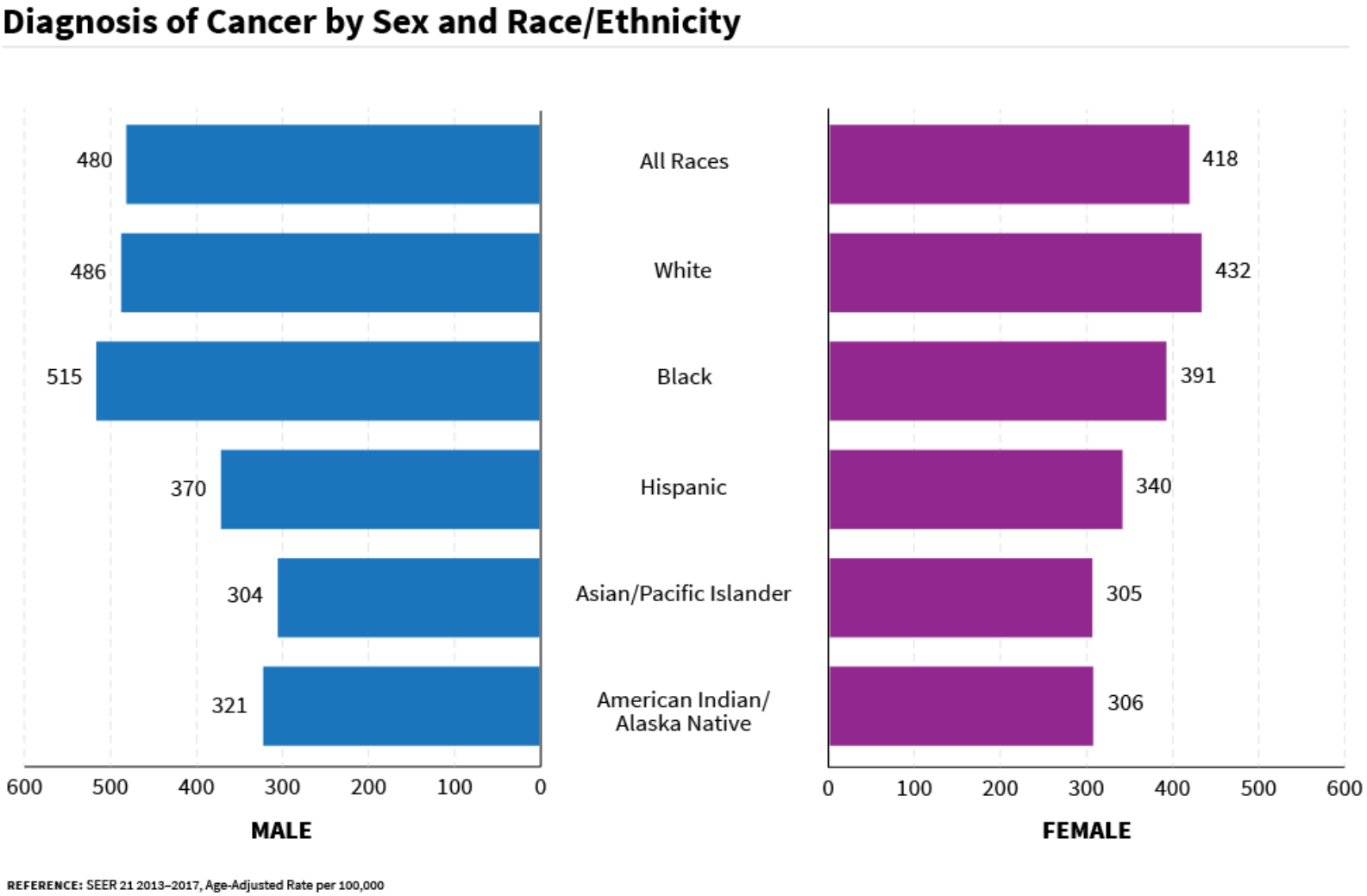
https://pubmed.ncbi.nlm.nih.gov/33096099/ (includes both colonoscopy and FIT screening)

COH Addressing Screening

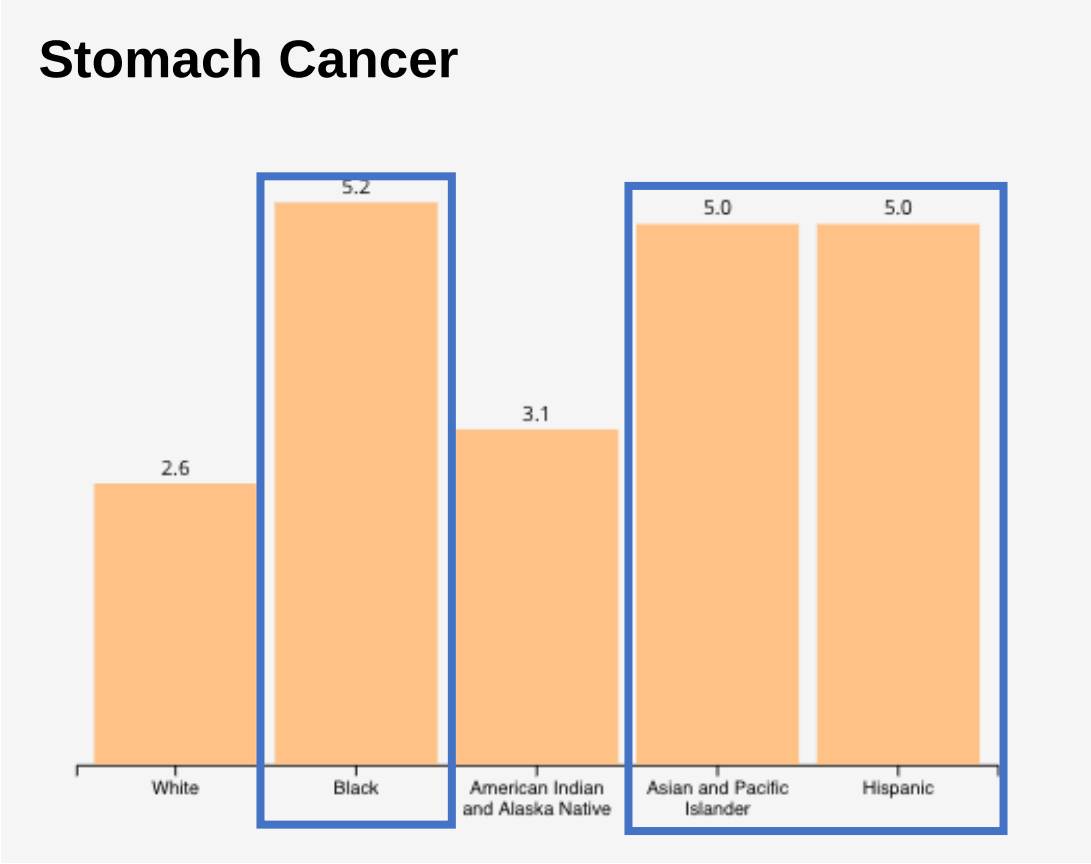
Mobile Screening Unit expected launch date Spring 2023.

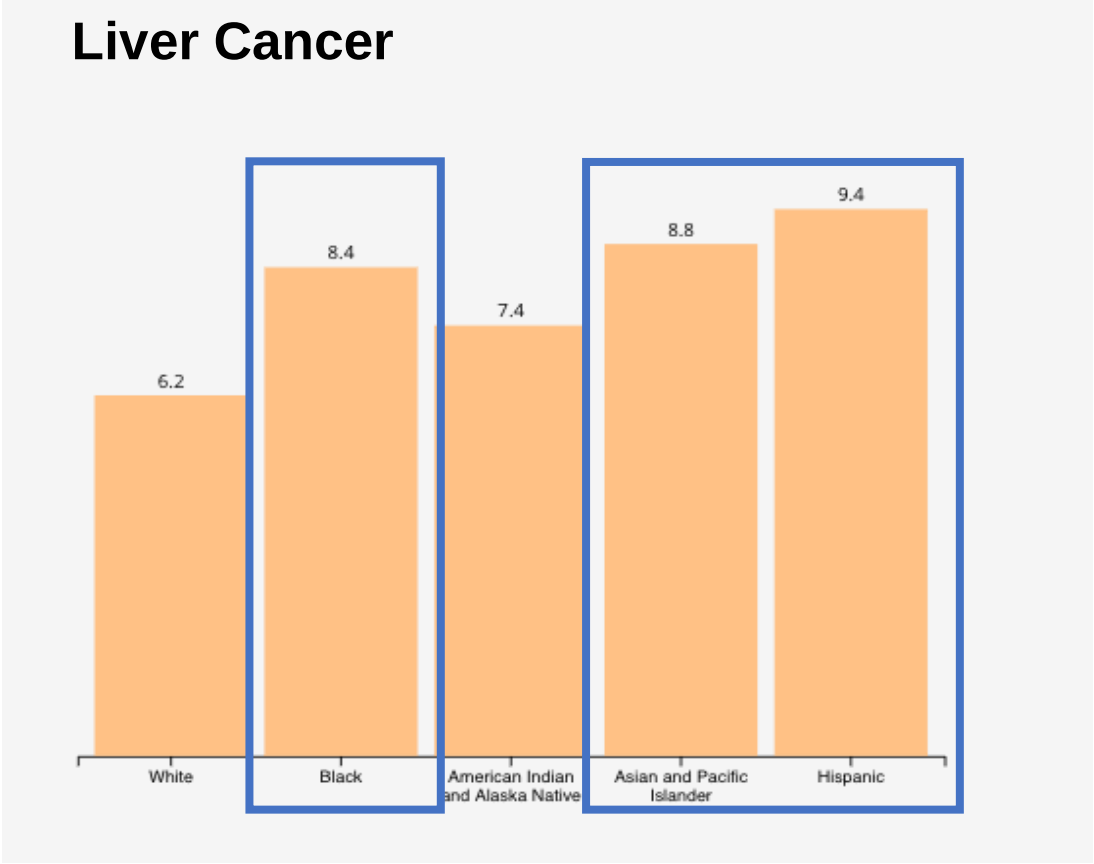
Cancer Incidence and Mortality

Cancer Incidence, U.S., 2013 - 2017



Rate of Cancer Deaths, Both Sexes, United States, 2014-2018



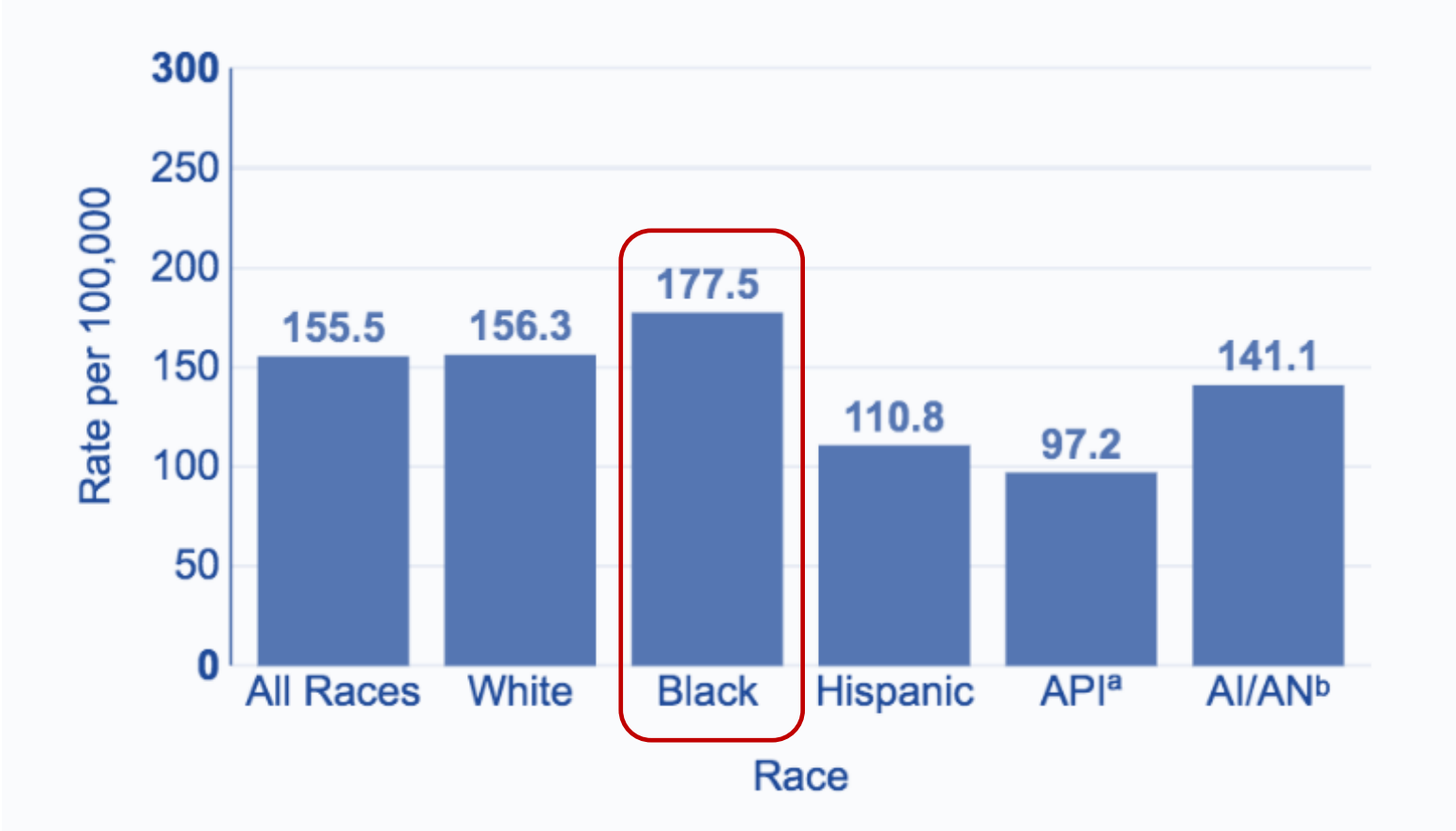


Rate per 100,000 people

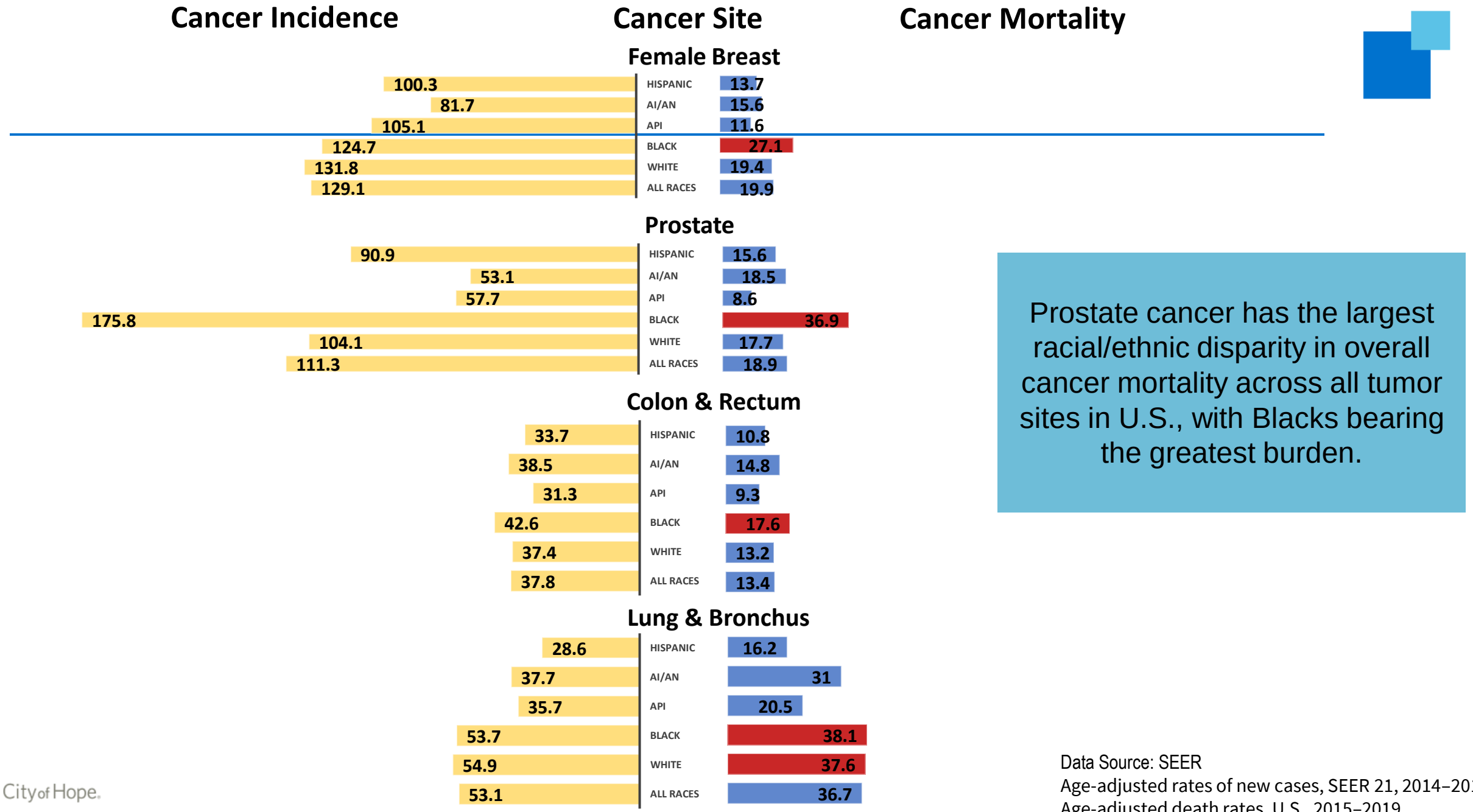
Data source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2021.

Rate of Cancer Deaths, Both Sexes, United States, 2014-2018

All Cancers



Source: Data source: NCI SEER Data, U.S. Mortality 2014–2018, Age-Adjusted Rate per 100,000 https://seer.cancer.gov/statfacts/html/disparities.html



Prostate cancer has the largest racial/ethnic disparity in overall cancer mortality across all tumor sites in U.S., with Blacks bearing the greatest burden.

Data Source: SEER
Age-adjusted rates of new cases, SEER 21, 2014–2018
Age-adjusted death rates, U.S., 2015–2019

Societal Determinants- Neighborhood and Cancer Outcomes

Polluted Neighborhoods and TP53-mutated NSCLC

- **Objective:** To investigate whether living in polluted neighborhoods is associated with somatic (TP53) mutations linked with lower survival rates
- **Sample:** Retrospective cohort of NSCLC patients treated at a comprehensive cancer center between 2015 and 2018

The odds of having a TP53-mutated NSCLC are **increased in areas with higher $PM_{2.5}$ exposure**.

Table. Association between neighborhood factors and *TP53* Mutations, N=478

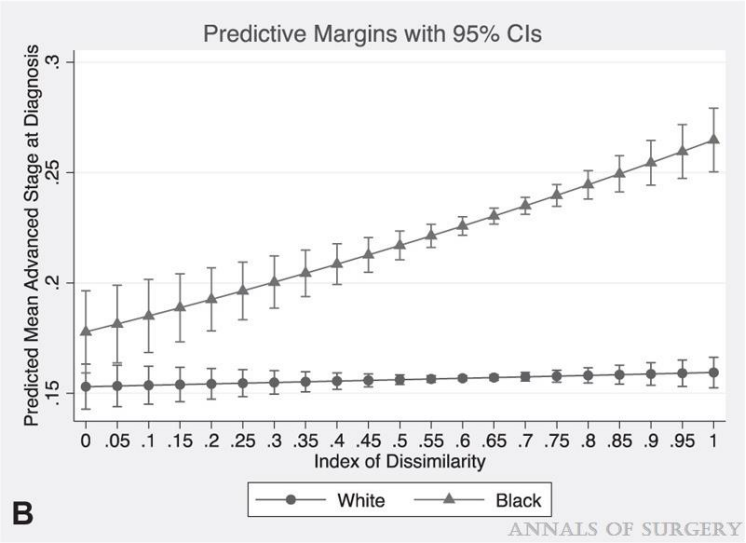
	aOR (95% CIs)[a]
$PM_{2.5}$ exposure[b]	
Good	Ref
Moderate	1.66 (1.02–2.72)
Percent minority population	1.01 (0.99–1.02)

[a] Model was adjusted for patient (age, smoking status, sex, race/ethnicity, cancer stage, histology) and other neighborhood factors (ozone, NATA cancer risk, traffic proximity, % < H.S. education)
[b] Good = : 0–12.0 mg/m^3; Moderate: 12.1– 35.4 mg/m^3

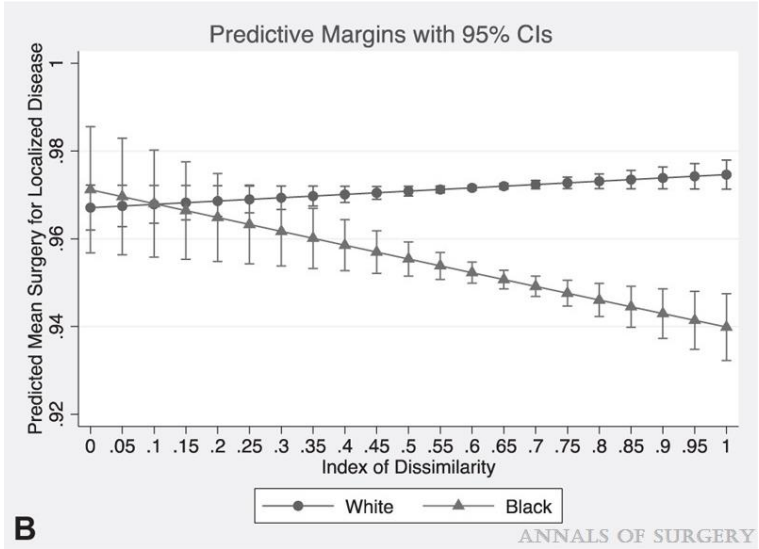
Erhunmwunsee L, Wing SE, Shen J, et al: The association between polluted neighborhoods and TP53-mutated non-small cell lung cancer. *Cancer Epidemiol Biomarkers Prev*. 2021 Aug;30(8):1498-1505.

Racial Residential Segregation and Breast Cancer

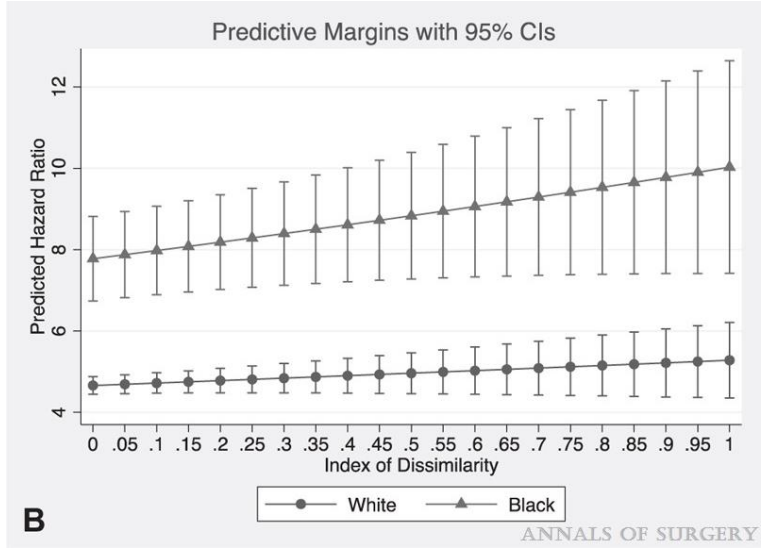
Residential racial segregation significantly associated with Black-White disparities in breast cancer



higher proportions of Black patients **diagnosed at advanced stage**; no difference in White patients



decreased likelihood of **surgery for localized disease** for Black patients; no difference for White patients



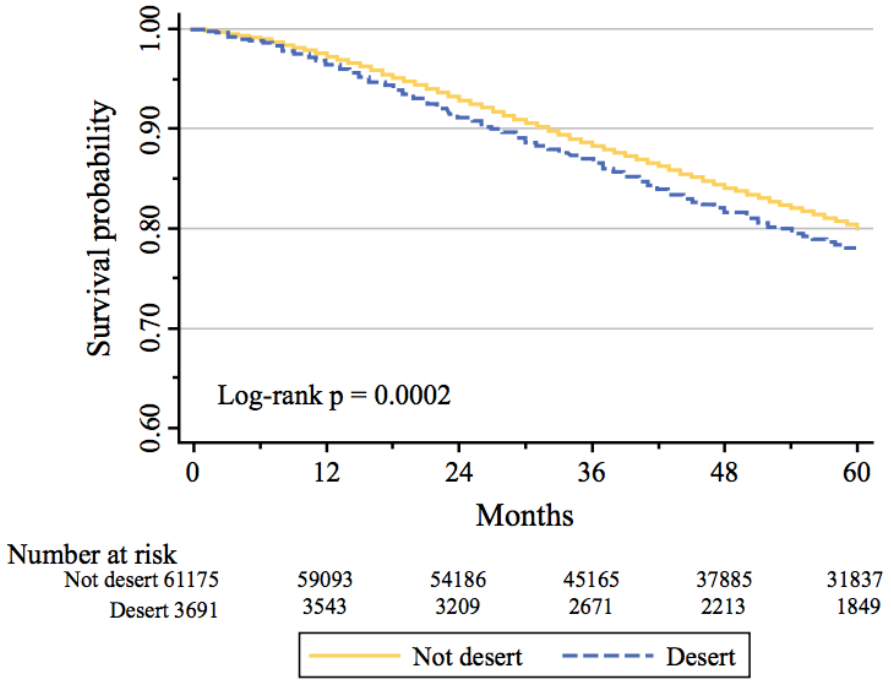
increased **hazards of death** in Black patients; no change for White patients

Poulson MR et al. Residential Racial Segregation and Disparities in Breast Cancer Presentation, Treatment, and Survival. Ann Surg. 2021 Jan 1;273(1):3-9

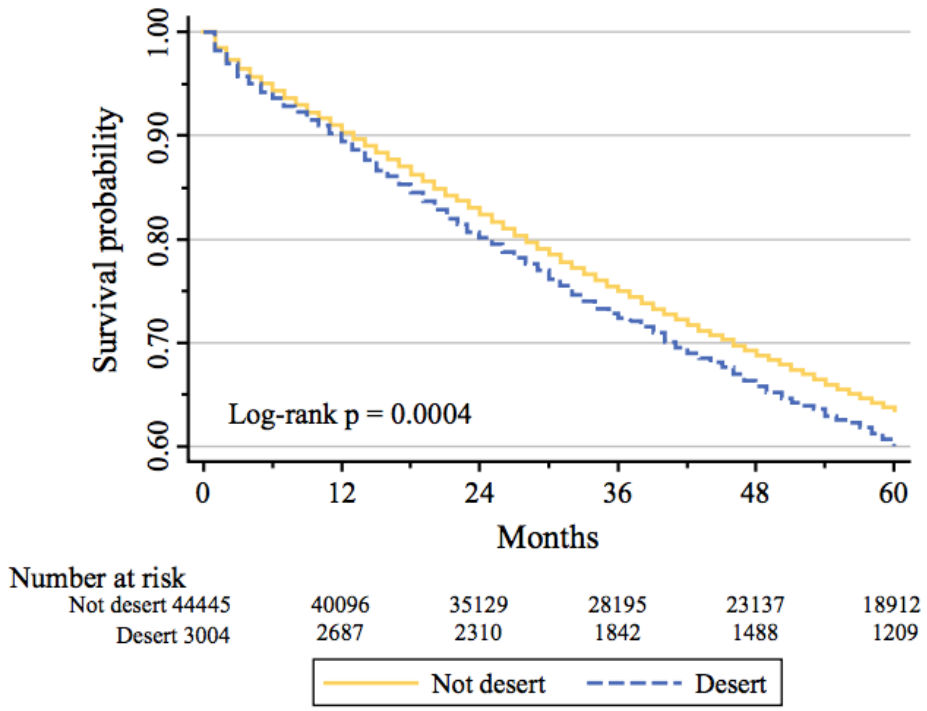
Urban Food Deserts and Breast Cancer and CRC Mortality

Food desert residence was associated with higher breast and colorectal cancer mortality.

Kaplan-Meier plot showing survival probability of cancer patients with surgically treatable stage II and III cancer



Breast Cancer
(HR=1.15, 95% CI 1.07–1.24)



Colorectal Cancer
(HR=1.12, 95% CI 1.05–1.19)

Fong AJ, et al. Association of Living in Urban Food Deserts with Mortality from Breast and Colorectal Cancer. Ann Surg Oncol. 2021 Mar;28(3):1311-1319.

Neighborhood Stress among Breast Cancer Survivors

Objective: To examine the association of neighborhood stress with multiple health outcomes among ethnic minority breast cancer survivors (N=320)

	Self-rated health	Number of comorbidities	Depressive symptoms	Psychological difficulties
	b (95% CI)	Risk ratio (95% CI)	Log (CES-D) e^b (95% CI)	Odds ratio (95% CI)
*Neighborhood Stress	-.22 (-.40, -.05)	.19 (.07, .30)	.10 (.06, .15)	2.28 (1.51, 3.45)

*due to housing situation, neighborhood environment, transportation, availability of public services, crime/violence, police relations

Greater **neighborhood stress** was significantly associated with poorer self-reported **health**, greater number of **comorbidities**, more **depressive symptoms**, and a higher likelihood of **psychological difficulties**.

Wu et al. The association of neighborhood context with health outcomes among ethnic minority breast cancer survivors. Behav Med. 2018 Feb;41(1):52-61.

Addressing Societal Determinants in Whole Person Care

Best Practice Addressing SDH for Health Equity

- Improve access to high-quality care by partnering with clinics with large diverse patients for extending oncology care including clinical studies
- Enhance services responsive to patients' social circumstances
- Enhance navigation integration to enhance recruitment and retention
- Increase community/diverse stakeholder collaborations for guidance on cancer priorities and study design and dissemination
- Integrate culturally based knowledge and communication styles for patient-centered care
- Integrate community resources for support of cancer patients and their families
- Integrate DEI, SDH and implicit bias training for all including leaders, clinicians and researchers
- Train and mentor health professionals, clinicians, researchers from under-represented minority groups e.g., Blacks. Latinx, Pacific Islanders
- Champion Policy Action and Legislation to increase access i.e., Cancer Care Equity Act
- Consistently monitor progress and provide feedback

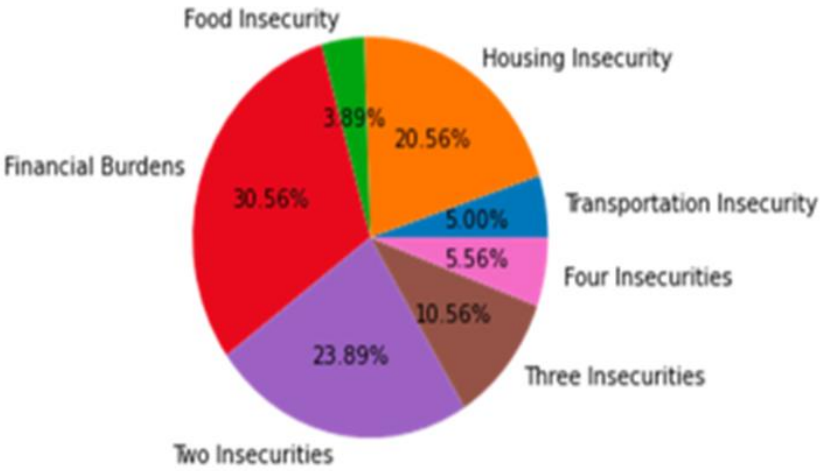
Icaraz KI, Wiedt TL, Daniels EC, Yabroff KR, Guerra CE, Wender RC. Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. CA Cancer J Clin. 2020;70(1):31-46.
Kagawa-Singer M, Valdez Dadia A, Yu MC, Surbone A. Cancer, culture, and health disparities: Time to chart a new course? CA Cancer J Clin. 2010;60(1):12-39.

Systemic Level Strategies for Improving Whole Person Care

- **Caring for the whole person– oncology, primary and psychosocial care**
- **Increasing staffing and funding to address SDH**
- **Accountability in staff diversity recruitment and retention**
- **Team science and team care**
- **Precision medicine –genetics, genomics**
- **Precision Population medicine**
- **The clinician-scientist diversity pipeline – racial, ethnic, linguistic, class**
- **Clinician, Researcher and staff training in cultural competency**
- **Clinician, Researcher and staff striving for cultural equity, dignity with humility and compassion**
- **Patient and Community engagement – Science and Practice**

City of Hope Addressing SDH

- **System Resource and IT integration (EPIC Team)**
  - SDH assess, monitor, respond
- **Creating workflow rapidly connecting patients to internal and community resources** (via UniteUs, AuntBertha.com)
- **Addressing Food Insecurity at multiple levels**
  - Create community approach to food insecurity via *Food for All* partners.
  - Internal Pantry *Food Bag* and *Produce for Patients* program.
  - Provide gardening classes at *Garden of Hope* to nurture home gardening.



National Standards on Culturally and Linguistically Appropriate Services

- To improve quality and help eliminate health care disparities
- Principal Standard
    - Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Cultural and Linguistic Responsive Patient Resources

City of Hope

CCARE - City of Hope

Breast Cancer Treatment Summary and Survivorship Care Plan
Resumen de Tratamiento y Plan de Cuidado de Sobrevivencia para el Cáncer del Seno

Did You Know? The American College of Surgeons' Commission on Cancer mandated the implementation of the survivorship care plan by 2015. A survivorship care plan may improve survival and reduce morbidity via coordinated clinical care informed by documenting and following surveillance care and recommended tests, late effects and symptom management, and healthy lifestyle promotion.

¿Sabia Usted? *La Comisión de Cáncer del Colegio Americano de Cirujanos ha ordenado la implementación de un plan de cuidado de sobrevivencia para el año 2015. Un plan de sobrevivencia puede mejorar la sobrevivencia y reducir la morbilidad mediante del cuidado clínico coordinado y la documentación de un plan de vigilancia y pruebas recomendadas así como el manejo de síntomas y la promoción de prácticas de una vida saludable.*

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among Latinas in the United States. Latinas are diagnosed at a younger age, at advanced stages, have larger tumors, lower 5-year survival rates*, and are at somewhat greater risk of BRCA mutations.** Latinas report delays in diagnostic and therapeutic care and greater distress due to breast cancer.***

El cáncer del seno es el cáncer más comúnmente diagnosticado y la segunda causa de muerte por cáncer entre las mujeres Latinas en los estados Unidos. Latinas son diagnosticadas a una edad más joven, en etapas avanzadas, tienen tumores más grandes, índices más bajos de sobrevivencia a los 5años, y tienen un riesgo más alto de mutaciones de BRCA.** Latinas han reportado retrasos en el diagnostico y el cuidado terapéutico y mayor angustia a causa del cáncer del seno.****

*American Cancer Society
**Wu,Ezzat et al.
***Ashing et al.

After being diagnosed with breast cancer, many experience some fear and anxiety and may worry about what to do to gain the best outcomes through the phases of treatments, after active treatment ends and during the next stages of life. Most breast cancer survivors recover to normal well-being and functioning within one to two years. The survivorship care plan is your roadmap to follow-up care and well-being.

A survivorship care plan answers three main questions:

- What treatments are most effective for me and what are the possible side effects?
- What follow-up care do I need from my oncology and primary care team?
- What actions and behaviors should I practice to improve my health and well-being?

Después *de ser diagnosticada con cáncer de seno, muchas experimentan un poco de miedo y ansiedad, y se pueden preocupar sobre qué hacer para tener los mejores resultados a través de las fases del tratamiento, después de finalizar el tratamiento activa, y durante las próximas etapas de la vida. La mayoría de las sobrevivientes de cáncer de seno recuperan al bienestar y el funcionamiento normal dentro de 1 a 2 años. El plan de cuidado de sobrevivencia es un mapa para el cuidado de seguimiento y el bienestar.*

El plan de cuidado de sobrevivencia responde a tres preguntas principales:

- *¿Que tratamientos son más efectivos para mí y cuáles son los efectos secundarios posibles?*
- *¿Que cuidados de seguimiento necesito de mi oncólogo y equipo de cuidado médico primario?*
- *¿Que acciones y comportamientos debo practicar para mejorar la salud y el bienestar?*

What is a Survivorship Care Plan?

A survivorship care plan (SCP) is a blueprint for quality cancer care. The SCP is completed by you, your oncology team and may include your primary care team. It is uniquely suited to you and your needs with information on your:

- Health history and breast cancer, including type and stage
- Treatments and possible side effects
- Follow-up treatments, medical exams and ongoing care
- Contacts and referrals for cancer and other health-care providers
- Recommendations and resources for healthy lifestyle

¿Qué es un Plan de Cuidado de Sobrevivencia?

Un plan de cuidado de Sobrevivencia es un modelo para el cuidado de cáncer de calidad. El plan se completa por usted, su equipo de oncología y puede incluir so equipo de cuidado médico primario. Esta especialmente preparado para usted y sus necesidades con información sobre su:

- *Historia de salud y de cáncer de seno, incluyendo tipó y etapa*
- *Tratamientos y efectos secundarios posibles*
- *Tratamiento de seguimiento, exámenes médicas y cuidado continúo*
- *Contactos y referencia para el cáncer y otras proveedores de salud*
- *Recomendaciones y recursos para un estilo de vida saludable*

City of Hope

CCARE - City of Hope

Breast Cancer Treatment Summary and Survivorship Care Plan

Did You Know? The American College of Surgeons' Commission on Cancer mandated the implementation of the survivorship care plan by 2015. A survivorship care plan may improve survival and reduce morbidity via coordinated clinical care informed by documenting and following surveillance care and recommended tests; late effects and symptom management; and healthy lifestyle promotion.

Younger breast cancer survivors make up 22% of breast cancer survivors. Each year, 64,670 women less than 50 years old are diagnosed with breast cancer.

Compared to older women, younger women generally are diagnosed with advanced stages, more aggressive cancers, lower survival rates, are at a greater risk for BRCA mutations, have greater quality of life concerns, and have higher risk of recurrence.

After being diagnosed with breast cancer, many experience some fear and anxiety and may worry about what to do to gain the best outcomes through the phases of treatments, after active treatment ends and during the next stages of life. Most breast cancer survivors recover to normal well-being and functioning within one to two years. The survivorship care plan is your roadmap to follow-up care and well-being.

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City of Hope. RESEARCH · TREATMENT · CURES

Center of Community Alliance for Research and Education (CCARE)

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African-American women have a five year survival rate of 78 percent after diagnosis as compared to 90 percent for white women. Early detection, appropriate treatment, post-treatment tests and follow-up care save lives.

African Americans are 25 to 40 percent more likely to either be diagnosed at younger ages, have more aggressive and fast growing, triple negative and inflammatory breast cancers and other major chronic illness; hence a survivorship care plan is a crucial guide to their care.

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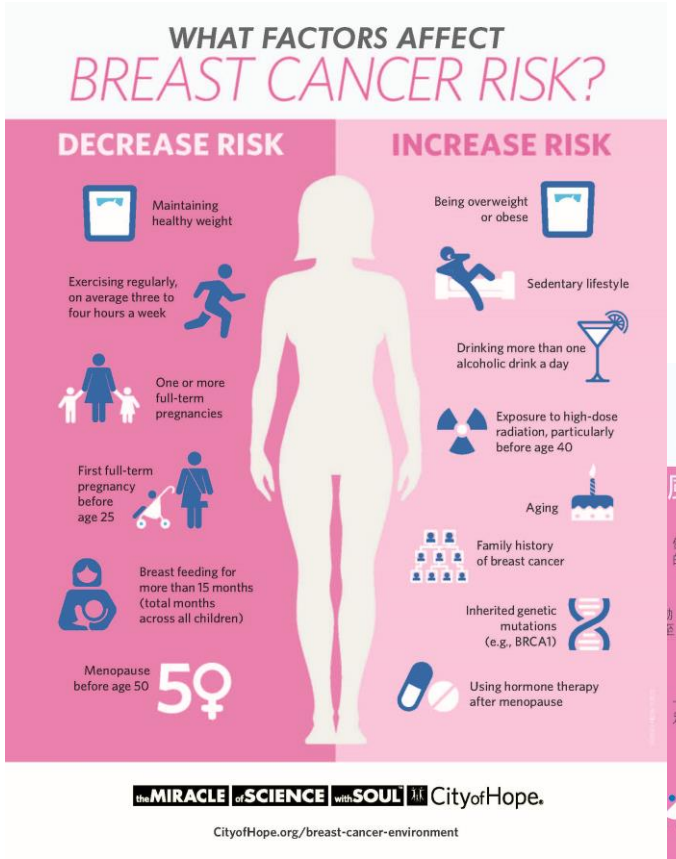
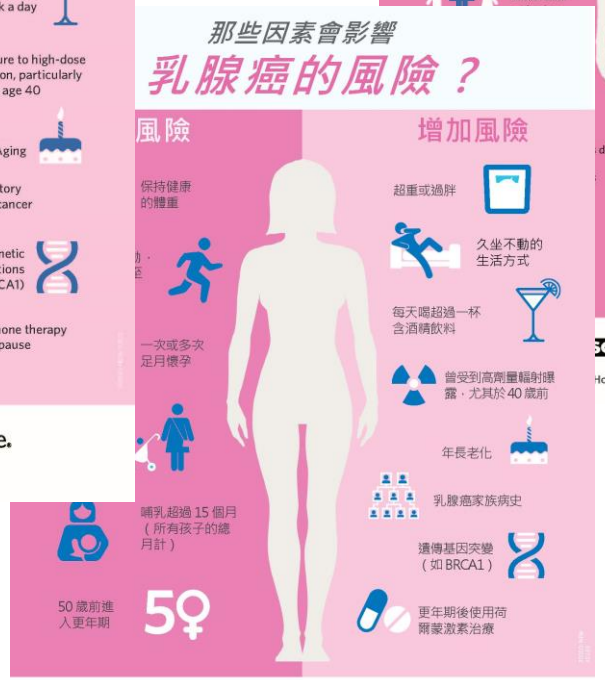
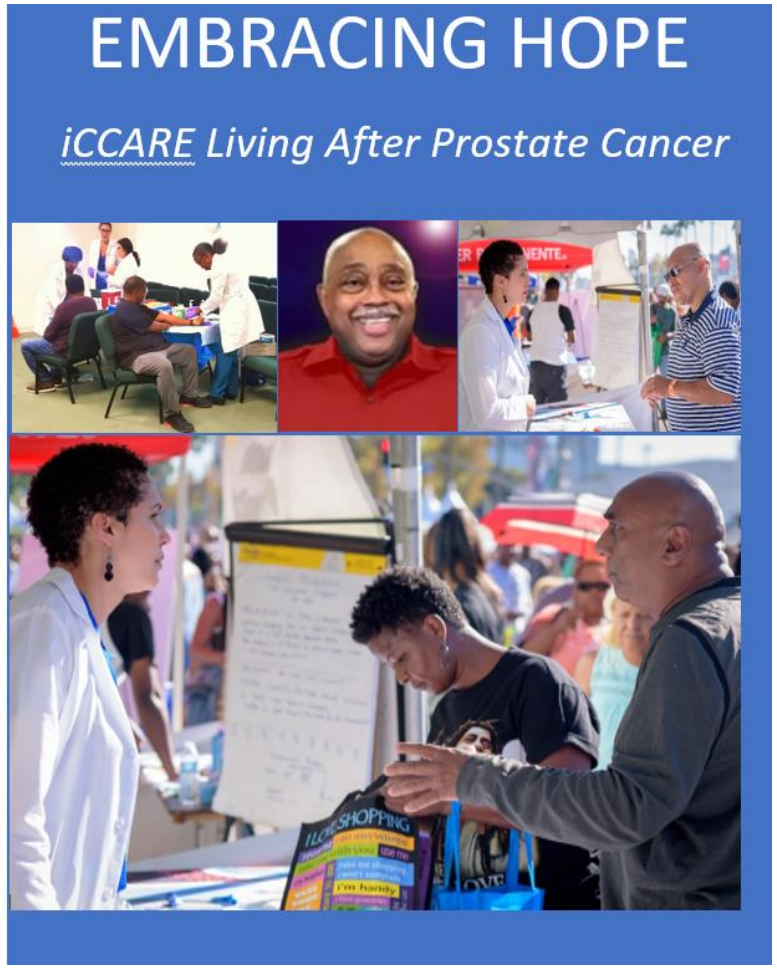
CCARE — City of Hope www.cityofhope.org/ccare 866-704-0474

Cultural and Linguistic Responsive Patient Resources







Policy: California Cancer Care Equity Act to Increase Care Access for MediCal Patients

Los Angeles Times

Cancer patients need options to survive. Poor Californians often have none

We're Delivering 'Moonshot' Cancer Care Innovations. It's Time for a Moonshot to Give Patients Access to Them

MORNING CONSULT

POLITICO California Playbook

RealClear Policy

President Biden's Cancer Moonshot Goals Will Hinge on Cancer Care Equity

THE CANCER LETTER

CBS13 CBS Sacramento with Cancer Care is Different. ••• ✕

Sponsored

Local lung cancer survivor wants all patients to have access to life-saving care

STATE OF REFORM

California set to adopt first -in-the-nation "Cancer Patients' Bill of Rights"

the San Fernando Valley Sun

California Assembly Passes Cancer Patients Bill of Rights

Bloomberg

yahoo!finance

Cancer Coalition Announces Support for California Bill to Eliminate Cancer Care Inequity

TELEMUNDO

PASADENA NOW

Senator Portantino Introduces Legislation to Eliminate Cancer Care Inequity

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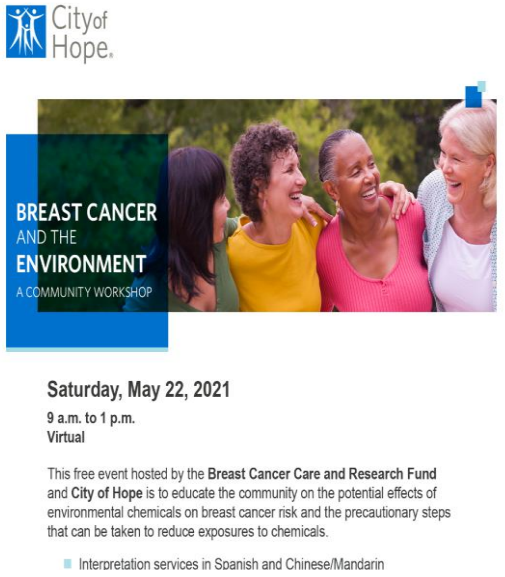
ESTRELLA TV

Research Addressing Catchment Area Burden and Disparities



Strategies to Improve Minority Participants in Clinical Studies

- **In-Reach**
  - Clinical Trials Nurse Coordinators
  - Institutional clinical trials online site with language translation
  - COH Translators and Translation Services in several languages represented in our Catchment area
  - Prioritizing and incentivizing disparities focused research, e.g. treatment studies
  - Development underway for expanding research centers within COH Community Practice Sites
- **Outreach**
  - Community Hospital/clinic partnership with COH providing cancer care and research
  - Assessing and addressing societal determinants barriers to care and research
  - Multi-ethnic Community Research Ambassadors advising on research prioritization
  - Community forums on minority engagement in biomedical and clinical research
  - Multi-ethnic Community Research Navigators training and deployment

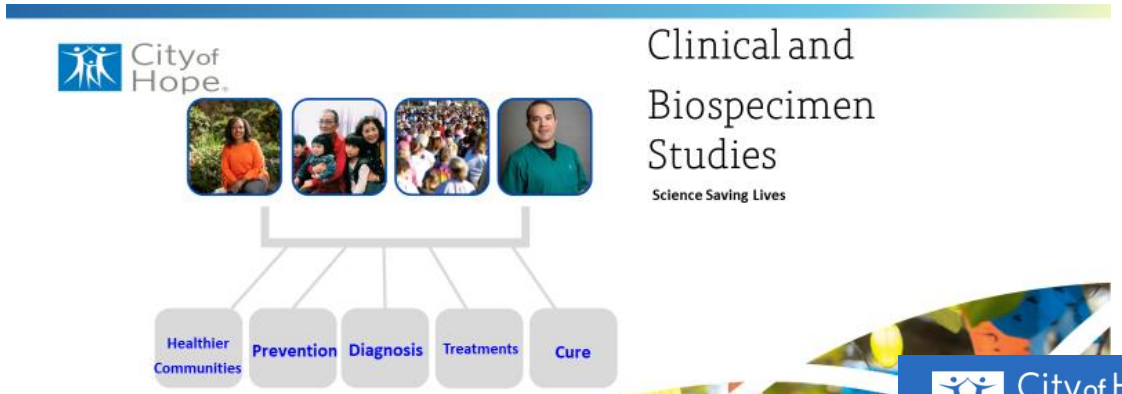
Veronica Flores, CEO, Community Health Councils, COH Research Ambassador

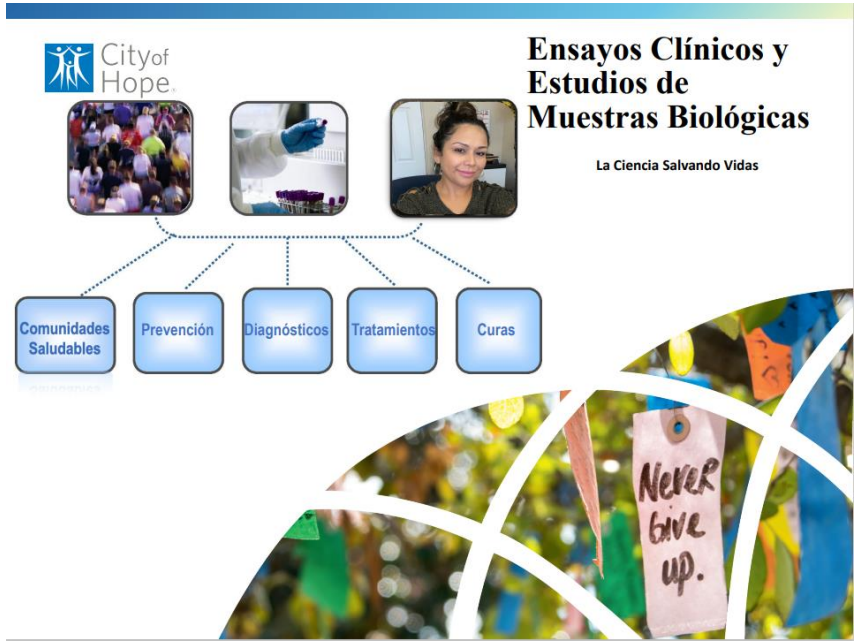
Tiffini Gosha, RN, BSN
Clinical Trials Nurse Coordinator
Work Cell 626-731-6885
Clinical Trials Line: 1-877-467-3411
1-800-934-5555

Patient Level Strategies for Improving Ethnic Minority Clinical Studies Participation

- **Emotional**
  - **Cancer is scary. Clinical and research staff be very caring, informative, educative and supportive**
- **Social**
  - **Cancer patients are highly dependent on family**
- **Financial**
  - **Cancer is costly economically, physically, mentally, socially, spirituality**
- **Navigation**
  - **Cancer is super complex with multiple specialists, tests. Treatments and adding a study adds complexity**
- **Transportation**

Clinical and Biospecimen Studies Colon Increasing Awarness





SDH Measures

American Community Survey (ACS) and Social Determinants of Health

- ACS measures relevant to SDH

Demographic	Social	Economic	Housing
Race/Ethnicity	**Disability**	**Income/Poverty Status**	**Type and occupancy**
Age	› VA-related	› Family level	› Type (multi-unit, mobile home, group quarters)
Citizenship	› Type (cognitive, vision, hearing, other physical self-care)	› Health insurance unit (to determine eligibility for Medicaid and subsidies)	› Owner/renter
› Place of Birth	**Educational Attainment**	**Employment**	› Time at address
› Ancestry	**Health Insurance**	› Status	**Housing Costs**
› Year of Entry		› Labor force participation	› Monthly rent
Language		**Other public programs**	› Monthly ownership costs
› Spoken at home		› Income support	› Annual heating costs
› English proficiency		› Supplemental Nutrition Assistance Program (SNAP)	› Annual water costs
› Linguistic isolation		**Transportation**	**Technology/Communication**
Migration		› Vehicles available	› Phone
› Moved within same state, from another state, or abroad in past year		› Commuting to work	› Computers/other devices
Household makeup			› Internet connectivity
› Single-parent families			**Housing conditions**
› Multifamily households			› Kitchen facilities
			› Refrigerator
			› Plumbing facilities
			› Bathtub or shower
			› Piped water
			› Rooms per person (crowding)

Source: Leveraging American Community Survey (ACS) data to address social determinants of health and advance health equity, https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101772119-pdf

SDH Measures Examples

- Population-level
  - American Community Survey (https://www.census.gov/programs-surveys/acs)
  - CDC Sources for Data on Social Determinants of Health (https://www.cdc.gov/socialdeterminants/data/index.htm)
  - Area Deprivation Index (https://www.neighborhoodatlas.medicine.wisc.edu/)
  - Agency for Healthcare Research and Quality (https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html)
  - National Committee for Quality Assurance (NCQA) (https://www.ncqa.org/wp-content/uploads/2020/10/20201009_SDOH-Resource_Guide.pdf)

SDH Measures Examples

- Individual -level
  - Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences

Personal Characteristics	
1	Are you Hispanic or Latino?
2	Which race(s) are you? Check all that apply.
3	At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?
4	Have you been discharged from the armed forces of the United States?
5	What language are you most comfortable speaking?
Family and Home	
6	How many family members, including yourself, do you currently live with?
7	What is your housing situation today?
8	Are you worried about losing your housing?
9	What address do you live at?
Money and Resources	
10	What is the highest level of school that you have finished?
11	What is your current work situation?
12	What is your main insurance?
13	During the past year, what was the total combined income for you and your family members you live with?
14	In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.
15	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all the apply.
Social and Emotional Health	
16	How often do you see or talk to people that you care about and feel close to?
17	Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?
Optional Additional Questions	
18	In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correction facility?
19	Are you a refugee?
20	Do you feel physically and emotionally safe where you currently live?
21	In the past year, have you been afraid of your partner or ex-partner?

  - Accountable Health Communities (ACH) Health-Related Social Needs (HRSN)

Living Situation	
1	What is your living situation today?
2	Think about the place you live. Do you have problems with any of the following? Choose all that apply.
Food	
3	Within the past 12 months, you worried that your food would run out before you got money to buy more.
4	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
Transportation	
5	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
Utilities	
6	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
Safety	
7	How often does anyone, including family and friends, physically hurt you?
8	How often does anyone, including family and friends, insult or talk down to you?
9	How often does anyone, including family and friends, threaten you with harm?
10	How often does anyone, including family and friends, scream or curse at you?

https://prapare.org/the-prapare-screening-tool/
https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf

Life Stress Scale

Life Stress: For each area of life listed below, please indicate how much stress you have experienced during the past 6 months. Some of these items are personal. These personal items are important as they may impact physical and overall quality of life. All information is kept strictly confidential. No individual information is reported separately. All information is combined to report as a group. Therefore, please mark how much each area of life is a problem for you. If an area is not a problem for you at all, please select "no stress".

Mark one for each statement.	Extreme stress	A lot of stress	Some stress	Little stress	No stress
1. Healthcare cost, coverage (e.g., medication, medical services, copay, insurance premium)	5	4	3	2	1
2. Access to primary care (e.g., having a medical home/regular doctor/clinics)	5	4	3	2	1
3. Access to specialty health care (e.g., oncology, allergist)	5	4	3	2	1
4. Access to communication technology (e.g. Internet access, smartphone, tablet, computer)	5	4	3	2	1
5. Using telehealth (e.g., using a smartphone or tablet for tele/virtual clinical visits, patient portal, completing online forms, virtual classes)	5	4	3	2	1
6. Housing (e.g. stability, crowding, affordability)	5	4	3	2	1
7. Job (e.g., unemployment, career satisfaction)	5	4	3	2	1
8. Education (e.g., college, training program)	5	4	3	2	1
9. Neighborhood (e.g. quality of life, green spaces, safety)	5	4	3	2	1
10. Neighborhood pollution (e.g. air, water, traffic)	5	4	3	2	1
11. Access to affordable/low cost physical activity in your neighborhood (e.g., YMCA, parks)	5	4	3	2	1
12. Access to affordable/low cost, fresh fruits and vegetables, healthy foods in your neighborhood	5	4	3	2	1
13. Access to social services (e.g., Public Social Services, SNAP Food Benefits, SSI/SSDI)	5	4	3	2	1
14. Money or finances	5	4	3	2	1
15. Transportation	5	4	3	2	1
16. Family life (e.g., stability, support, problems with children/parents)	5	4	3	2	1

Life Stress Scale

Mark one for each statement.	Extreme stress	A lot of stress	Some stress	Little stress	No stress
17. Marriage, romantic relationships	5	4	3	2	1
18. Loneliness and isolation	5	4	3	2	1
19. Emotional well-being (e.g., Feeling sad, depressed or anxious, mental health)	5	4	3	2	1
20. Serious injury/illness in self	5	4	3	2	1
21. Serious injury/illness in close family (e.g., being caregiver)	5	4	3	2	1
22. Death of someone very close to you (e.g., family)	5	4	3	2	1
23. Crime and violence (e.g., physical assault, robbery, murder)	5	4	3	2	1
24. Experiences of discrimination or racism	5	4	3	2	1
25. Marijuana/CBD use in self	5	4	3	2	1
26. Marijuana/CBD use in close family	5	4	3	2	1
27. Smoking/vaping/tobacco use in self	5	4	3	2	1
28. Smoking/vaping/tobacco use in close family	5	4	3	2	1
29. Alcohol use in self	5	4	3	2	1
30. Alcohol use in close family	5	4	3	2	1
31. Drug(s) and medication(s) abuse in self	5	4	3	2	1
32. Drug(s) and medication(s) abuse in close family	5	4	3	2	1
33. Are there any other areas of your life that are stressful? (e.g., abuse, immigration issues, climate change) Specify: _____	5	4	3	2	1

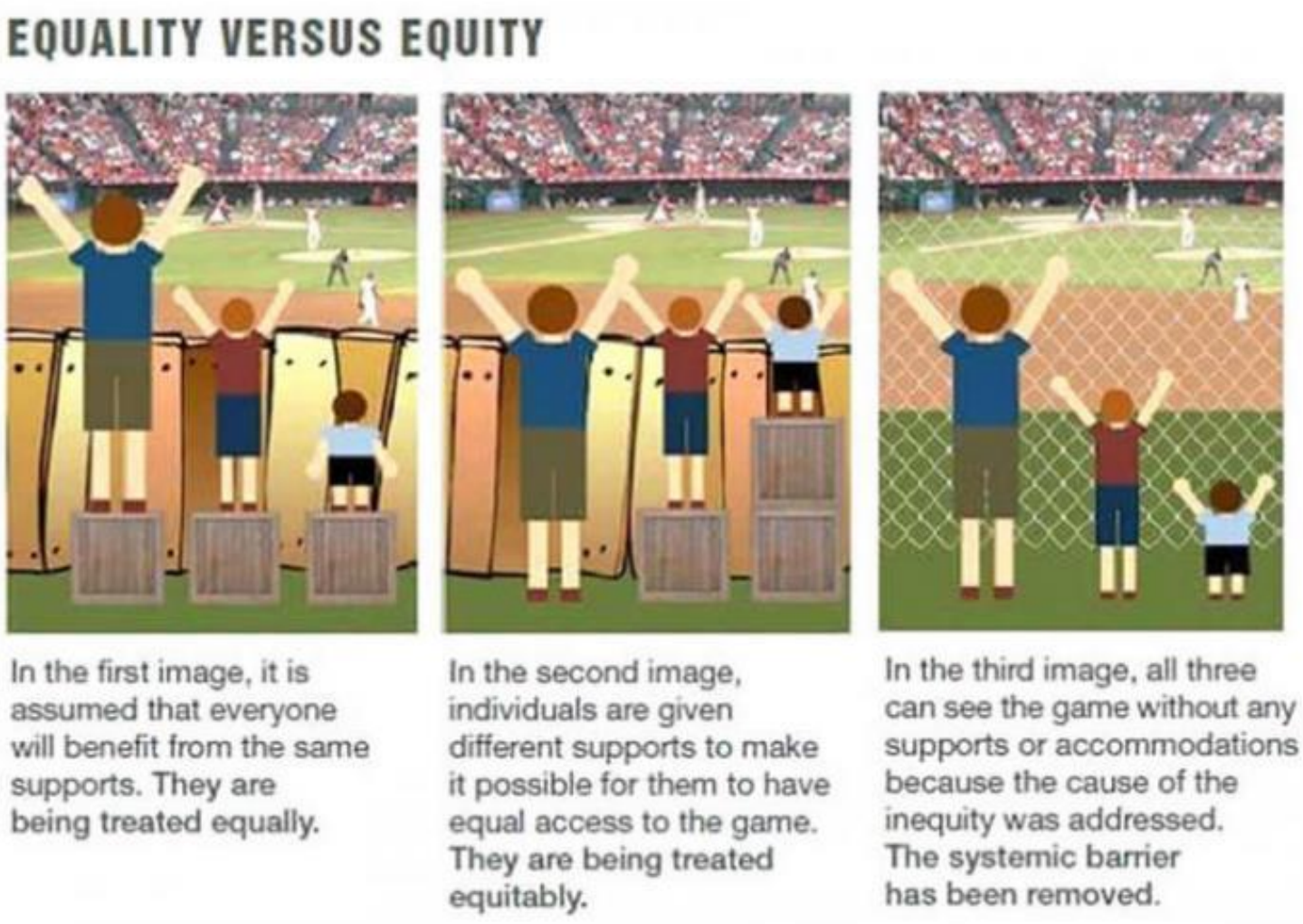
Diversity, Equity, Inclusion, and Justice

Healer with Heart and Humility for All Humanity

- JUSTICE is "...the right to be treated and the responsibility to treat others with fairness and equity, the duty to challenge prejudice, and to uphold the laws, policies and procedures that promote justice in all respects." —Principles of Community
- DIVERSITY is a representation of people's identities and experiences.
- With EQUALITY, each individual or group is given the same resources or opportunities.
- INCLUSION, makes the diversity that exists in our community meaningful. It is an intentional action.

Sources: https://diversity.colostate.edu/notes-from-the-vpd-qa-how-leaders-can-take-action-to-advance-equity/
https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/

Equality vs Equity



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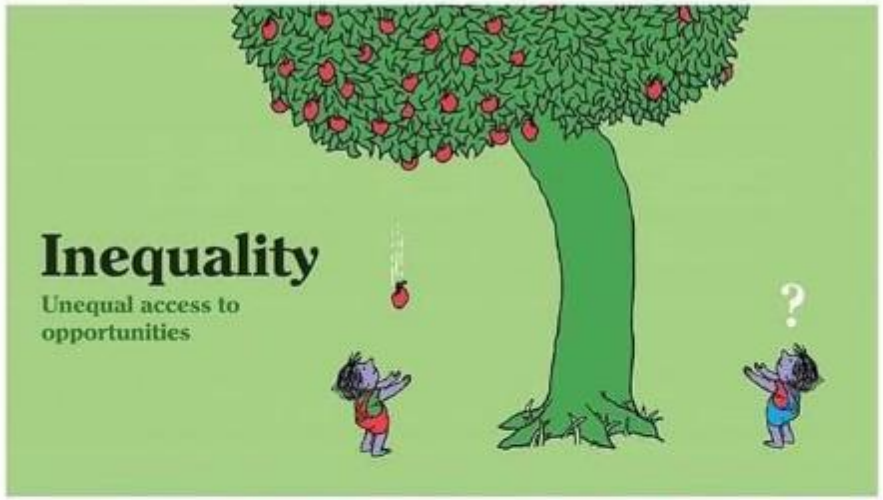

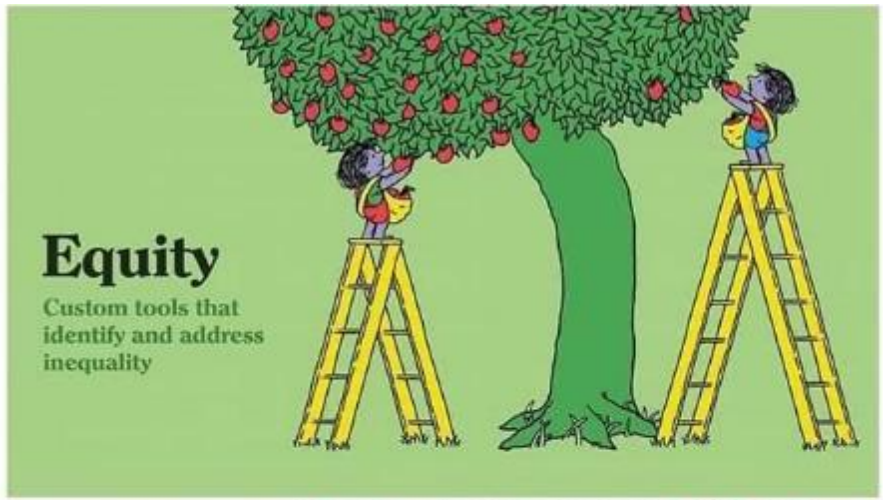

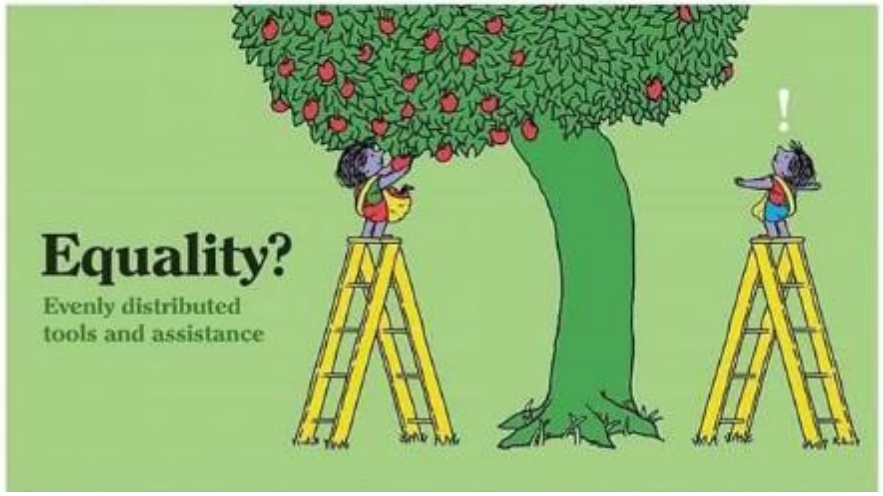

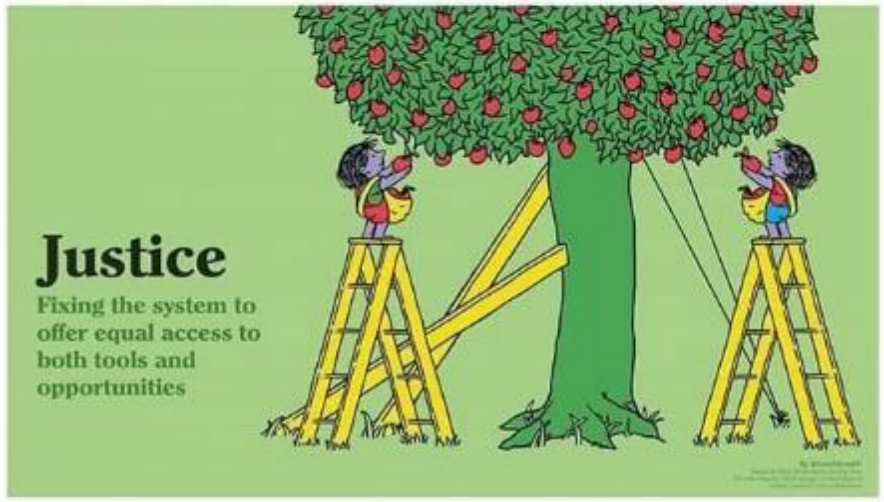

Source: “Addressing Imbalance,” by Tony Ruth for the 2019 Design in Tech Report


THERE IS NO
PROFIT
IN CURING THE
BODY IF IN
THE
PROCESS
WE DESTROY THE
SOUL