WELCOME!

The Science of Community Equity Symposium
Outline

- Cancer incidence and mortality rates
- Causes of disparities
  - Access
  - Lack of Early Detection
  - Social Determinants
  - External events (The life-course)
- Addressing disparities
- Involving communities
- The “small grants” program
- Conclusions
Both incidence and mortality are decreasing for non-Hispanic Whites

Decreasing more slowly for all race/ethnic groups

Continue to be disparities by:
- Race/ethnicity
- County
- Urban vs. rural
- Socio-economic status
Cancer Incidence Rates: Male

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Cancer Incidence Rates: Female

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Cancer Mortality Rates: Male

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Cancer Mortality Rates: Female

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Disparities in Breast Cancer: Females

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Disparities in Colorectal Cancer: Males

Sources: CDC’s National Program of Cancer Registries and National Cancer Institute’s Surveillance, Epidemiology, and End Results program.
Why do disparities continue?

- **Access to Care**
- Lack of Early Detection
- Social Determinants of Health
- Extreme External Events
Why do disparities continue?

No Access to Care

---

The chart shows the percentage of Washington residents with health care coverage in 2015, categorized by race/ethnicity. The chart indicates disparities in access to care among different racial and ethnic groups.

---

Footnote

* Prevalence estimate not available if the unweighted sample size for the denominator was < 50 or the Relative Standard Error (RSE) is > 0.3 or if the state did not collect data for that calendar year.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Why do disparities continue?

- Access to Care
- Lack of Early Detection
- Social Determinants of Health
- Extreme External Events
Why do disparities continue?

Lack of early detection
Why do disparities continue?

Lack of early detection

**Washington - 2014**

Women aged 40+ who have had a mammogram within the past two years (variable calculated from one or more BRFSS questions) (Crude Prevalence)

View by: Household Income

Response: (All)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Why do disparities continue?

*Lack of early detection*

---

**Washington - 2014**

Respondents aged 50-75 who have fully met the USPSTF recommendation (variable calculated from one or more BRFSS questions) (Crude Prevalence)

*View by: Race/Ethnicity*

*Response: (All)*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Met USPSTF recommendations for testing</th>
<th>Did not meet USPSTF recommendations for testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiracial, non-Hispanic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data Source: Behavioral Risk Factor Surveillance System (BRFSS)*
Why do disparities continue?

- Access to Care
- Lack of Early Detection
- **Social Determinants of Health**
- Extreme External Events
Why do disparities continue?

Social Determinants

Poverty

- Poverty rates among Latinos are 26.6% and 25.8% for Blacks compared to 11% for NHW.

Income

- Median household income among Blacks is $43,300 and $37,700 for Latinos compared to $71,300 for NHW

Lack of insurance*

- Uninsured among Latinos equaled 29.3% and 13.0% for Blacks compared to 9.1% for NHW*

Low literacy population

- In terms of high school graduation, 66.7% of Latinos, 87.0% of Blacks, and 93.9% of NHWs had a high school education

Cultural beliefs and attitudes

- Fatalism
- Avoidance
- Distrust

*Rate are from 2016; sizeable reductions in uninsured status in 2016 exist due to ACA.

Source: US Census, 2016
Why do disparities continue?

- Access to Care
- Lack of Early Detection
- Social Determinants of Health
- Extreme External Events
Why do disparities continue?

**Extreme events**

- Cancer is a dynamic process thought to be linked to the life-course
- Exposure to external factors may affect cancer in later life
  - Dutch Famine* (Sept. 1944 – May 1945)
    - Severely exposed women had a 48% higher risk of breast cancer 30+ years later.
    - Moderately exposed women had a 13% higher risk of breast cancer 30+ years later
    - Women who were older during the famine and severely exposed had the highest risk

*Source: Elias et al., 2007.
Why do disparities continue?

**Extreme events**

- Holocaust victims (WW II)*
  - Individuals who were severely exposed to the Holocaust and subsequently moved to Israel had significantly higher rates of various cancers.
  - Life-course reasons?
    - Long-term emotional stressors
    - Long-term physical stressors
    - Horrific deprivation

*Source: Sadetzki et al., Cancer, in press.*
Why do disparities continue?

**Extreme events**

- Socially deprived groups (US)*
  - Environmental stressors trigger norepinephrine and cortisol which are thought to reduce immune response**
    - Thought to accelerate cancer progression
    - Also increase risk of other diseases
  - Exposure to constant stressors
    - Physical violence & hate
    - Sexual abuse and other traumatic abuse
    - Depression and anxiety

Sources:  *Thompson, Gehlert, Paskett, Cancer, in press; **Lutgendorf & Sood, 2011.
Disparities fall into a Complex Compendium

- Access to Care
- Lack of Early Detection
- Social Determinants of Health
- Extreme External Events
How can we address disparities?
Go in search of people.
Begin with what they know.
Build on what they have.

- Chinese proverb
What does that mean?

- Improve the health of communities experiencing disparities
  - Work with the underserved to reduce barriers
  - Practice sound “health promotion”
  - Involve communities in community-based participatory research (CBPR):
    - A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.
Involving Communities

Go in search of people.

- Communities that are underserved
  - Latino community in Eastern Washington
  - Latino community in Western Washington
  - African-American community in Seattle
  - Somali community

- Community-based organizations (CBOs) that serve the underserved
  - SeaMar Community Health Center
  - Emergency Feeding Program
  - Mercy Housing
  - Neighborcare Health

- Grassroots Organizations
Needs Assessment

Begin with what they know.

- Understand the community or organization
- Needs assessment
  - Qualitative
  - Quantitative
- SWOT Analysis (strengths, weaknesses, opportunities, threats)
Build on what they have.

• Work with the community/organization to develop appropriate action plans for health promotion activities
  ▪ Cancer screening examples in the Valley
  ▪ Diabetes identification and treatment
  ▪ Nutrition and physical activity in Alaska

• Avoid:
  ▪ Re-invention of the wheel
  ▪ Helicopter research
Moving towards Community Equity

This is Disparity

This is Equality

This is Equity
How are we creating equity?

• Focus on organizations reaching the underserved communities
• Build capacity among communities/CBOs
• Provide resources for communities/CBOs through our “small grant” program
• Providing technical assistance to communities/CBOs
Small Grant Program

- Community-Academic Partnership
- Goal: To link academic institution with community partners in the region
- HDRC allows for small grants up to $7,500
- Application requires participation in grant-writing workshop to prepare a proposal
- Proposals reviewed by reviewers at Fred Hutch
Grant Writing Workshop

• Two day session led by faculty and staff.
• Representatives from different community organizations attend.
• Didactic presentations in the morning; work on application in the afternoon.

• Topics covered:
  ▪ What is research?
  ▪ Writing hypothesis
  ▪ Specific Aims
  ▪ Research methods
  ▪ Recruitment
  ▪ Procedures
  ▪ Analysis
  ▪ Report writing
Selected Results

- Have funded 14 small grants in past four years
- Content included:
  - Breast cancer
  - Colorectal cancer
  - AIDS/HIV
  - Cancer survivorship
  - Stomach cancer
  - Nutrition intervention
  - Heart health
Conclusion

- Working with communities is both feasible and rewarding
- We leave participants in the program with capacity and resources
- We enhance Fred Hutch engagement with the broader community
- We make a small dent in health disparities
- We work for equity with our communities
- More work is needed!
THANK YOU
Panel of Grantees

Bridgette Hempstead  
*Cierra Sisters, Inc.*

Heather Stevens  
*Sea Mar Community Health Centers*

Eun Jeong Lee, PhD  
*National Asian Pacific Center on Aging*

Suzanne Pak  
*Korean Women’s Association*
Presentation of the 2017 Beti Thompson Community Health Trailblazer Award
Giselle Zapata-García
THANK YOU