



## Global Summit on International Breast Health and Cancer Control:

*Improving Breast Health Care through Resource-Stratified Phased Implementation*

# Breast Cancer in Underserved Communities in the U.S.

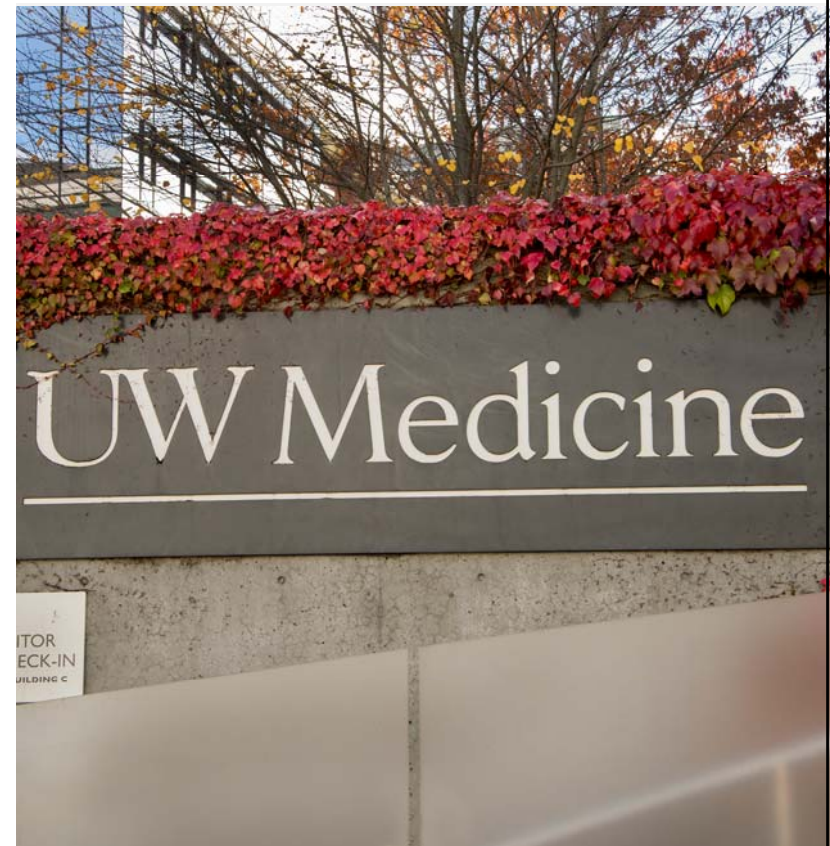
**Patricia Dawson, MD, PhD**

*Healthcare Equity, UW Medicine (USA)*



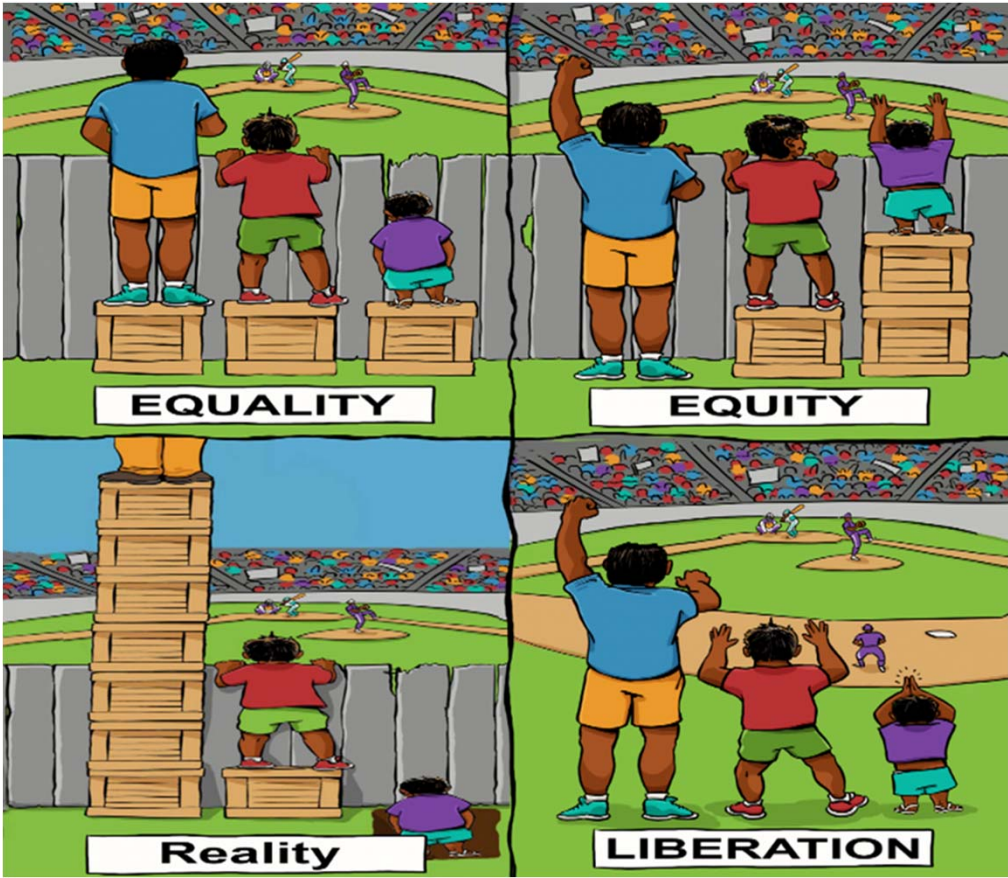
# Mission

To improve the  
health of the  
public



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# Breast Cancer United States

Most common form of cancer among women

1. Second most common cause of cancer deaths in women – second to lung cancer
2. White women have historically had higher incidents rates than black women – in 2012 the rates converged
3. Breast cancer survival rates have increased for both black & white women
4. Survival rates remain 10% lower among black women, compared to their white counterparts



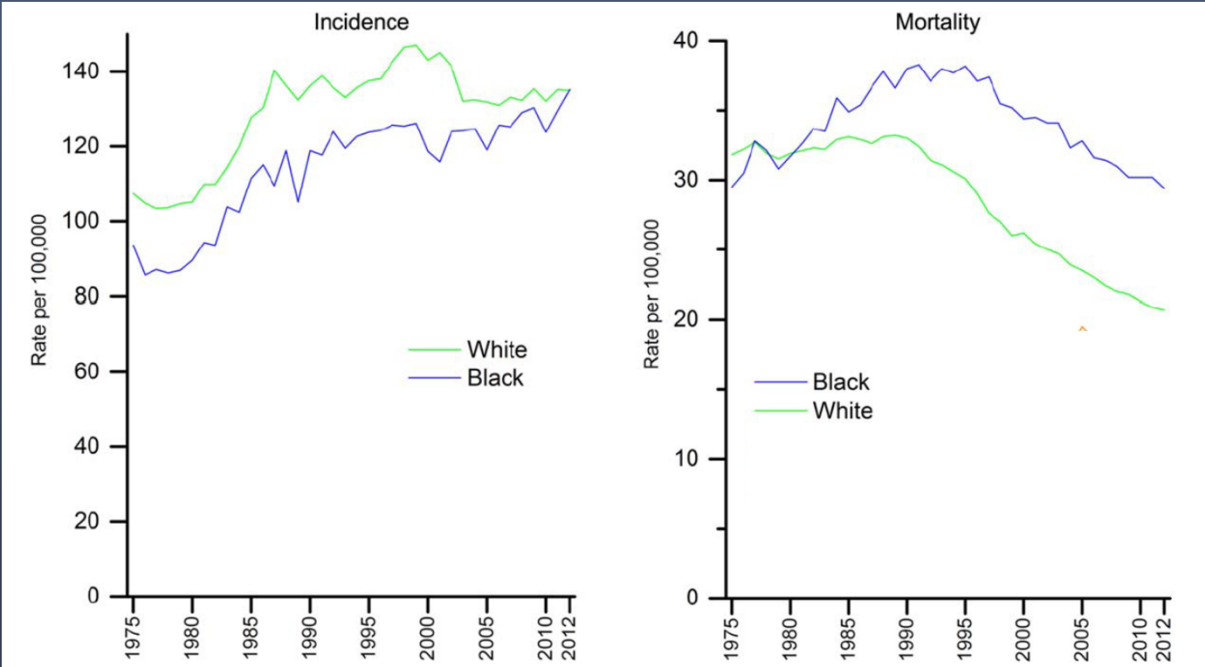
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# Trends by race / ethnicity

## Breast Cancer INCIDENCE AND MORTALITY



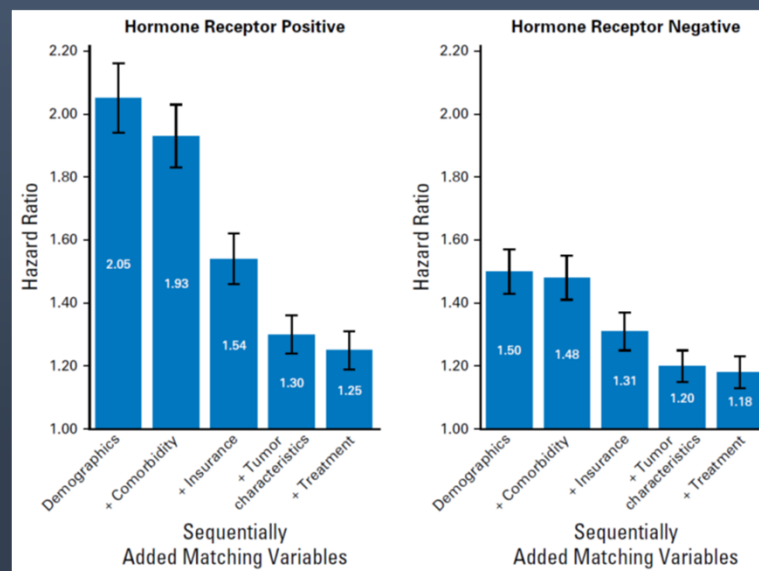
DeSantis et al. Ca Cancer J Clin 66:31, 2016

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## Trends by race / ethnicity

### Excess Death Among Black Women AGE 18 – 64

- Insurance differences accounted for one-third of the excess risk of death in black women.
- Improved access to care could substantially reduce ethnic/racial disparities in overall breast cancer mortality.



Jemal et al. J Clin Oncol 36:14, 2018

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# Color Codes Defined using UW Medicine Rates

Metric	Race						
	White	Black or African American	Asian	American Indian or Alaska Native	Multiple races	Native Hawaiian or Other Pacific Islander	Unknown
Diabetes A1c	6,394	1,494	1,244	158	90	184	796
Diabetes BP	6,394	1,494	1,244	158	90	184	796
Diabetes Eye	6,394	1,494	1,244	158	90	184	796
Hypertension	12,157	2,212	2,090	177	101	139	925
Breast Cancer Screening	11,516	1,584	1,740	200	94	95	913
Cervical Cancer Screening	16,429	2,444	3,032	345	242	214	2,226
Colon Cancer Screening	20,463	3,103	2,775	326	141	191	1,767
Pneumococcal Vaccine	18,518	1,416	2,810	155	51	108	1,056
Pediatric Vaccine	203	98	86	9	38	7	75

**Dark Green**  
Higher than average,  
statistically significant

**Light Green**  
Higher than average, not  
statistically significant

**Light Red**  
Lower than average, not  
statistically significant

**Dark Red**  
Lower than average,  
statistically significant

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# Data

UW Medicine PCPs treated  $\approx$  250K people

Anonymized Clinics by Code

## Measures

- A1c controlled:  $A1c \leq 9$  (patients with diabetes)
- BP controlled:  $< 140/90$  (patients with diabetes)
- Eyes screened: (last 2 years – patients with diabetes)
- Breast cancer screening (last 5 years)
- Colon cancer screening (last 10 years scope – last year FIT)
- Cervical Cancer (last 2 years)

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# Disparity Index (DI) Defined

$$DI = \frac{\text{How often a quality measure *doesn't get done* in the minority group}}{\text{How often a quality measure *doesn't get done* in the majority group}}$$

## Example

- Good glucose control is not happening in 33% of African American patients
- Good glucose control is not happening in 26% of Caucasian American patients

## Calculation Example

$$\text{Glucose Control DI} = \frac{33\% \text{ among African Americans}}{26\% \text{ among Caucasian Americans}} = 1.3$$

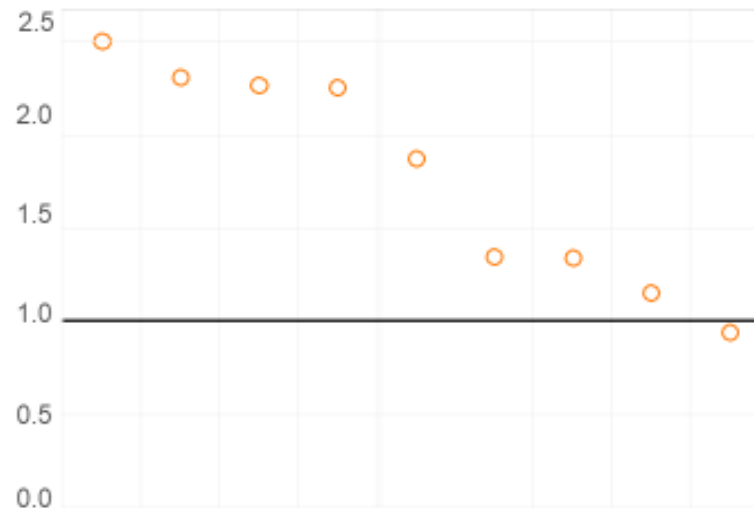
**DI > 1 means a disparity in care exists**

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# Disparity Index – Breast Cancer Screening

African non-English Speakers vs. Caucasian English Speakers







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# Intersectionality – Race & Language

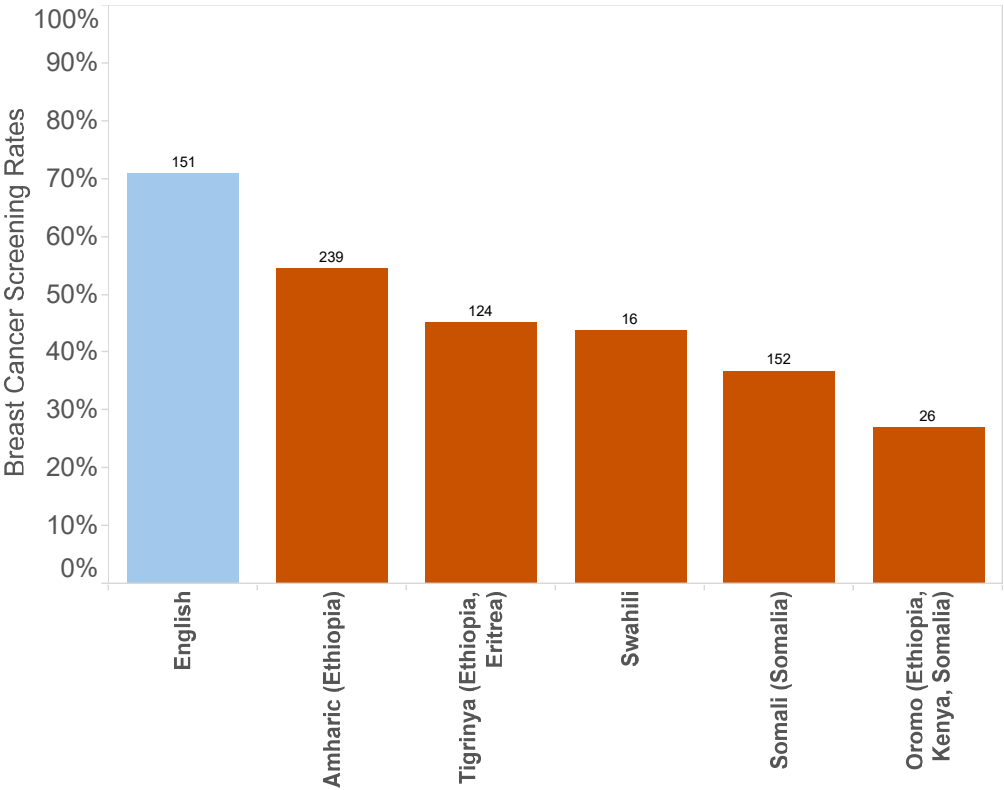
Metric	All	White		African		African American		Asian		American Indian or Alaska Native		Native Hawaiian or Other Pacific ..	
	All	English	non-English	English	non-English	English	non-English	English	non-English	English	non-English	English	non-English
<b>Breast Cancer Screening</b>	27,555 72%	19,455 74%	435 66%	151 71%	594 46%	1,334 66%	22 59%	2,008 78%	942 71%	235 56%	39 87%	144 65%	44 55%
<b>Cervical Cancer Screening</b>	51,908 75%	31,989 76%	680 69%	456 74%	759 65%	2,501 75%	35 63%	6,379 79%	1,074 70%	484 72%	69 88%	387 73%	46 57%
<b>Colon Cancer Screening</b>	55,873 70%	39,449 72%	925 58%	398 68%	910 50%	3,398 65%	40 47%	3,757 75%	1,635 69%	453 65%	80 63%	306 61%	82 56%
<b>PHQ9 Evaluation</b>	14,264 64%	10,121 66%	250 36%	82 62%	152 18%	759 51%		726 73%	247 33%	163 60%	17 50%	67 71%	

**Benchmark**  
 <50th percentile 50-  
 75th percentile 75-  
 90th percentile  
 >90th percentile

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# Intersectionality – Language



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## Elements of Health Disparities

- Social determinants, individual behaviors, beliefs
- Biological elements and genetics
- Physical and cultural environmental factors
- Clinical events and healthcare

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# Social Determinants, Behaviors, Beliefs

- Response to chronic stress, racism
- Childhood adverse conditions
- Food insecurity
- Immigrant stress
- Limited English proficiency
- Low health literacy
- Cultural beliefs and myths
- Poverty



# Biological Elements & Genetics

## African American Women

- Have higher incidence of “triple negative” breast cancer & high-grade cancers
- Are diagnosed at younger ages
- Stage-for-stage, have lower survival when controlling for comorbidities, ER & HER2 status
- Have a significant frequency of BRCA mutations – yet are tested almost 50% less often



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# Physical & Cultural Environmental Factors

- Toxic elements in the environment (lead, etc.)
- Access to green space
- Food deserts
- Zip Code
- Community resources
- Overlaps with social determinants





# Clinical Events and Healthcare

- Black women are diagnosed with cancer are more advanced stage
- Access to screening and treatment
- Insurance coverage
- Institutional racism
- Distrust of healthcare institutions
- Differential treatments
- Poor communication
- Utilization of shared decision making



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## Strategies

- Expand access**
  - Utilization of expanded provider team – ARNP, Pas
  - Creative utilization of telemedicine
  - Strategic deployment of resources
- Coordination of Care**
  - Navigators and care coordinators
  - Enhanced care systems
- Patient-centered care**
  - Provider instruction in effective communication, shared decision making
  - Effective and standardized use of interpreters
  - Understanding of individual autonomy vs collectivism
  - Understanding and asking what is most important to the patient/family
- Acknowledge and work on institutional racism**
  - Training in unconscious bias and cultural humility
  - Intentional review of institutional processes and procedures
  - Training in understanding and mitigating poor health literacy





# Strategies

## **Proactively measure and address disparities**

- RACE data
- Disparity index
- Monitor performance measures

## **Standardized treatment pathways/protocols**

- BRCA testing
- Treatment protocols

## **Provider training in effective communication and cultural humility**

- Training in unconscious bias and cultural humility
- Intentional review of institutional processes and procedures
- Training in understanding and mitigating poor health literacy
- Understanding of intersections of healthcare and race/ethnicity

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# QUESTIONS?



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