CCSG Needs Assessment: Characterizing the cancer burden in our catchment area

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Associate Director of Minority Health and Health Disparities
Pilot Grant on Catchment Area Health

• Cancer-related pilot projects on cancer health inequities within the catchment area
  – P30 CCSG: “Describe how the cancer research relevant to the catchment area is addressed”

• 3 awards

• $80k direct costs/year/award; F&A included above this amount
Pilot Grant on Catchment Area Health

• **Address one or more** of the following topics:
  – Prevention and/or risk-reducing strategies for one of the top 5 cancers (breast, colorectal, lung, prostate, hematologic)
  – Mitigating cancer-related behaviors in communities
  – Aligning communities to meet screening recommendations for breast, cervical, and colorectal cancers
  – Reducing cancer burden in rural communities within the catchment area
  – Increasing enrollment of underserved minorities into Consortium clinical trials
Pilot Grant on Catchment Area Health

- **New** project or **new** research direction
- Provide prelim data for outside funding
- Not be an extension of on-going or recently funded studies
2017-2018
NEEDS ASSESSMENT DATA
The Cancer Consortium Catchment Area

Residents: 4,931,410
Incident Cancer Cases: 27,450
## Demographic Characteristics of the Catchment Area and Clinical Trials

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>U.S.</th>
<th>WA State</th>
<th>13-County Catchment Area</th>
<th>2017 LAPS data (Clinical Trial Accrual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>Pop'n (%)</td>
<td>Pop'n (%)</td>
<td>Pop'n (%)</td>
<td>Pop'n (%)</td>
</tr>
<tr>
<td>NHW</td>
<td>197,969,608</td>
<td>5,005,607</td>
<td>3,366,862</td>
<td>3543</td>
</tr>
<tr>
<td>Black</td>
<td>40,229,236</td>
<td>260,389</td>
<td>231,615</td>
<td>177</td>
</tr>
<tr>
<td>Asian</td>
<td>17,741,457</td>
<td>575,973</td>
<td>520,855</td>
<td>316</td>
</tr>
<tr>
<td>NHOPI</td>
<td>567,208</td>
<td>48,064</td>
<td>40,475</td>
<td>33</td>
</tr>
<tr>
<td>AIAN</td>
<td>2,387,421</td>
<td>91,942</td>
<td>56,077</td>
<td>58</td>
</tr>
<tr>
<td>Hispanic</td>
<td>57,470,287</td>
<td>903,909</td>
<td>482,828</td>
<td>203</td>
</tr>
<tr>
<td>Other/multiple</td>
<td>6,762,296</td>
<td>297,817</td>
<td>232,697</td>
<td>150</td>
</tr>
</tbody>
</table>

*Significantly different compared to 13-county Catchment Area, p<0.05
Top 5 incident sites in catchment, 2000-2016

Source: SEER*Stat and CSS, 2000-2016
Age-standardized to US Population, 2000
Top 5 mortality sites in catchment, 2000-2016

Source: WA State Death Certificates, 2000-2016
Age-standardized to US Population, 2000
Oropharyngeal Cancer increasing (p=0.03) in catchment area, 2010-2016

Source: SEER*Stat and CSS, 2010-2016
Age-standardized to US Population, 2000
### Incidence & Mortality in the Catchment Area by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>U.S. Incidence Rate</th>
<th>Catchment Incidence Rate</th>
<th>U.S. Mortality Rate</th>
<th>Catchment Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHW</td>
<td>530.6</td>
<td>550.3</td>
<td>165.7</td>
<td>152.4</td>
</tr>
<tr>
<td>Black</td>
<td>504.2</td>
<td>485.7</td>
<td>190.0</td>
<td>163.7</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>330.5</td>
<td>351.1</td>
<td>100.6</td>
<td>113.2</td>
</tr>
<tr>
<td>AIAN</td>
<td>384.1</td>
<td>451.0</td>
<td>139.6</td>
<td>205.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>365.1</td>
<td>464.2</td>
<td>112.6</td>
<td>97.5</td>
</tr>
</tbody>
</table>

- :green: Catchment rate above U.S. rate for same race/ethnicity
- :red: Race/ethnicity disparity (vs. NHW) within catchment area
## Incidence Rates, 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Catchment AIAN</th>
<th>U.S. AIAN</th>
<th>Catchment Black</th>
<th>U.S. Black</th>
<th>Catchment Hispanic</th>
<th>U.S. Hispanic</th>
<th>Catchment NHW</th>
<th>U.S. NHW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>211.0&lt;sup&gt;D&lt;/sup&gt;</td>
<td>117.2</td>
<td>174.5</td>
<td>160.5</td>
<td>174.4</td>
<td>114.8</td>
<td>182.3</td>
<td>167.2</td>
</tr>
<tr>
<td>Prostate</td>
<td>103.9</td>
<td>70.3</td>
<td>174.2&lt;sup&gt;D&lt;/sup&gt;</td>
<td>193.4</td>
<td>105.6</td>
<td>98.3</td>
<td>125.3</td>
<td>116.0</td>
</tr>
<tr>
<td>Lung</td>
<td>81.3&lt;sup&gt;D&lt;/sup&gt;</td>
<td>43.9</td>
<td>63.7</td>
<td>64.6</td>
<td>45.7&lt;sup&gt;D&lt;/sup&gt;</td>
<td>28.9</td>
<td>61.1</td>
<td>62.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>55.5&lt;sup&gt;D&lt;/sup&gt;</td>
<td>44.2</td>
<td>38.0</td>
<td>52.1</td>
<td>35.5</td>
<td>35.2</td>
<td>37.2</td>
<td>41.7</td>
</tr>
</tbody>
</table>

- Catchment rate above U.S. rate for same race/ethnicity
- Race/ethnicity disparity (vs. NHW) within catchment area
## Mortality Rates, 2012-2016

<table>
<thead>
<tr>
<th></th>
<th>Catchment AIAN</th>
<th>U.S. AIAN</th>
<th>Catchment Black</th>
<th>U.S. Black</th>
<th>Catchment Hispanic</th>
<th>U.S. Hispanic</th>
<th>Catchment NHW</th>
<th>U.S NHW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>29.3D</td>
<td>14.7</td>
<td>25.8D</td>
<td>29.0</td>
<td>11.8D</td>
<td>14.2</td>
<td>22.2</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate</td>
<td>24.2</td>
<td>17.5</td>
<td>42.8D</td>
<td>39.3</td>
<td>15.5D</td>
<td>15.6</td>
<td>23.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Lung</td>
<td>58.5D</td>
<td>35.4</td>
<td>49.7</td>
<td>45.4</td>
<td>20.0D</td>
<td>18.1</td>
<td>46.7</td>
<td>45.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>20.7D</td>
<td>14.6</td>
<td>18.7D</td>
<td>19.5</td>
<td>9.5D</td>
<td>11.2</td>
<td>14.1</td>
<td>14.3</td>
</tr>
</tbody>
</table>

- **D** indicates Catchment rate above U.S. rate for same race/ethnicity.
- **Race/ethnicity disparity (vs. NHW) within catchment area**
Cancer Incidence in Catchment Area (2012-2016)
Health behaviors

- **Smoking**: 17.7% (US), 15.1% (Catchment Area)
- **Heavy Drink**: 7.3% (US), 6.8% (Catchment Area)
- **Overwgt/Obese**: 63.9% (US), 60.7% (Catchment Area)
- **Obese**: 28.6% (US), 25.8% (Catchment Area)
- **Aerobic PA**: 50.2% (US), 60.0% (Catchment Area)

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs from overall US percent
Health behaviors by race/ethnicity

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs from that in Whites
Health behaviors by race/ethnicity (Cont’d)

Obese
- White: 26.7
- Black: 35.4*
- AsianPI: 9.8*
- AIAN: 32.0
- Hisp: 33.4*

Aerobic
- White: 62.0
- Black: 47.9*
- AsianPI: 56.2*
- AIAN: 53.0*
- Hisp: 51.9*

WorkPA
- White: 32.7
- Black: 44.4*
- AsianPI: 29.0
- AIAN: 51.0*
- Hisp: 49.0*

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs that in Whites
Met screening recommendations

<table>
<thead>
<tr>
<th>Test</th>
<th>US</th>
<th>Catchment Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td>78.6</td>
<td>77.5*</td>
</tr>
<tr>
<td>Pap</td>
<td>81.1</td>
<td>79.5</td>
</tr>
<tr>
<td>ColoScreen</td>
<td>67.5</td>
<td>71.6*</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs from overall US percent
Screening recommendations by race/ethnicity

Mammogram
- White: 76.9%
- Black: 81.0%
- AsianPl: 66.0%
- AIAN: 87.0%
- Hisp: 88.1%

Pap
- White: 82.4%
- Black: 63.7%
- AsianPl: 68.8%
- AIAN: 81.3%
- Hisp: 88.1%

ColoScreen
- White: 72.3%
- Black: 75.3%
- AsianPl: 69.4%
- AIAN: 66.4%
- Hisp: 66.5%

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs that in Whites
Screening recommendations by RUCA category

Mammogram
- 78.7
- 73.8*
- 73.7
- 72.4*

Pap
- 79.9
- 79.0
- 76.1
- 75.3

ColoScreen
- 72.5
- 69.8
- 69.8
- 67.5

Percent (95% CI)

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016
Age-standardized to US Population, 2000
* percent differs that in Urban Core
2017-2018
KEY INFORMANT INTERVIEWS THEMES
Engaging the vulnerable

• Needs assessment in catchment area counties to establish greatest cancer needs for underserved
  • Qualitative interviews with:
    • State health department program heads
    • Local county health departments
    • Community-based organizations
Barriers - Categories

Race/ethnicity crosses all barriers:
• Issues based on geography
• Social determinants of health
• Financial issues
• Provider issues
• Partnership/Collaboration issues
• Race/ethnicity
Barriers: Geography

• Lack of access to care (rural areas)
• Areas of need with limited resources to address cancer burden – affects timeliness of diagnosis & treatment:
  – East of the Cascades (have to travel across counties for care)
  – Olympic peninsula
  – Island counties (entire day to travel to Seattle)
• Not knowing where to go
• Transportation challenges; parking cost (urban areas)
• Weather
Barriers: Social determinants of health

• High unmet needs for rural and low SES populations
• Stigma
• Stable housing
• Food insecurity & lack of access to healthy foods
• Childcare
• Adverse Childhood Experiences (ACEs)
• Health communication:
  – low health literacy
  – lack of culturally & linguistically appropriate materials (and lack of resources among organizations to develop)
Barriers: Financial issues

• Healthcare costs
• Medicaid (not eligible and can’t afford Medicaid expansion)
• Lack of resources for:
  – Diagnosis (BCCHP limited to breast, cervical, CRC, but other gyn and GI cancers mentioned)
  – Treatment (BCCHP doesn’t cover tx for CRC)
Barriers: Provider issues

• Lack of trust in medical system
• Lack of access in rural areas and islands (untimely follow-up on screening, diagnosis, treatment)
• Primary care providers overwhelmed, but they are referral point for screening, vaccination, etc.
• High staff turnover, especially at FQHCs
• Complexity of screening guidelines: Not all providers on same page with recommendations
• Lack of time: Short appointment slots to address symptom/issue at hand
• Lack of cultural and linguistic competence
Barriers: Partnership/Collaboration issues

• Programs within same organizations working in silos and not aware of each other’s work.
• Lack of knowledge among CBOs about other programs serving same population.
• Lack of community trust.
• CBOs want to know how to increase visibility to get the word out about services they offer.
Facilitators

- Patient Navigation & Community Health Workers
- Partners with established trust in the community
- Close-knit communities (especially on peninsula)
- Relationships with health plans
- Coalitions
Perceived role of Cancer Consortium in the catchment area

• People recognize individual CC entities (FH, SCCA, SC, UW).
• There is a perception these entities should cover the whole state; lots of resources in 13 counties, less resources and more need outside catchment area.
• No negative perceptions shared about CC or its entities.
• People don’t know the CC and don’t understand what we do.
• Organizations are interested in collaborating, but need better understanding of what the CC does.
• It’s a time of opportunity!
Questions?

On behalf of the CCSG Needs Assessment Committee:
- Steve Schwartz, PhD
- Dave Doody, MS
- Peggy Hannon, PhD
- Caitlin Mason, PhD
- Wendy Law, PhD

Office of Community Outreach and Engagement:
- Jason Mendoza, MD, MPH, Director
- Kathy Briant, MPH, CHES, Program Administrator
- Beti Thompson, PhD, Director Emeritus