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**Put your name and organization/institution
in the chat!**



AMERICAN CANCER SOCIETY

Disparities Reducing ECHO

May 25, 2021



Welcome to the May Disparities Reducing ECHO



Each ECHO session will be recorded and will be posted to echo.cancer.org



You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
If you do not wish to have your image recorded, please turn OFF the video option.



Today's materials will be made available on echo.cancer.org



Type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.
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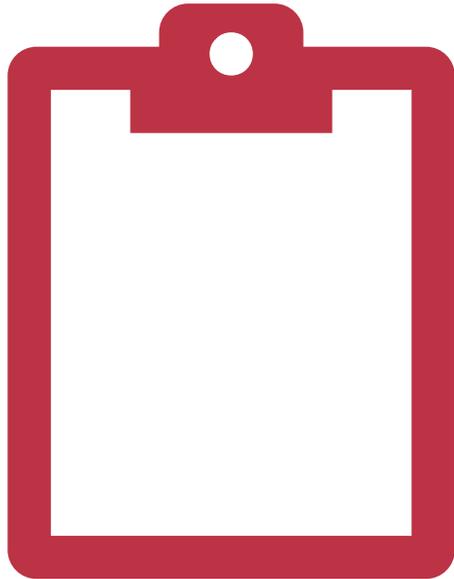
Remember: Do NOT share any personal information about any patient



Questions about Zoom? Type them in the chat box to: Maitreyee Shah



Session 1 Recap



At a glance:

- ▶ Total attendees: **70**
- ▶ Overall satisfaction rate : **96%**

Reminder: Survey results are **anonymous!**

Questions/Comments? DisparitiesECHO@cancer.org

May Agenda

Housekeeping & Introductions	5 minutes
Didactic Presentation <i>How Racism Impacts Cancer Outcomes</i> <i>Hayley S. Thompson, PhD</i> <i>Wayne State University/Karmanos Cancer Institute</i>	20 minutes
Didactic Q/A	10 minutes
Facilitated Q&A <i>Erica T. Warner, ScD, MPH</i> <i>Massachusetts General Hospital/Harvard Medical School</i>	5 minutes
Facilitated Q/A Discussion	15 minutes
Wrap-up	5 minutes



Introductions

Introductions

ACS Hub Staff

Rich Killewald, MNM

Maitreyee Shah, MPA

Kristen Wehling, MPH

Karla Wysocki, MA

Faculty

Ashley Brown, MPP

Laura Makaroff, DO

Emily Marlow, PhD

Shawn Johnson

Brian Rivers, PhD, MPH

Jennifer Tsui, PhD, MPH

Grantees

Addressing Racial
Disparities in Cancer Care

Breast Health Equity

Prostate Cancer Disparities

Type your name and organization in the chat box!

How Racism Impacts Cancer Outcomes

Hayley S. Thompson, PhD

Wayne State University

Karmanos Cancer Institute

About Our Presenter



Hayley S. Thompson, PhD

Wayne State University

Karmanos Cancer Institute

Professor, Department of Oncology

Associate Center Director, Community Outreach & Engagement

Racism and Cancer Outcomes

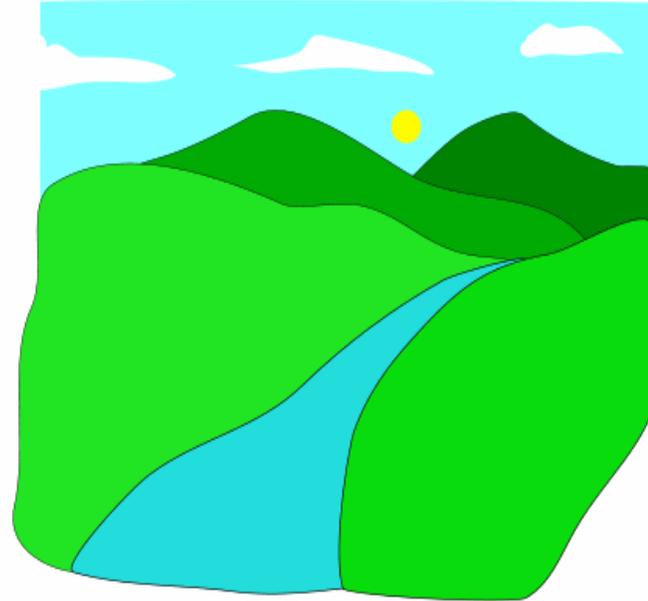
Hayley S. Thompson, Ph.D.
Professor, Department of Oncology
Wayne State University School of Medicine
Associate Center Director,
Community Outreach & Engagement
Karmanos Cancer Institute

Objectives

- To offer a framework for understanding the impact of racism on cancer outcomes
- To provide examples of racism's impact and future directions for research and intervention.

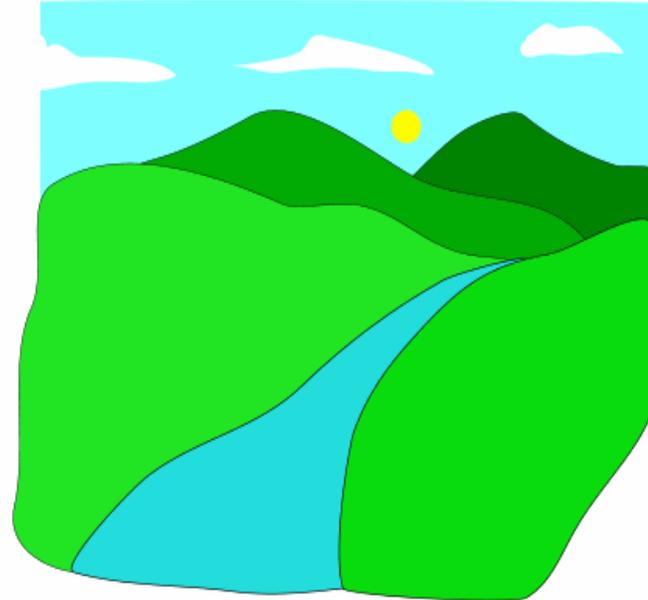
- ❖ **Downstream or proximal determinants:** Factors that are temporally and spatially close to health effects.

(Braveman et al., 2011)



- **Examples of downstream determinants.**
 - Biological/genetic factors (e.g., gene mutations, inflammation)
 - Behavioral factors (e.g., cancer screening, smoking, physical activity).
 - Psychological factors (e.g., attitudes mood).
- **Expressed on the individual (intrapersonal) level.**

- ❖ **Downstream or proximal determinants:** Factors that are temporally and spatially close to health effects.



- ❖ **Upstream or distal determinants:** Factors that set in motion causal pathways leading to health effects through downstream factors.

(Braveman et al., 2011)

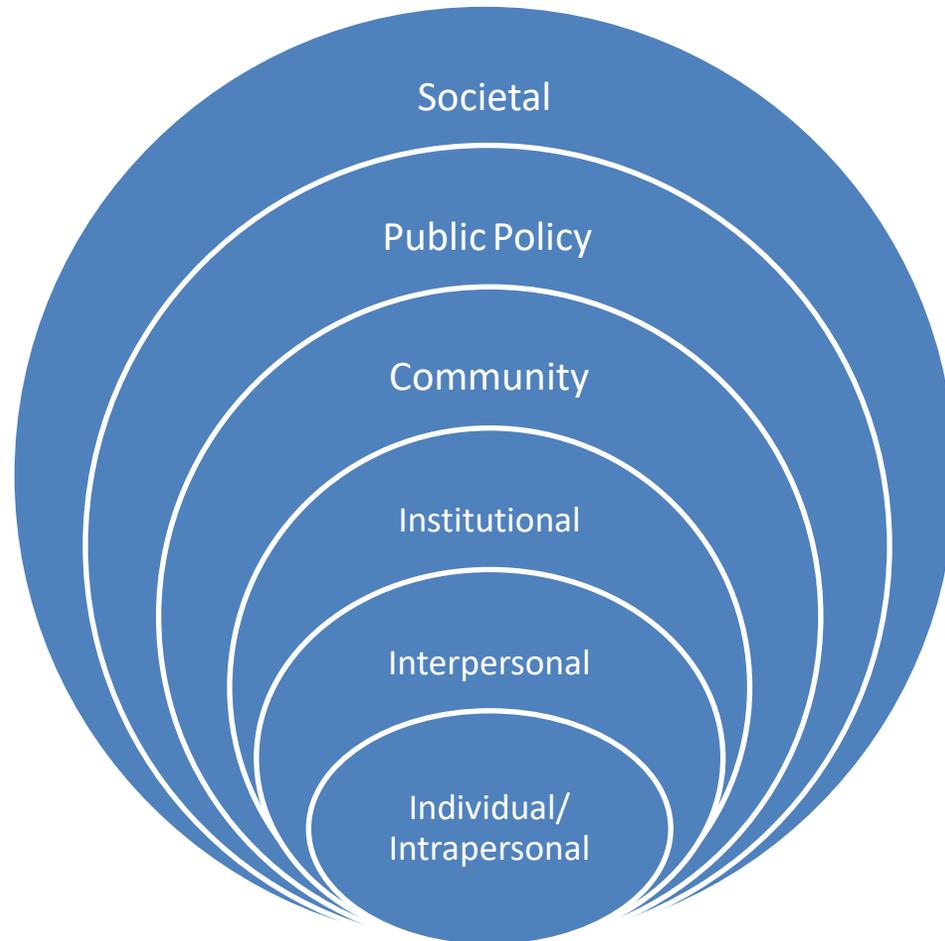
- The upstream or distal social, environmental, economic, and cultural factors that shape or determine individual and group behavior



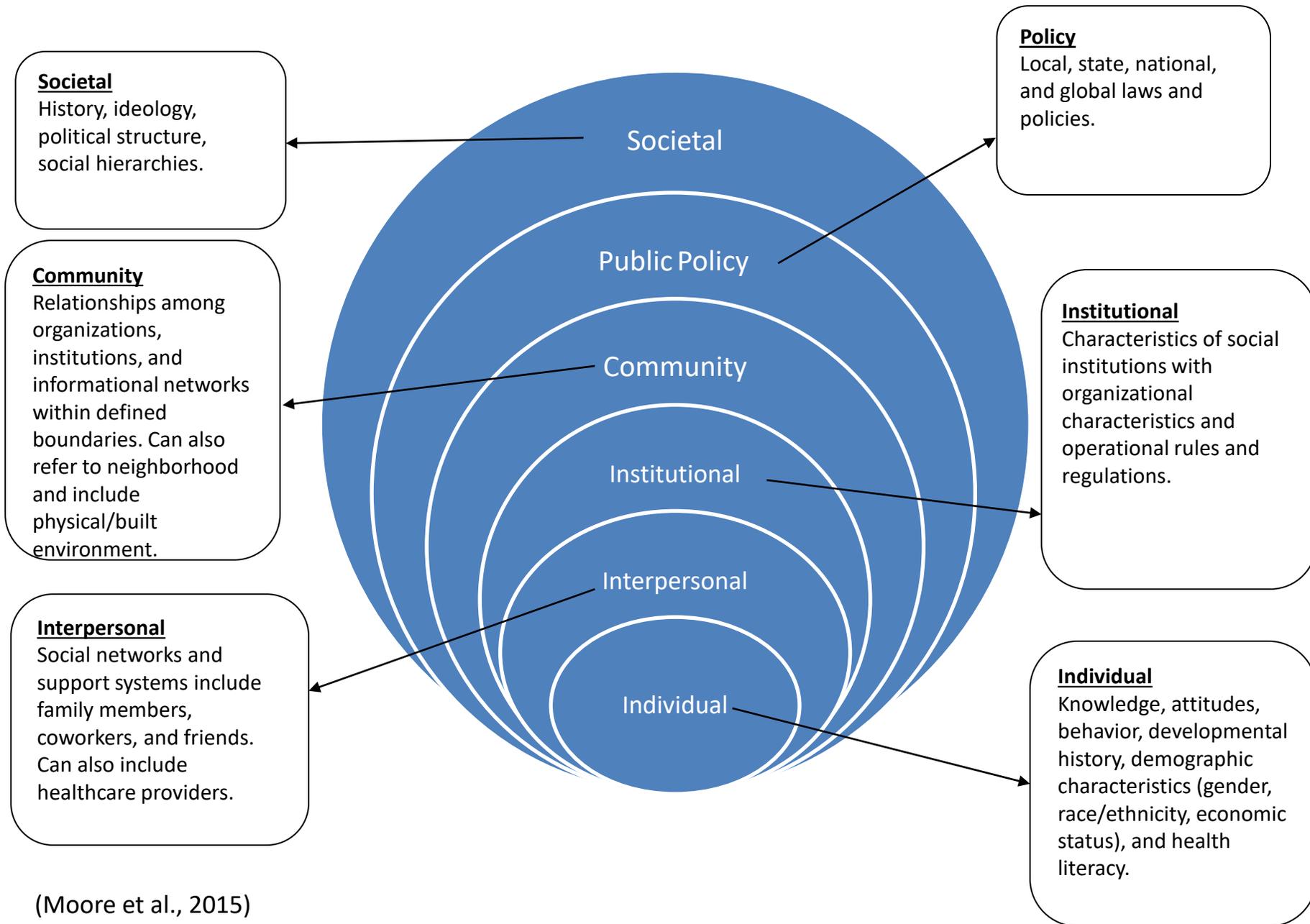
- “The causes of the causes.”

(Hiatt et al., 2008; Braveman et al., 2014)

Social-Ecological Model (SEM)



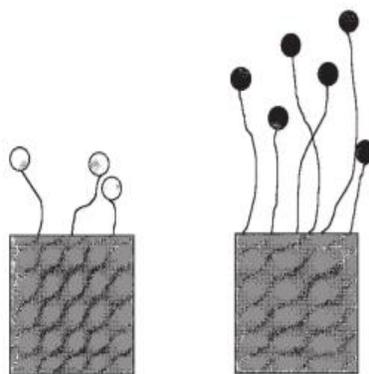
- Determinants = levels of influence
- SEM acknowledges multiple levels of influence on population health
- SEM is a framework for understanding the reciprocal inter-relationships between multiple levels of influence



(Moore et al., 2015)

Institutionalized
racism
(societal)

Institutionalized racism

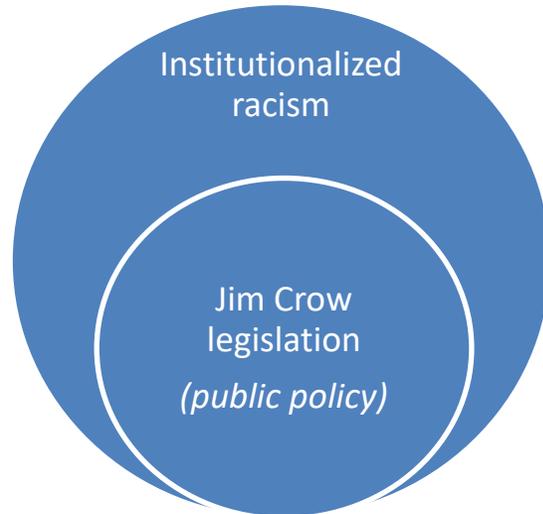


- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

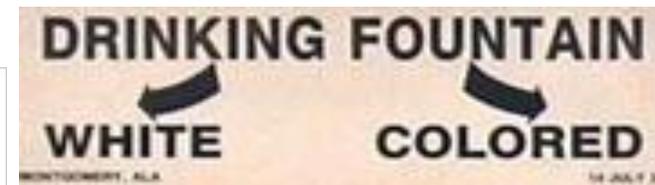
- “Differential access to the goods, services, and opportunities of society by race.

Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator.

Institutionalized racism manifests itself both in material conditions and in access to power.”



- Legalization of a racial caste system following Emancipation and Reconstruction, 1870s – 1960s.
- Separate but equal.
- Outlawed by Civil Rights Act of 1964.



Jim Crow and breast cancer

Cancer Causes Control (2017) 28:49–59
DOI 10.1007/s10552-016-0834-2



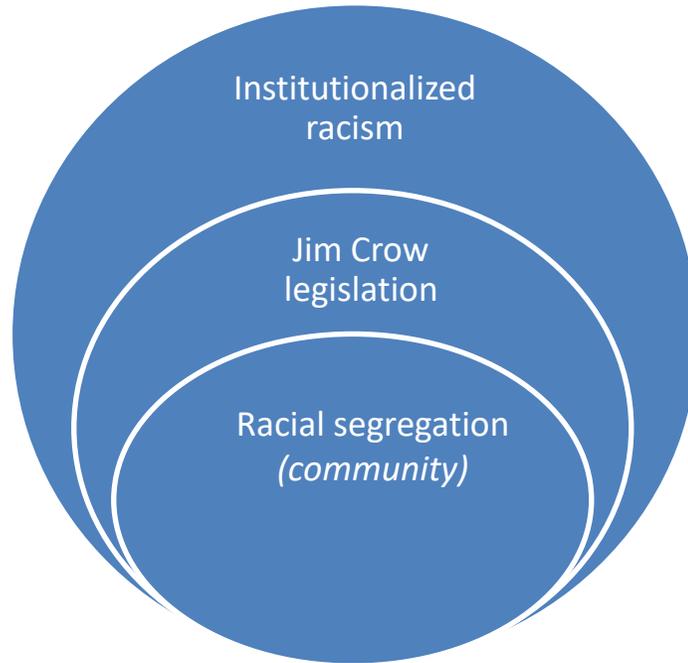
ORIGINAL PAPER

Jim Crow and estrogen-receptor-negative breast cancer: US-born black and white non-Hispanic women, 1992–2012

Nancy Krieger¹ · Jaquelyn L. Jahn¹ · Pamela D. Waterman¹

- Jim Crow birthplace was associated with a higher likelihood of ER-breast cancer only African American women born before 1965
- This birthplace effect was not observed for African American women born after 1965 or White women regardless of year of birth

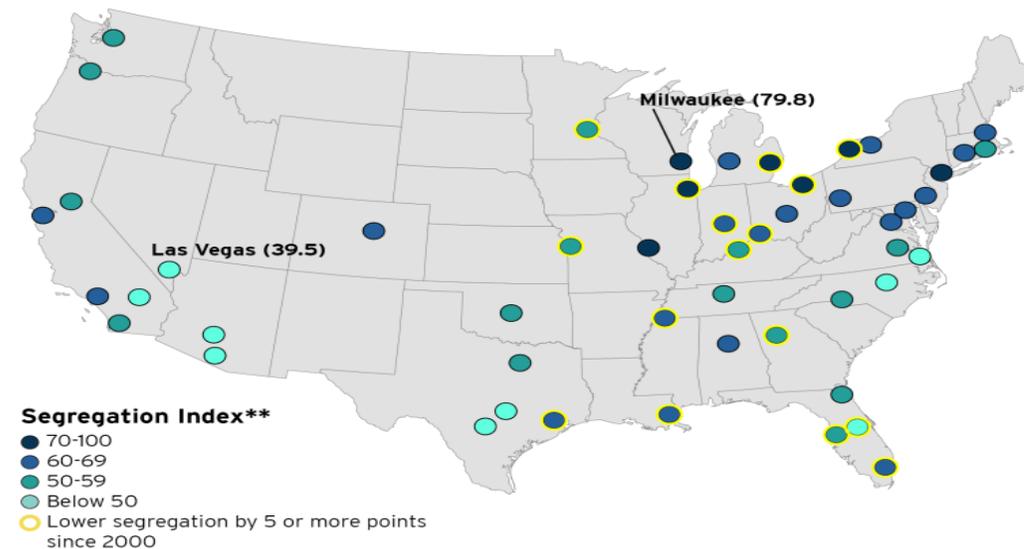




- Racial residential segregation: the geographic separation of racial-ethnic minorities from whites in residential areas (Landrine et al., 2016)

MAP 1

Black-white segregation in US metro areas
 2013-2017*



* 51 metro areas with populations exceeding one million and with black populations exceeding 3 percent of metro population (metro area names are abbreviated)

** Segregation Index is a the dissimilarity index which represents the percent of blacks that would need to relocate to be fully integrated with whites across metropolitan neighborhoods
 A value of 100 indicates complete segregation; a value of 0 equals complete integration (See values for all metro areas and further details in Table A).

Source: William H Frey analysis of 2000 Census, and 2013-2017 multiyear American Community Survey (released December 6, 2018)

Racial residential segregation and cancer

- **Breast**

- Residence in a segregated African American neighborhood was associated with higher breast cancer mortality for both African American and White women controlling for spatial access to cancer care (Russell et al., 2011)
- Breast cancer mortality among African American women increased along with segregation (Russell et al., 2013)

- **Lung**

- African Americans in high segregation/low income areas less likely to be diagnosed with early stage lung cancer (Haas et al., 2008)
- Lung cancer mortality greater among African Americans in more segregated areas controlling for SES (Hayanga et al., 2013)

Racial residential segregation and cancer

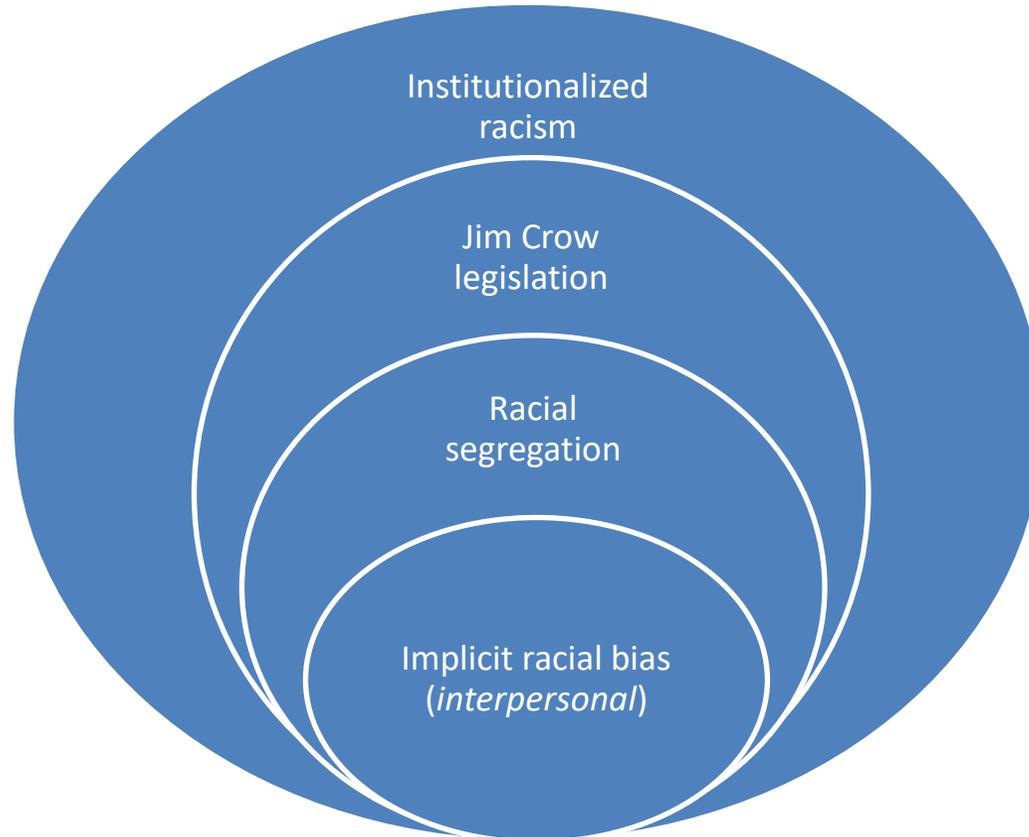
- Prostate
 - The prostate cancer mortality gap between African Americans and Whites highest in cities with greater African American segregation (isolation) (Benjamins et al., 2016)
- Pancreas
 - African Americans in more segregated areas were more likely to be diagnosed with advanced-stage disease, less likely to undergo surgery for localized disease, and had shorter survival times (Blanco et al., 2021)

Racial residential segregation and cancer

- Racial segregation in a geographic area, as operationalized through isolation, was associated with lower availability of some diagnostic technologies (e.g., ultrasound, mammography) and therapeutic technologies (e.g., chemotherapy) (Menon et al., 2020)

Racial residential segregation and cancer

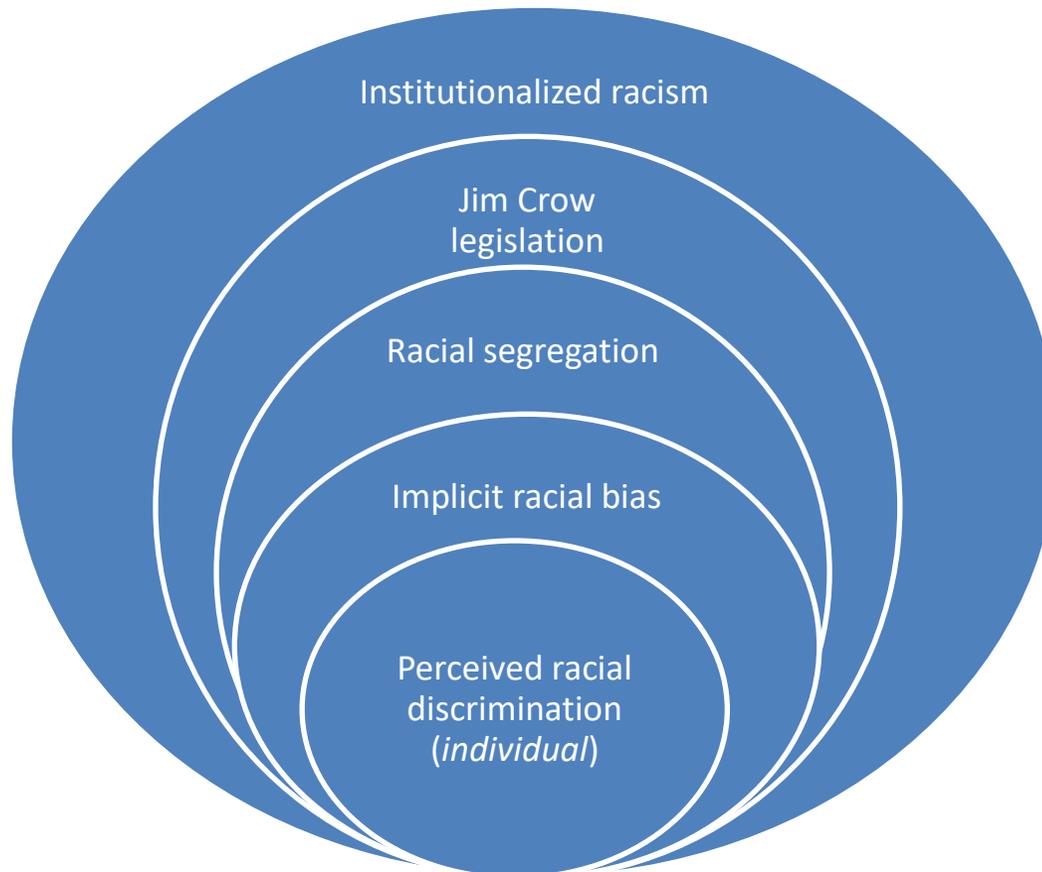
- Counterintuitive findings have also been reported
- Greater African American segregation associated with
 - Lower likelihood of late-stage CRC diagnosis (Mobley et al., 2017)
 - Lower breast cancer-specific mortality (Warner et al, 2010; Bermanian et al., 2017)
- There may be an enclave or ethnic density effect that is protective



- Implicit bias occurs at automatic, and sometimes non-conscious, level.
- Whereas *explicit* racial bias reflects more deliberate attitudes that are relatively easy to monitor and self-regulate, *implicit* racial bias reflects more spontaneous attitudes that are relatively hard to monitor and self-regulate (Hagiwara et al., 2017)

- Oncologists higher in implicit racial bias had
 - Shorter interactions
 - Less supportive interactions
- Oncologists' implicit bias also affected African American patients
 - Patients had more difficulty remembering conversation content
 - Lower patient confidence in recommended treatments
 - Greater perceived difficulty completing treatments

(Penner et al., 2016)



(Williams et al., 1997)

- Racial discrimination is multidimensional
- Everyday discrimination.
 - Chronic or episodic interpersonal discrimination but relatively minor.
 - Example items: “People act as if they think you are not intelligent”; “People act as if they are better than you.”
 - Frequency
- Major experiences of discrimination.
 - Acute experiences, major life events.
 - Ever treated unfairly due to race on the job, in housing, and by the police.

Perceived racial discrimination and cancer

- Among African American women diagnosed ovarian cancer, everyday discrimination was associated with prolonged symptom duration i.e., the interval between symptom onset and a cancer diagnosis (Mullins et al., 2019)
- In a longitudinal cohort study, African American women younger than 50 years who reported higher everyday discrimination demonstrated higher breast cancer incidence (Taylor et al., 2007)
- African American women who reported discrimination in all three areas (police, housing, and job) were more likely to develop breast cancer than were women who did not report discrimination in any domain (Taylor et al., 2007)

Objective measures of racial discrimination and cancer

- Area-level discrimination: the proportion of total Google searches in a designated area containing the n-word
- Higher proportion of racist searches in a given area was associated with AfAm cancer-specific mortality in that area

(Chae et al., 2015)

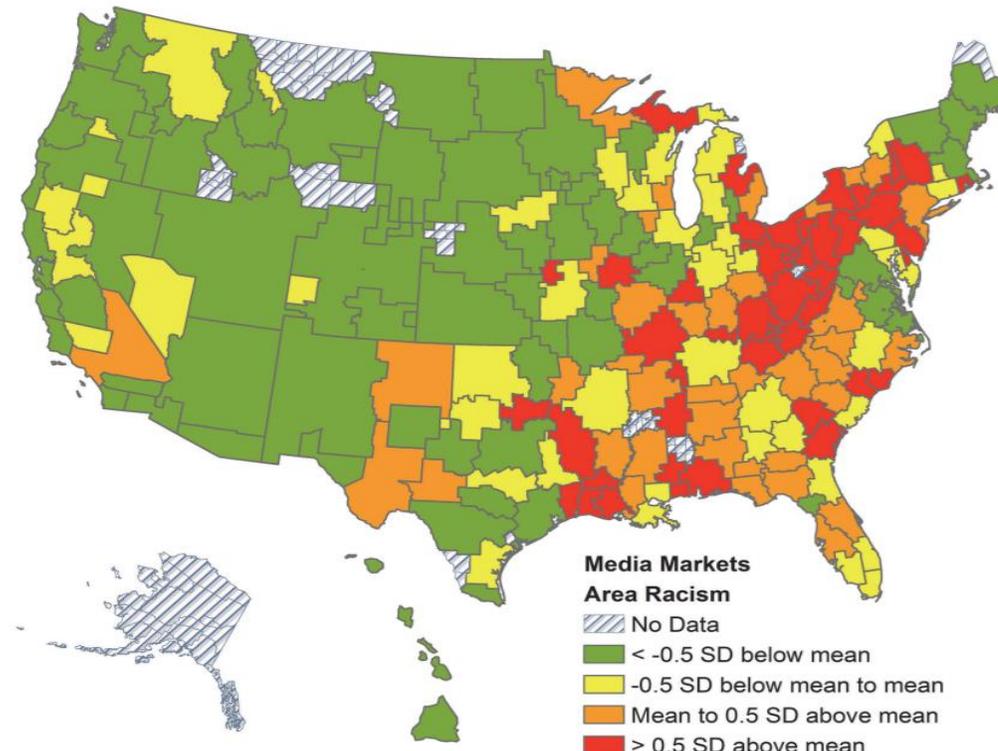
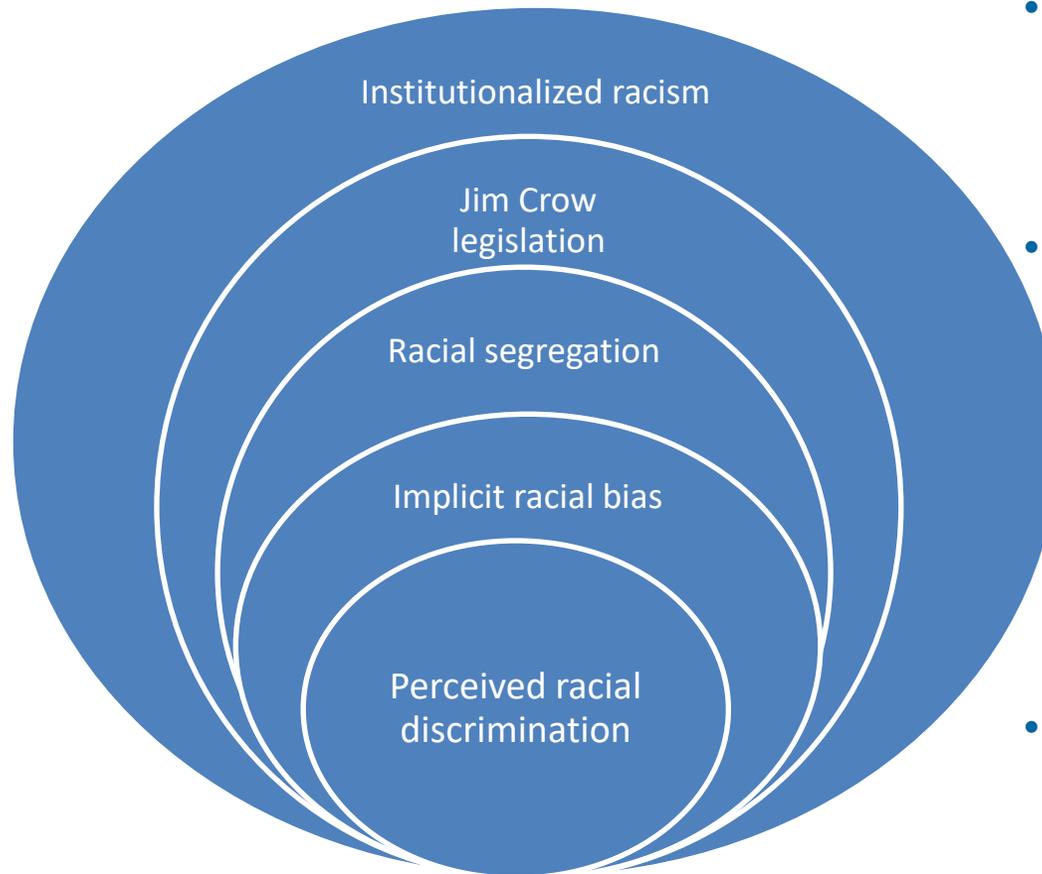


Fig 1. Proportion of Google queries containing the "N-word" by designated market area, 2004–2007.

Examples of pathways linking racism to cancer outcomes



- Less access to care and supportive services (e.g., lower screening rates, clinical delays, less post-treatment surveillance).
- Impediments in the built environment that limit healthy behaviors (e.g., poor street lighting that limits outdoor physical activity).
- Cultural norms that have a defensive function (e.g., medical mistrust, cancer care avoidance, higher quality interactions for same-race providers).
- Behavioral (e.g., smoking) and affective (e.g., depression) responses to stressors that increase cancer risk.
- **“The causes of the causes.”**

- Embodiment is a process through which individuals literally incorporate, biologically, the world in which they live
- One's body is transformed by the way one engages with the world.
- Shaped by experience throughout the life course (cumulative effects).

(Krieger, 2005; Diez Roux, 2012)



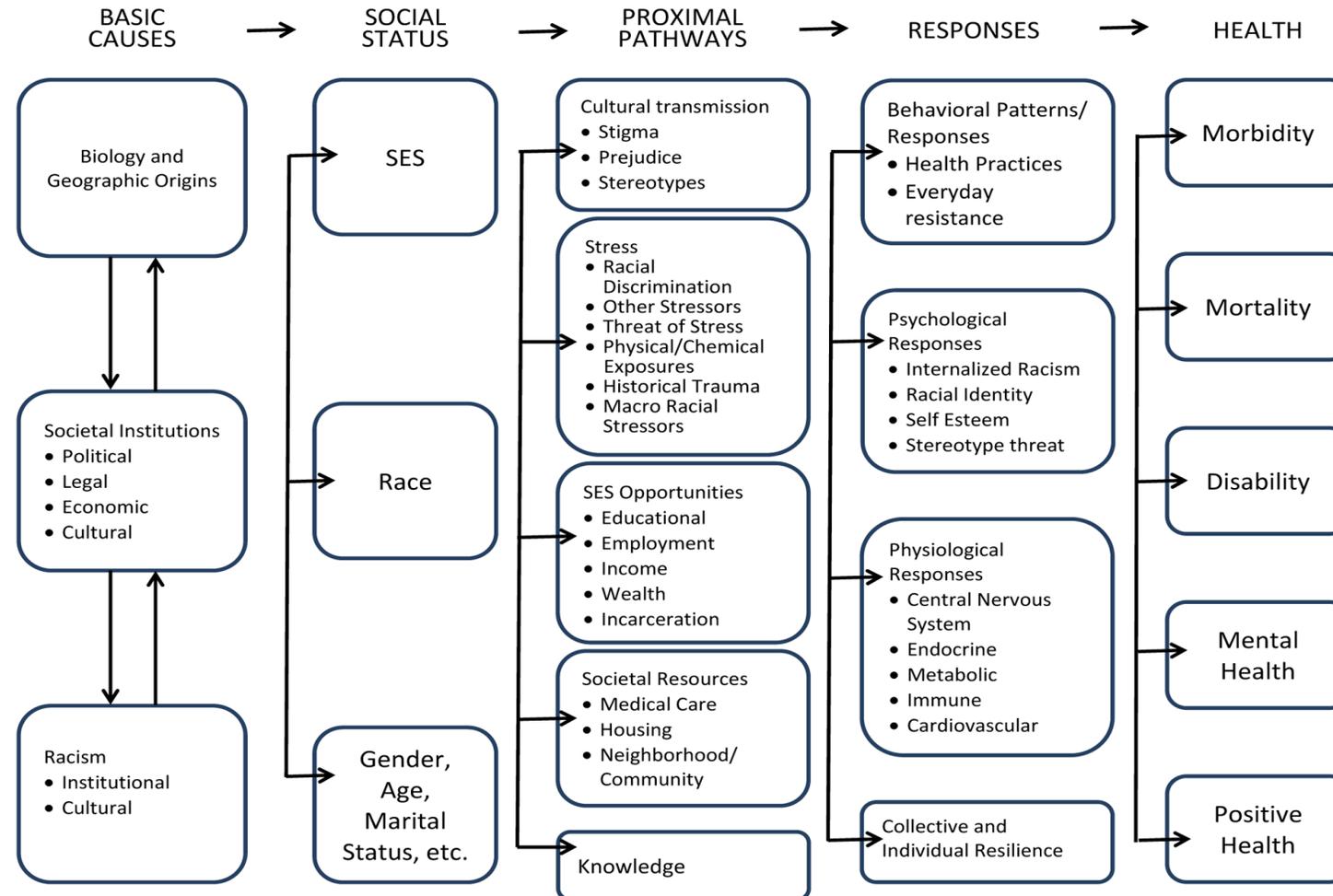
- Telomeres: repetitive sequences of DNA at the ends of chromosomes, which protect against DNA degradation during cell division
- Telomeres shorten with increased age
- Chronic stress exposure leads to accelerated telomere shortening, which has been linked to increased risk and faster progression of aging-related diseases

(Lu et al. 2019)

- Coimbra et al. (2020): 12 studies that measured racial, gender, unfair policing, and multiple forms of discrimination in association with telomere length (TL)
- “Our review showed mixed results, suggesting that there is weak evidence of a main association between discrimination and TL.

However, discrimination may interact with several variables (such as depressive symptoms, acculturation, higher socioeconomic status, internalization of negative racial bias, and not discussing discrimination experiences with others) and contribute to shorten telomeres.”

Research framework for investigating racism



(Williams & Mohammed, 2013)

Thank you!



Questions?



Facilitated Q&A

Facilitated Q&A Presenter

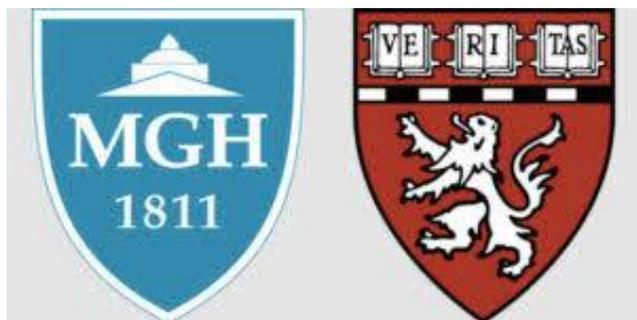


Erica T. Warner, ScD, MPH
Harvard Medical School
Massachusetts General Hospital
Assistant Professor of Medicine
Assistant Investigator

Increasing Receipt of Guideline Concordant Survivorship Care Among Black Breast Cancer Survivors through Patient and Provider Education

Erica Warner ScD MPH
Massachusetts General Hospital

Naomi Ko MD MPH
Boston Medical Center/Boston University



Study Aims



- To use community-engaged methods to develop and test patient-centered survivorship educational materials to support black breast cancer patients
- To develop and test a breast cancer survivorship educational workshop for primary care providers (PCPs)



Conducting Focus Groups During COVID-19

- IRB
 - Observational research halted
 - Slowdowns for review of non-COVID studies
- Participant recruitment
 - Fewer in-person clinical visits
 - Staff working remotely
 - Low response rates
 - Warm handoff
 - Competing priorities
 - Equity and access



Conducting Focus Groups During COVID-19

- In person groups not possible
- Zoom used
 - Training video
 - Technical assistance
 - Automatic transcription and recording
 - Manual transcript review and updating
- No shows and late arrivals



Discussion

- How did you recruit participants during the pandemic?
 - How did you first introduce the study?
 - Consent participants?
- If you conducted focus groups or other study activities remotely, what platforms did you use?
 - How did you identify or address patient-level technical difficulties?
- What would you say are your key lessons learned?
 - Is there anything you plan to use in future work, beyond the pandemic?





Facilitated Q&A Discussion



Session Survey

Disparities Reducing ECHO Series – Facilitated Q&A

Facilitated Q&A

- ▶ Share challenges and questions
- ▶ Small group or large group learning
- ▶ Feedback
- ▶ Submit questions/challenges via [Microsoft Forms](#)

Questions/Comments? DisparitiesECHO@cancer.org

Disparities Reducing ECHO

Next Month



Laura Makaroff, DO
American Cancer Society
Senior Vice President,
Prevention & Early Detection



Shawn Johnson
Harvard Medical School
Medical Student



Thank You and we will see you in June!