



Friday, June 9, 2023 • 9:00 am CST/10:00 am EST

Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO

**Session 1:
How Social Drivers of Health Impact Caregivers**

Today's Agenda

- 1 Housekeeping, Agenda Preview, Poll Results & Introductions**
10 minutes
- 2 Didactic Lecture: How Social Drivers of Health Impact Caregiving**
Robert A. Winn, MD
VCU Massey Cancer Center
15 minutes
- 3 Didactic Q/A**
10 minutes

- 4 Case Presentation: VCU Massey Cancer Center (Andrea Sledd, LCSW)**
5 minutes
- 5 Case Presentation Recommendations and Discussion**
15 minutes
- 6 Post Session Poll & Wrap Up**
5 minutes

Welcome to Session 1

Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO



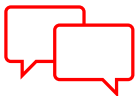
Each ECHO session will be recorded and **may** be posted to a publicly-facing website



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 our ACS ECHO website.



Please type your full name, the full name of your organization, and e-mail in the chat box



This ECHO session takes place on the Zoom platform. To review Zoom's privacy policy, please visit zoom.us/privacy



Questions about Zoom? Type in the chat box [@Beth Graham](#)

This project is funded by EMD Serono



embracing carers

For documentation purposes:

Please **type** your **full name, title, full name of your organization**, and **e-mail** in the chat box. If you are sharing a computer, please include the information for everyone participating.

Thank you so much!

Introductions

Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB



Rachel Cannady
Strategic Director, Caregiving,
American Cancer Society
ACS ECHO Program Lead



Siobhan Aaron, PhD, MBA, RNFNP-BC
Assistant Professor,
Frances Payne Bolton
School of Nursing, Case
Western Reserve University
ECHO Facilitator



Mindi Odom
American Cancer Society
Director, Project ECHO



Beth Graham, MPH, CHES
American Cancer Society
**Program Manager,
Project ECHO**



Allison Rosen, MS
American Cancer Society
Director, Project ECHO



Beth Dickson-Gavney, MS, MA
American Cancer Society
Senior Director, Project ECHO

Introductions

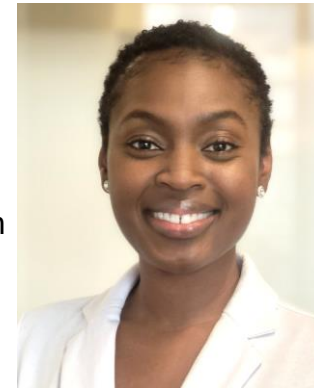
Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB Subject Matter Experts (SMEs)



Robert A. Winn, MD
Dir. and Lipman Chair in
Oncology. Sr. Assoc. Dean
for Cancer Innovation and
Prof. of Pulmonary Disease
and Critical Care Medicine
VCU Massey Cancer Center



Joseph E. Ravenell, MD
Assoc. Dean for Diversity Affairs
and Inclusion,
Dir., Diversity in Research,
Perlmutter Cancer Center,
Assoc. Prof., Dept. of Pop. Health
NYU Langone Health



Olufunke Awosogba, PhD
Asst. Prof. and Vice Chair
of Diversity, Equity, and
Inclusion in Dept. of Psychiatry,
Dir. Behavioral Health Program
in Hem/Onc Outpatient Clinic
Parkland Hospital
UT Southwestern Medical Center



**Fawn Cothran, PhD, RN,
GCNS-BC, FGSA**
Hunt Research Director
**National Alliance for
Caregiving**



**Cardinale B. Smith,
MD, PhD**
Prof. of Medicine (Hem/Onc) and
Prof. of Geriatrics and Palliative
Medicine, Chief Medical Officer –
Tisch Cancer Hospital
**Icahn School of Medicine at
Mount Sinai**



**Katrina R. Ellis, PhD, MPH,
MSW**
Asst. Prof. Social Work and Faculty
Assoc., Research Center for Group
Dynamics, Institute for Social
Research
University of Michigan



Have a question? Don't wait to ask! Feel free to enter in the Chat at any time.



Session 1

Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers

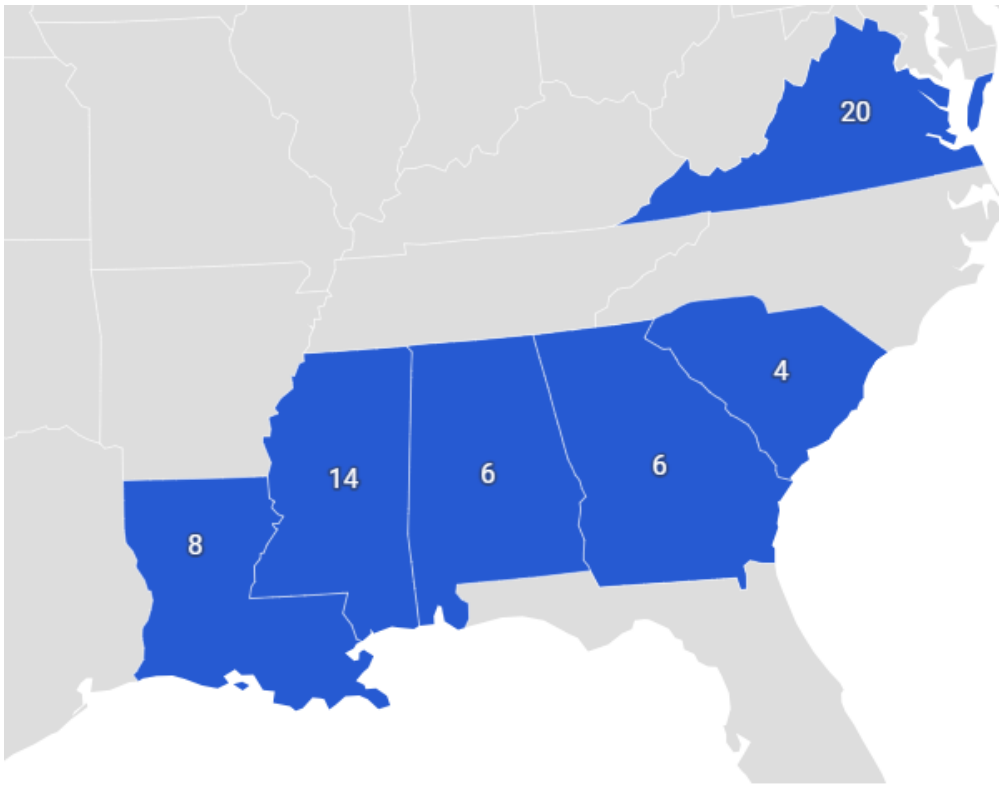
Pre-ECHO Survey Results

Patrick Edwards

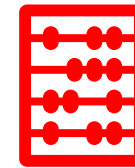
Director, Patient Support Evaluation
American Cancer Society

Participant background

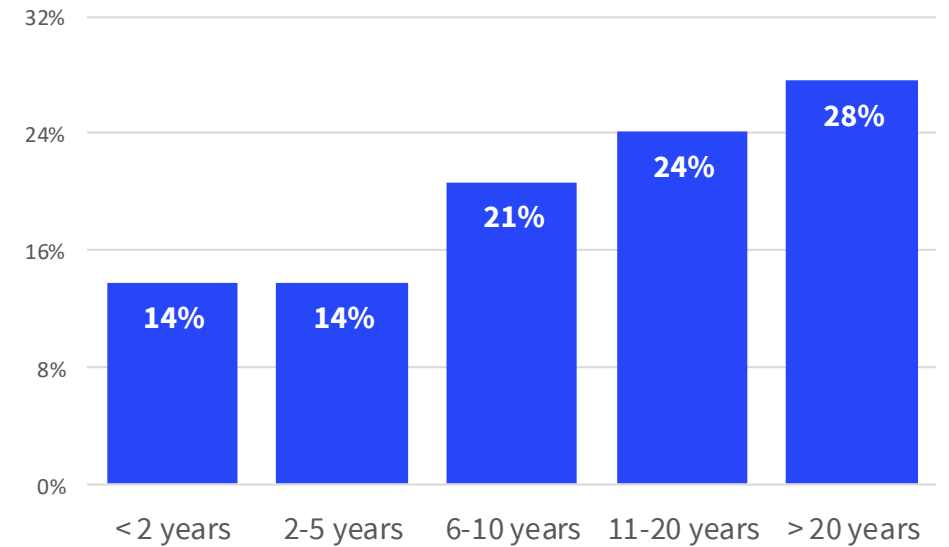
58 participants from **6** states responded to the pre-ECHO survey



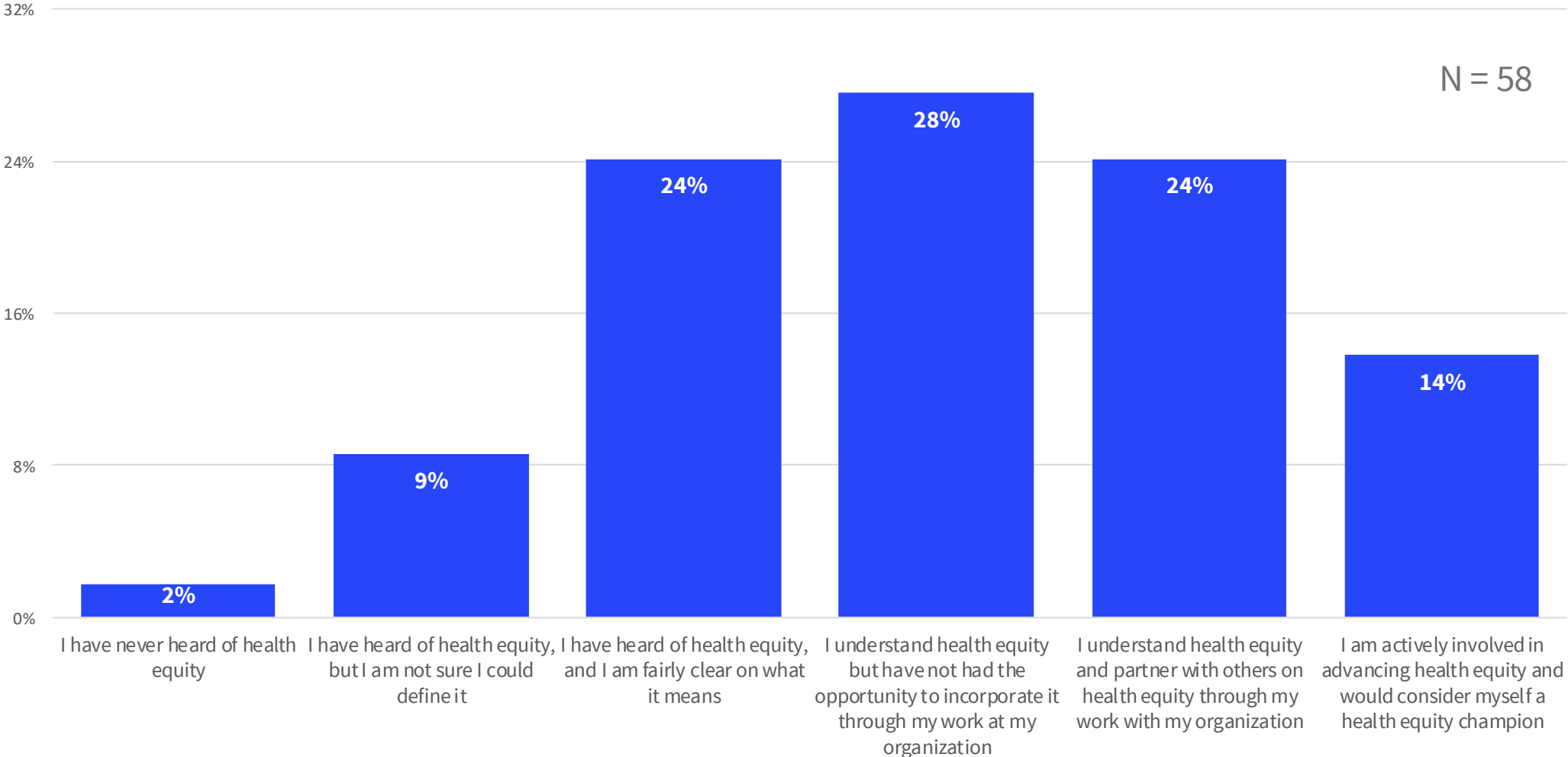
More than 25 professional roles represented








Diverse length of professional experience



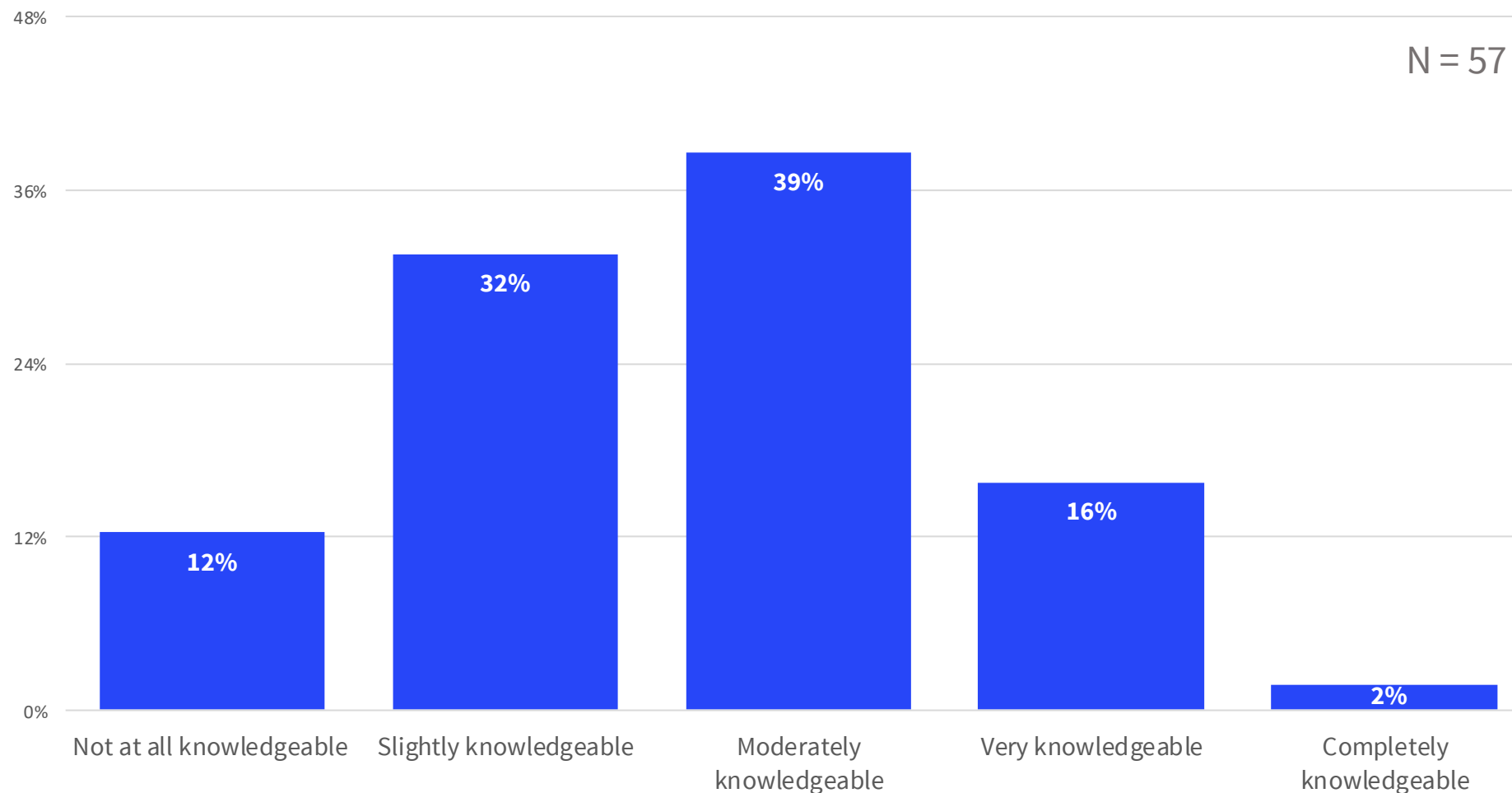
38% of participants understand and incorporate health equity in their current work



Participants with at least a moderate level of confidence in their ability to:

	Identify best practices in incorporating patient and caregiver feedback to address medical mistrust in the community?	42%
	Execute strategies to reduce medical mistrust and enhance programs and services for marginalized populations?	46%
	Explain systemic and foundational challenges within the healthcare setting and how this impacts mistrust?	59%
	Describe medical mistrust and its impact on racial/ethnic diverse populations and other communities who have been marginalized in the health care setting?	67%
	Describe how social determinants of health impact caregiving?	74%

56% of participants are at least moderately knowledgeable about the needs of African American/Black caregivers of persons with cancer











Siobhan Aaron,
PhD, MBA, RN, FNP-BC
Assistant Professor, Frances Payne
Bolton School of Nursing

Session 1

ECHO Subject Matter Expert (SME) & Participant Site Introductions

Welcome to our Participant Learning Sites

ALABAMA	GEORGIA	LOUISIANA	MISSISSIPPI	SOUTH CAROLINA	VIRGINIA
Infirmity Cancer Care	Northside Hospital Cancer Institute	Our Lady of the Lake Cancer Institute	Singing River Health System Cancer Center	Beaufort Memorial Keyserling Cancer Center	Sentara Healthcare
O'Neal Comprehensive Cancer Center at the University of Alabama at Birmingham – Wallace Tumor Institute	Phoebe Cancer Center	Woman's & Mary Bird Perkins – Our Lady of the Lake Cancer Center Breast & GYN Cancer Pavilion	St. Dominic's Comprehensive Cancer Services	Prisma Health Cancer Institute	VCU Massey Cancer Center
					



HOW SOCIAL DRIVERS OF HEALTH IMPACT CAREGIVING

Dr. Robert Winn, MD
Director of VCU Massey Cancer Center

 @DrRobWinn

“*When values are strong, rules are unnecessary. When values are weak, rules are insufficient.*”

Donald Berwick, M.D., Former Director of CMS

W. E. B. Du Bois



- The Philadelphia Negro
 - Sociological study of AAs in Philadelphia by W. E. B. Du Bois
 - Commissioned by the U. of PA and published in 1899 with the intent of identifying social problems present in the AA community
- Foundational work in the field of urban sociology
- Exhaustive study of one population
- Sensitive portrait of a population responding actively to social stresses and to the demands of urban life, rather than seeing them either as passive victims or social cancer
- **Findings:** A community of diversity and advancement, yet a simultaneous reaffirmation of the reality of poverty, crime, and illiteracy

Health Disparities: Defined

Health Differences

Differences in outcomes between two groups based on specific characteristics

Health Disparities

While not all differences are disparities, health disparities are concerned with social justice

Health Equity

Health equity is the principle underlying a commitment to reduce and ultimately eliminate disparities in health and its drivers

Cancer Health Disparities: Prostate Cancer



Brief Report

ONLINE FIRST

August 4, 2022

Association Between Prostate-Specific Antigen Screening and Prostate Cancer Mortality Among Non-Hispanic Black and Non-Hispanic White US Veterans

Michael V. Sherer, MD^{1,2}; Edmund M. Qiao, BS^{1,2}; Nikhil V. Kotha, BS^{1,2}; [et al](#)

[» Author Affiliations](#)

JAMA Oncol. Published online August 4, 2022. doi:10.1001/jamaoncol.2022.2970

Survival of African American and Non-Hispanic White Men With Prostate Cancer in an Equal-Access Health Care System

Paul Riviere, BS ^{1,2}; Elaine Luterstein, BS¹; Abhishek Kumar, BS, MAS¹; Lucas K. Vitzthum, MD, MAS ^{1,2}; Rishi Deka, PhD ^{1,2}; Reith R. Sarkar, MD, MAS^{1,2}; Alex K. Bryant, MD, MAS ¹; Andrew Bruggeman, MD¹; John P. Einck, MD¹; James D. Murphy, MD, MS^{1,2}; María Elena Martínez, PhD ³; and Brent S. Rose, MD^{1,2}

BACKGROUND: African American (AA) men in the general US population are more than twice as likely to die of prostate cancer (PC) compared with non-Hispanic white (NHW) men. The authors hypothesized that receiving care through the Veterans Affairs (VA) health system, an equal-access medical system, would attenuate this disparity. **METHODS:** A longitudinal, centralized database of >20 million veterans was used to assemble a cohort of 60,035 men (18,201 AA men [30.3%] and 41,834 NHW men [69.7%]) who were diagnosed with PC between 2000 and 2015. **RESULTS:** AA men were more likely to live in regions with a lower median income (\$40,871 for AA men vs \$48,125 for NHW men; $P < .001$) and lower high school graduation rates (83% for AA men vs 88% for NHW men; $P < .001$). At the time of diagnosis, AA men were younger (median age, 63.0 years vs 66.0 years; $P < .001$) and had a higher prostate-specific antigen level (median, 6.7 ng/mL vs 6.2 ng/mL; $P < .001$), but were less likely to have Gleason score 8 to 10 disease (18.8% among AA men vs 19.7% among NHW men; $P < .001$), a clinical T classification ≥ 3 (2.2% vs 2.9%; $P < .001$), or distant metastatic disease (2.7% vs 3.1%; $P = 0.01$). The 10-year PC-specific mortality rate was slightly lower for AA men (4.4% vs 5.1%; $P = .005$), which was confirmed in multivariable competing-risk analysis (subdistribution hazard ratio, 0.85; 95% CI, 0.78-0.93; $P < .001$). **CONCLUSIONS:** AA men diagnosed with PC in the VA health system do not appear to present with more advanced disease or experience worse outcomes compared with NHW men, in contrast to national trends, suggesting that access to care is an important determinant of racial equity. *Cancer* 2020;126:1683-1690. © 2020 American Cancer Society.

KEYWORDS: disparities, health services research, prostate cancer, race, veterans.



A National Cancer Institute-designated
Comprehensive Cancer Center

Addressing health inequities is foundational to achieving racial justice.

The health effects of structural racism include poor access to health care and healthy foods, environmental exposure to pollutants, and intergenerational effects.

Discriminatory policies determine who gets tested, who gets health care, what the quality of care is, who gets paid sick and family leave, and more.

Daniel Dawes, Executive Director of the Satcher Health Leadership Institute at Morehouse School of Medicine and co-founder of HELEN (Health Equity Leadership Exchange Network)

Big Idea: War on Cancer (NCI Designation)



In 1971, as a part of his “War on Cancer” via the NCA
President Richard Nixon established the first NCI-Designated Cancer Centers

Cancer Has Reached Epidemic Proportions Globally



1 in 5

PEOPLE



**diagnosed
with cancer in
their lifetime**



19.3M

NEW CASES



**and 98.9M
deaths related
to cancer per
year**

Cancer in the US



1 in 2

Males



**diagnosed
with cancer in
their lifetime**



1 in 3

Females



**diagnosed
with cancer in
their lifetime**



1.9M+

NEW CANCER CASES



**expected to
diagnosed in
2023**

AMERICAN CANCER SOCIETY

Cancer Is Preventable

30% of all cancer deaths are still caused by cigarette smoking.

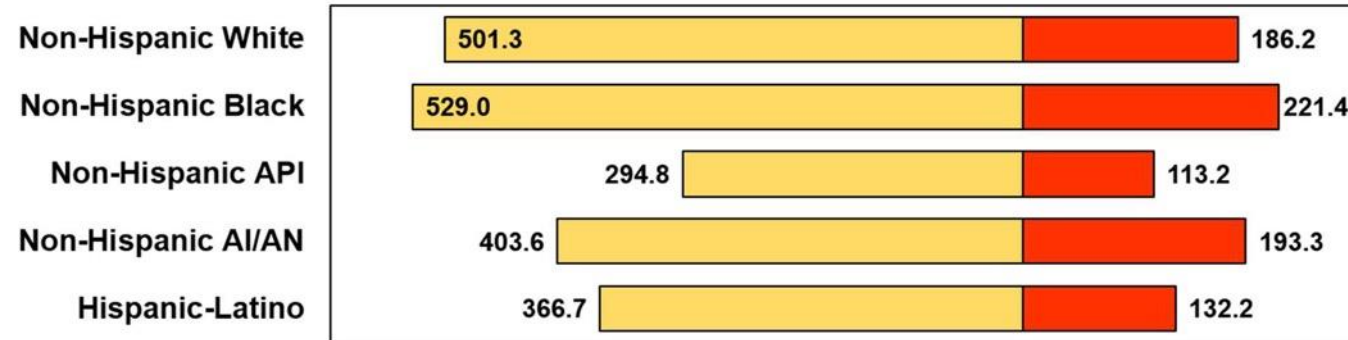
Approximately 20% of all cancers diagnosed in the US are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition.

Source: *Cancer Facts & Figures 2021*. [cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures;2021-2022](https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures;2021-2022).

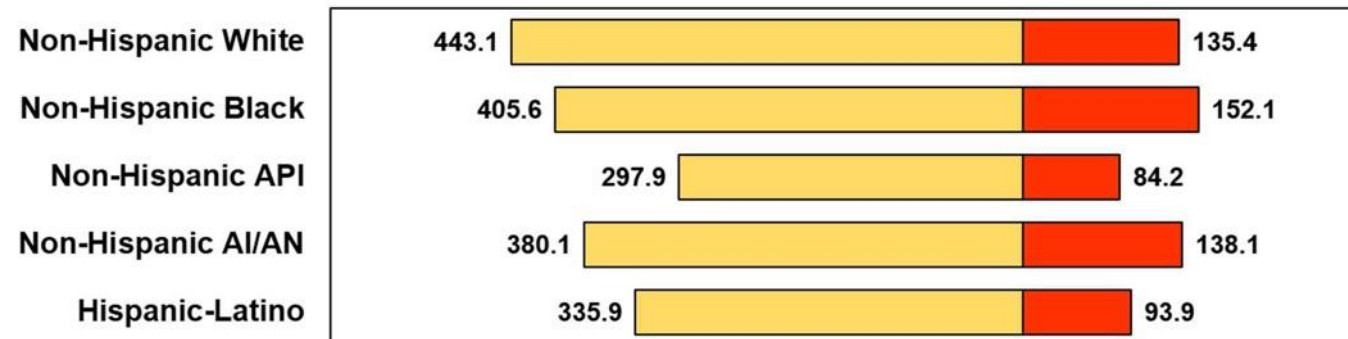
Cancer Disparities

Incidence Rates (2014-2018) and Death Rates (2015-2019) for All Cancers Combined by Sex and Race/Ethnicity, United States

Males



Females



Incidence Mortality

Islami, F, Guerra, CE, Minihan, A, Yabroff, KR, Fedewa, SA, Sloan, K, Wiedt, TL, Thomson, B, Siegel, RL, Nargis, N, Winn, RA, Lacasse, L, Makaroff, L, Daniels, EC, Patel, AV, Cance, WG, Jemal, A. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022. <https://doi.org/10.3322/caac.21703>

SITE-SPECIFIC CANCER AREA: PROSTATE AND BREAST

Huge Inequalities Still Exist

2X

African American men
are
twice as likely to die of
prostate
cancer than White men.¹

59%

of breast cancers in
Latina/Hispanic women are
diagnosed at a localized
stage, compared to 67% of
breast cancers in White
women.²

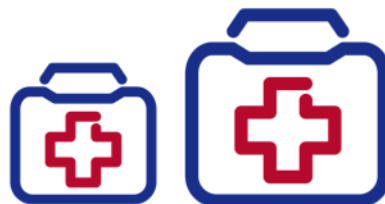
Many Factors Lead to Disparities in Cancer Outcomes



Lack of
medical coverage



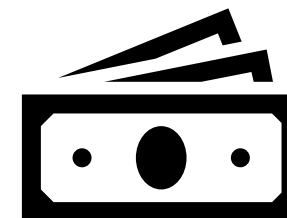
Early detection and
screening barriers



Unequal access /
transportation to quality care,
treatment improvements, and
navigation support

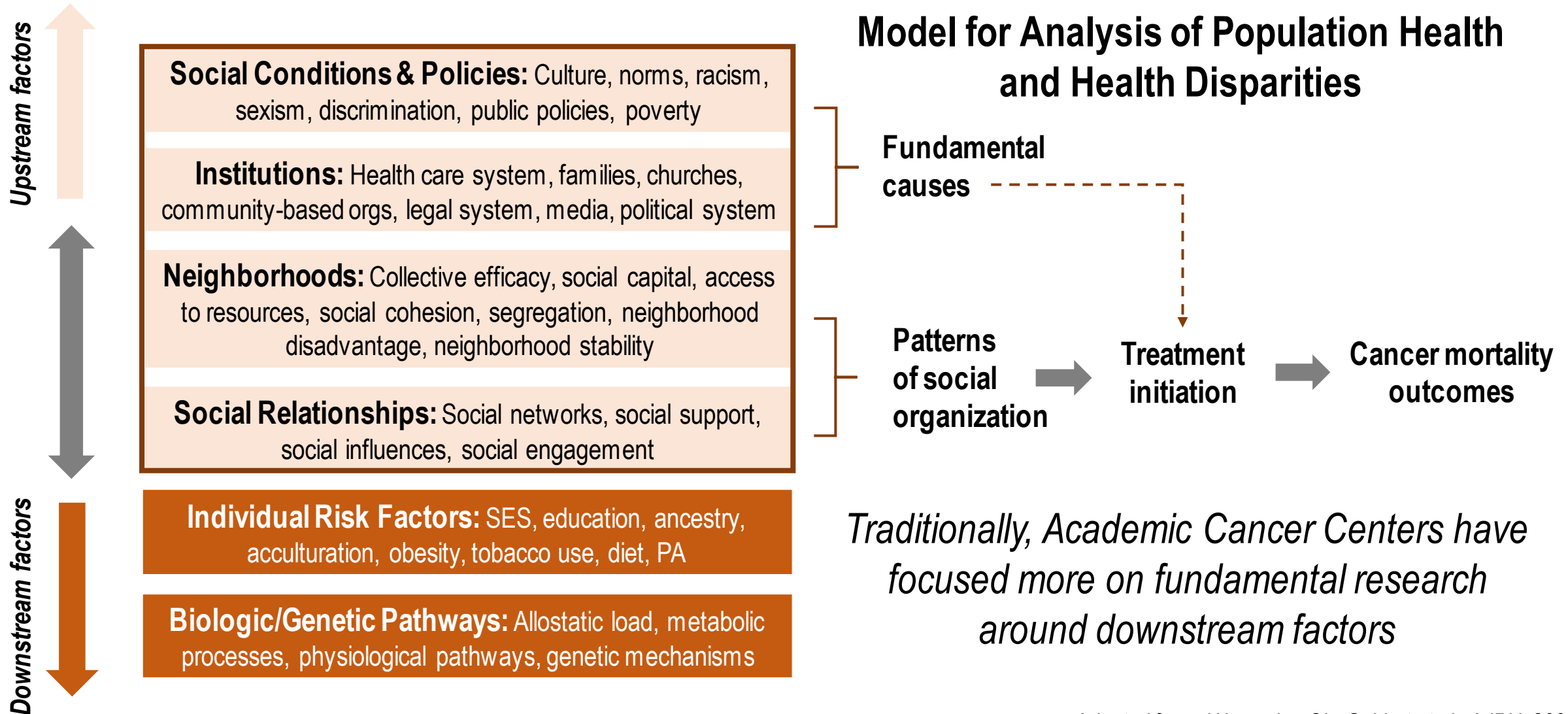


Discrimination in health
care can lead to barriers
to care

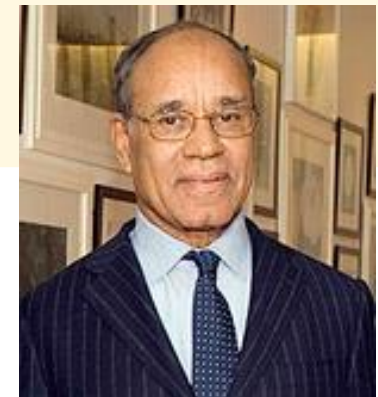


Financial toxicity

Social Drivers of Health & Structure



Discovery vs. Delivery Disconnect



Questions?



A National Cancer Institute-designated
Comprehensive Cancer Center



**Questions?
Please come off mute**



**Andrea Sledd, MSW, LCSW
Clinical Social Worker III**



Session 1

Case Presentation VCU Massey Cancer Center

Session 1 Case Study

Provided by: Andrea Sledd, LCSW (She/Her)
Virginia Commonwealth University Health
Focus: Patient/Caregiver Case

Patient Hx

- 41 yo black female
- Lives w/mother, adult sisters, and 2 children in a rural area of VA
- 2 daughters under 18
- Former HS teacher in NY
- Well-educated, good income
- Diagnosed w/grade 2 glioma in 2013
- Upgraded to WHO grade 4 glioblastoma in 2020
- Continued disease progression in April 2023 after 6 cycles of Lomustine

Key Elements

- Lost teaching job due to lack of sick leave
- Financial toxicity, cognitive decline, and caregiving needs prompted pt to move in with family
- Transferred to VCU in 2022 for care closer to home (90-minute drive, one-way)
- No (known) neuro-cognitive testing done prior to care at VCU
- Mother expresses ongoing caregiver burden

Barriers/Challenges

- VCU received pt late in disease process
- Financial toxicity
- Due to physician staffing changes, family has unease of VCUHS Neuro Onc team and care
- Caregivers were unaware of the severity of diagnosis
- Family view of hospice as “giving up”
- Cultural expectation of caregivers to be stoic

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any American Cancer Society Subject Matter Experts and any patient whose case is being presented in a Project ECHO® setting.

Session 1 Case Study

Provided by: Andrea Sledd, LCSW (She/Her)

Virginia Commonwealth University Health

Focus: Patient/Caregiver Case

Discussion & Questions

- Is there a mechanism in place at VCU to assess caregiver burden?
- How do we navigate staffing changes, while maintaining patient/caregiver trust in care, including unfavorable test results?
- What is the best practice for incorporating culturally sensitive and time appropriate Care Coordination for end-of-life resources and/or Goals of Care conversations?
- How do we ensure good case management for pts with late disease (including financial toxicity)?

Barriers/Challenges (reference)

- VCU received pt late in disease process
- Financial toxicity
- Due to physician staffing changes, family has unease of VCUHS Neuro Onc team and care
- Caregivers were unaware of the severity of diagnosis
- Family view of hospice as “giving up”
- Cultural expectation of caregivers to be stoic



Open Discussion: Questions & Answers



Wrap up

ECHO Participation Post Session Survey

Health Equity & Caregiving ECHO
Session 1 Survey



SCHEDULE



Survey QR Code



Date	Session	Topic	Didactic Presenter
June 1 11:30-12:30 CT 12:30-1:30 ET	Session 0	Orientation	No didactic presenter
June 9 9:00-10:00 CT 10:00-11:00 ET	Session 1	How Social Drivers of Health Impact Caregiving	<u>Robert A. Winn, MD</u> <i>VCU Massey Cancer Center</i>
July 7 11:30-12:30 CT 12:30-1:30 ET	Session 2	Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity	<u>Joseph E. Ravenell, MD</u> <i>NYU Langone Health</i>
August 14 4:00-5:00 CT 5:00-6:00 ET	Session 3	Part II: Medical Mistrust – How to Address it in Your Health System	<u>Olufunke Awosogba, PhD</u> <i>UT Southwestern Medical Center</i>
September 11 11:30-12:30 CT 12:30-1:30 ET	Session 4	Mental Health & Caregiving	<u>Fawn Cothran, PhD, RN, GCNS-BC, FGSA</u> <i>National Alliance for Caregiving</i>
October 12 11:30-12:30 CT 12:30-1:30 ET	Session 5	Integrating the Family Voice in Palliative Care	<u>Cardinale Smith, MD, PhD</u> <i>Icahn School of Med. – Mount Sinai</i>
November 6 11:30-12:30 CT 12:30-1:30 ET	Session 6	Practicing Cultural Humility While Providing Support to African American/Black Caregivers	<u>Katrina R. Ellis, PhD, MPH, MSW</u> <i>University of Michigan</i>

A Few Reminders



Next ECHO Session: Friday, July 7, 2023, 11:30 am – 12:30 pm CST/12:30 pm – 1:30 pm EST



Next Didactic Presenter: Joseph E. Ravenell, MD **Topic:** Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity



Slides, Recordings, & Resources will be made available within one week. All resources will be available on the [ACS ECHO Website](#).



Case Presentations – Participants/Participant Sites: Ready to schedule your Case Presentation? Let us know ASAP, please. **Hub Subject Matter Experts (SMEs):** All future case presentations will be shared with you at 24-hours in advance



Additional Feedback on Today's Session? **Let us know at echo@cancer.org**



Questions? Contact Rachel Cannady – Rachel.Cannady@cancer.org or 404.327.6441



Register for Session 2 (7-7-23) [HERE](#) or use this QR Code





Thank You



Survey QR Code