Improving Lung Cancer Survival

the role of **health equity**

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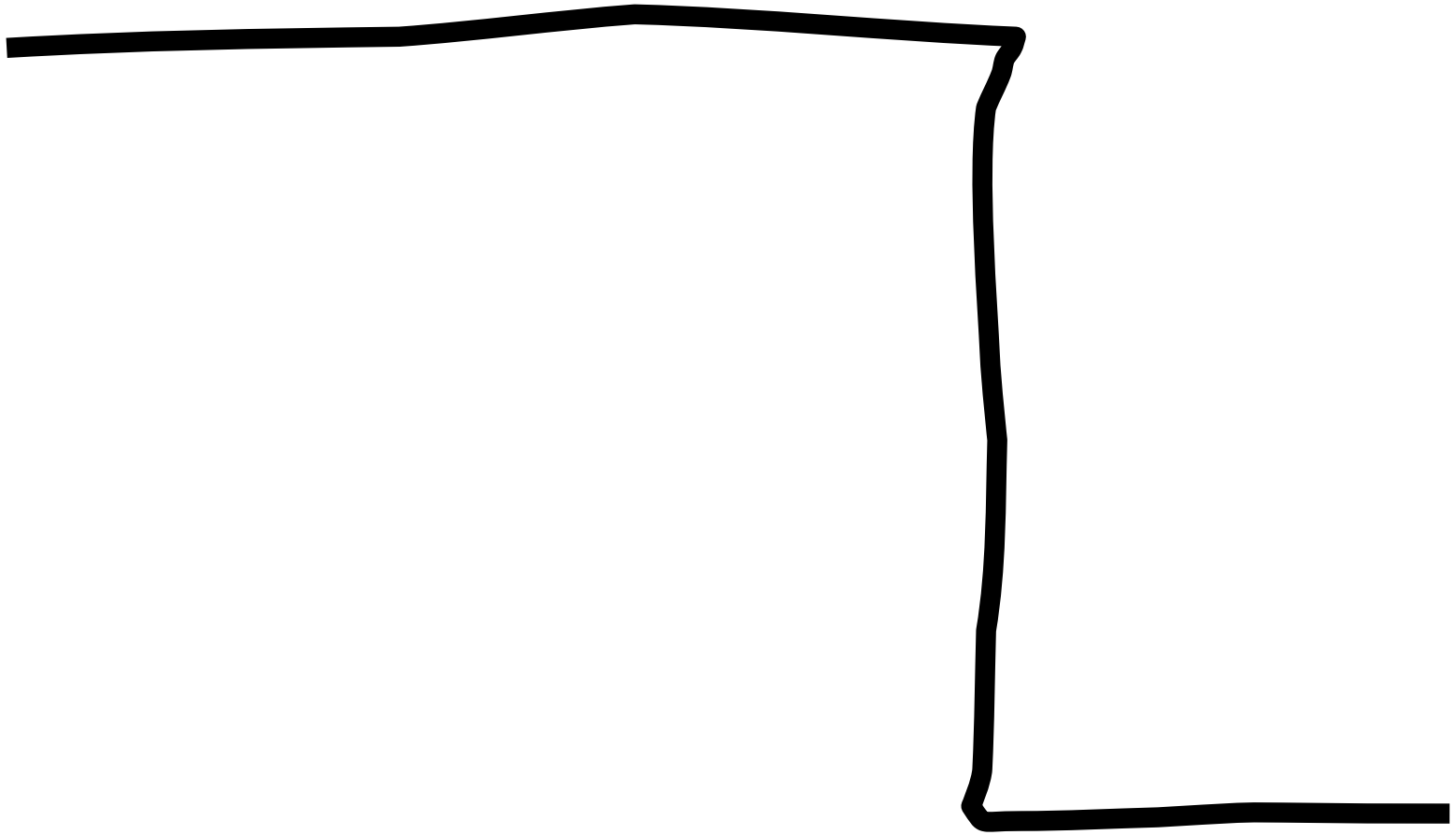
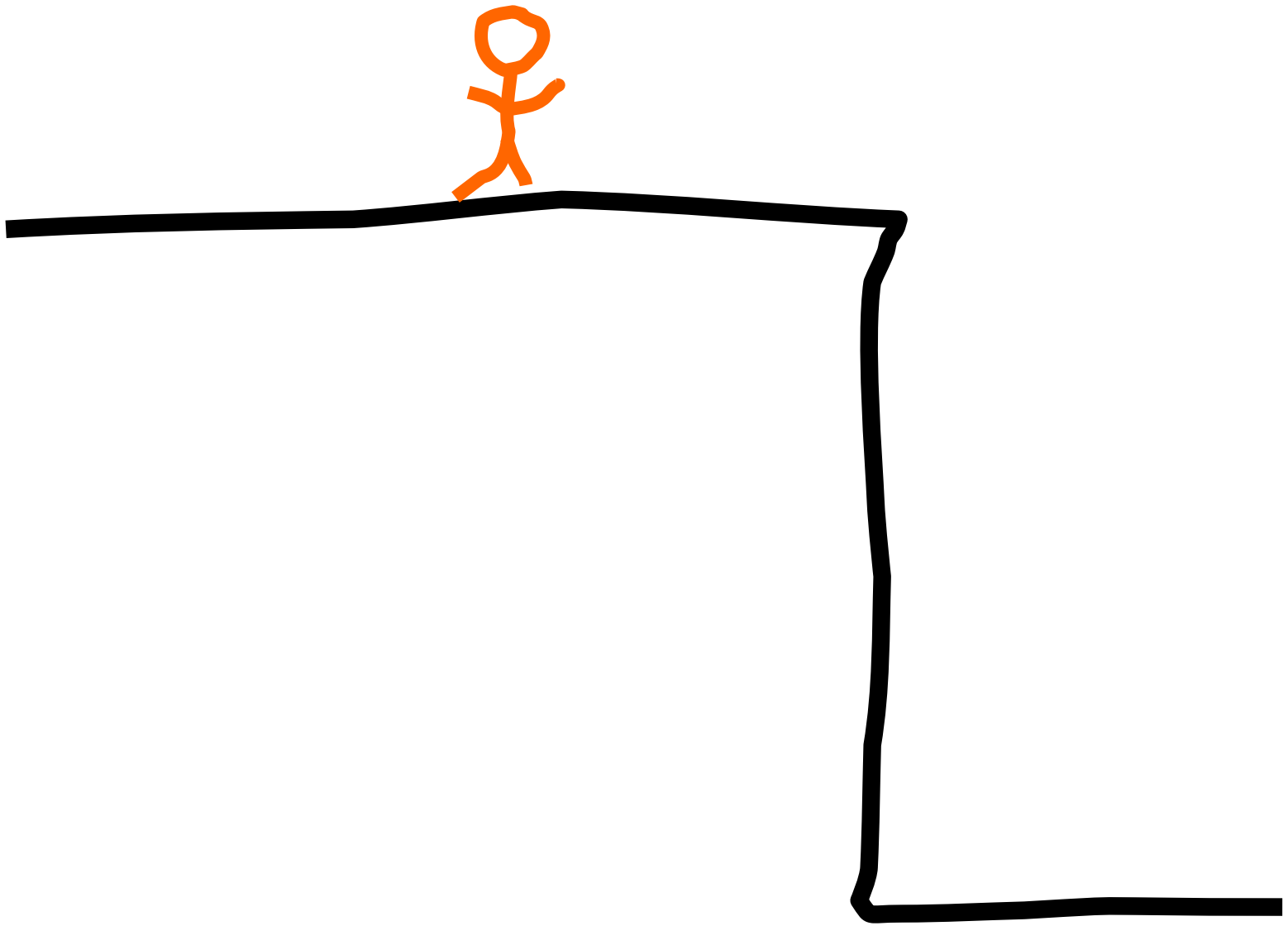
Plenary Address
Second Annual Lung Cancer Conference
"Catalyzing Change to Address Lung Cancer"
West Virginia Lung Cancer Project
West Virginia Cancer Institute
Mountains of Hope

Morgantown, West Virginia
November 2, 2018

Levels of health intervention



Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



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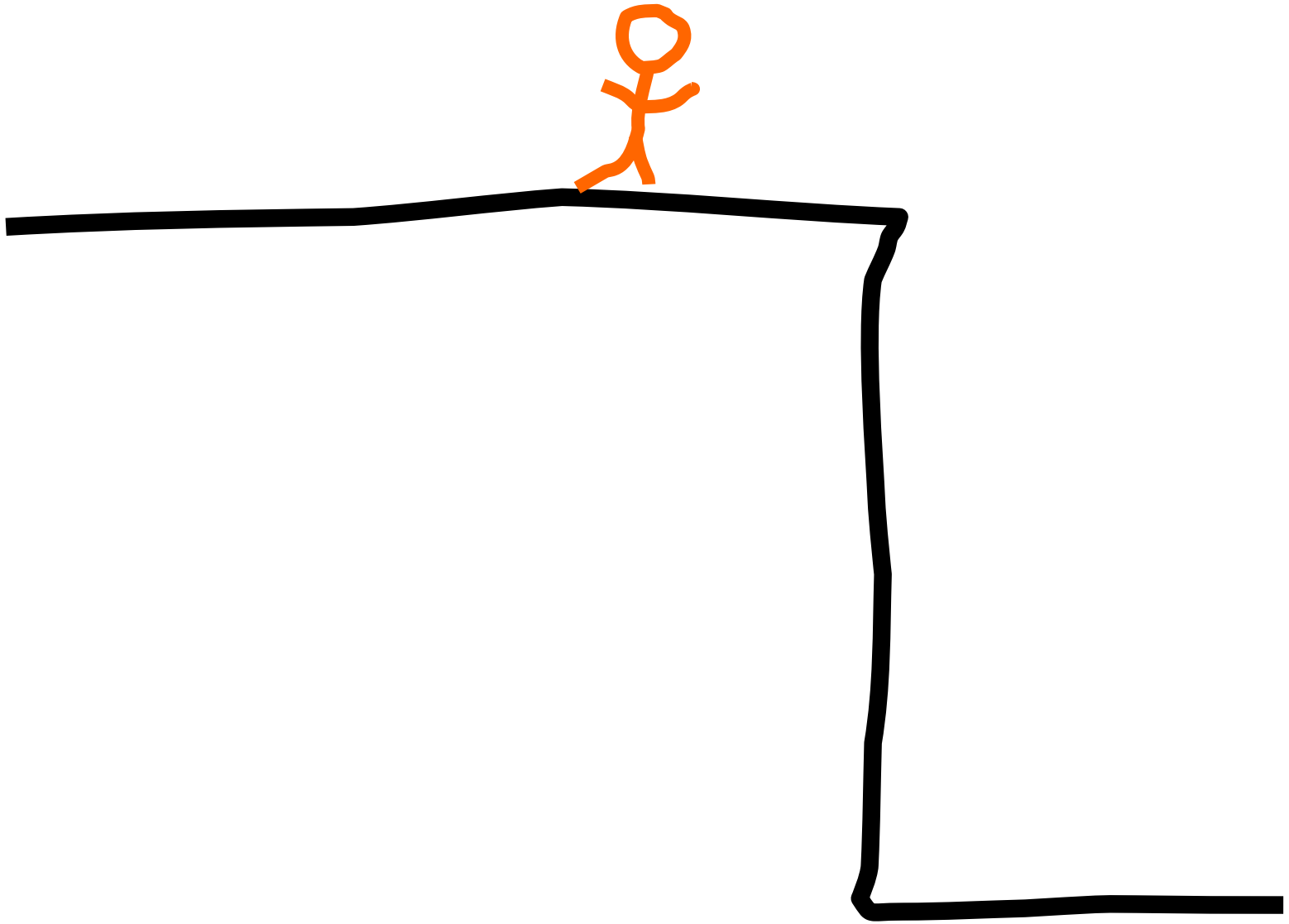

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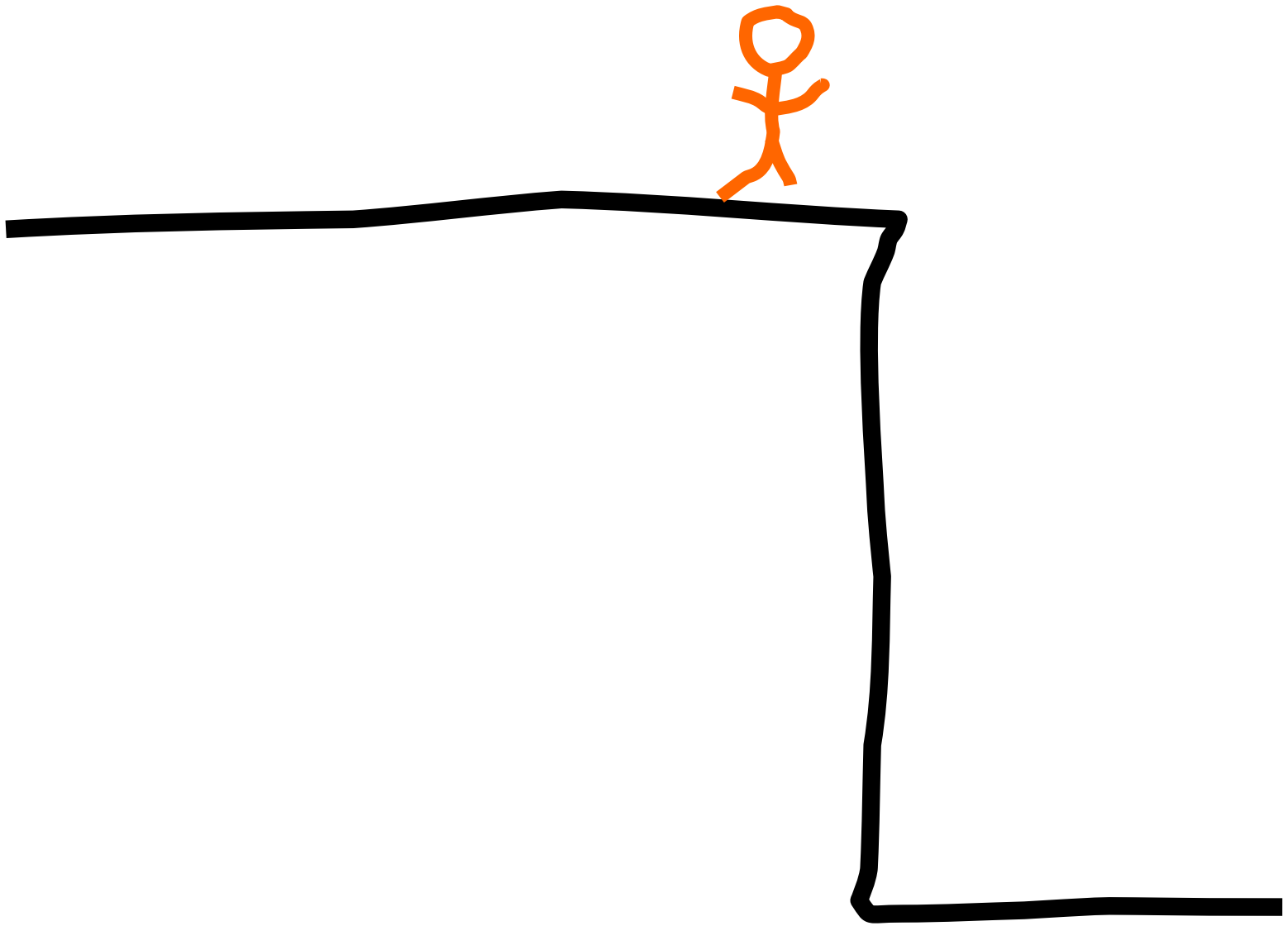

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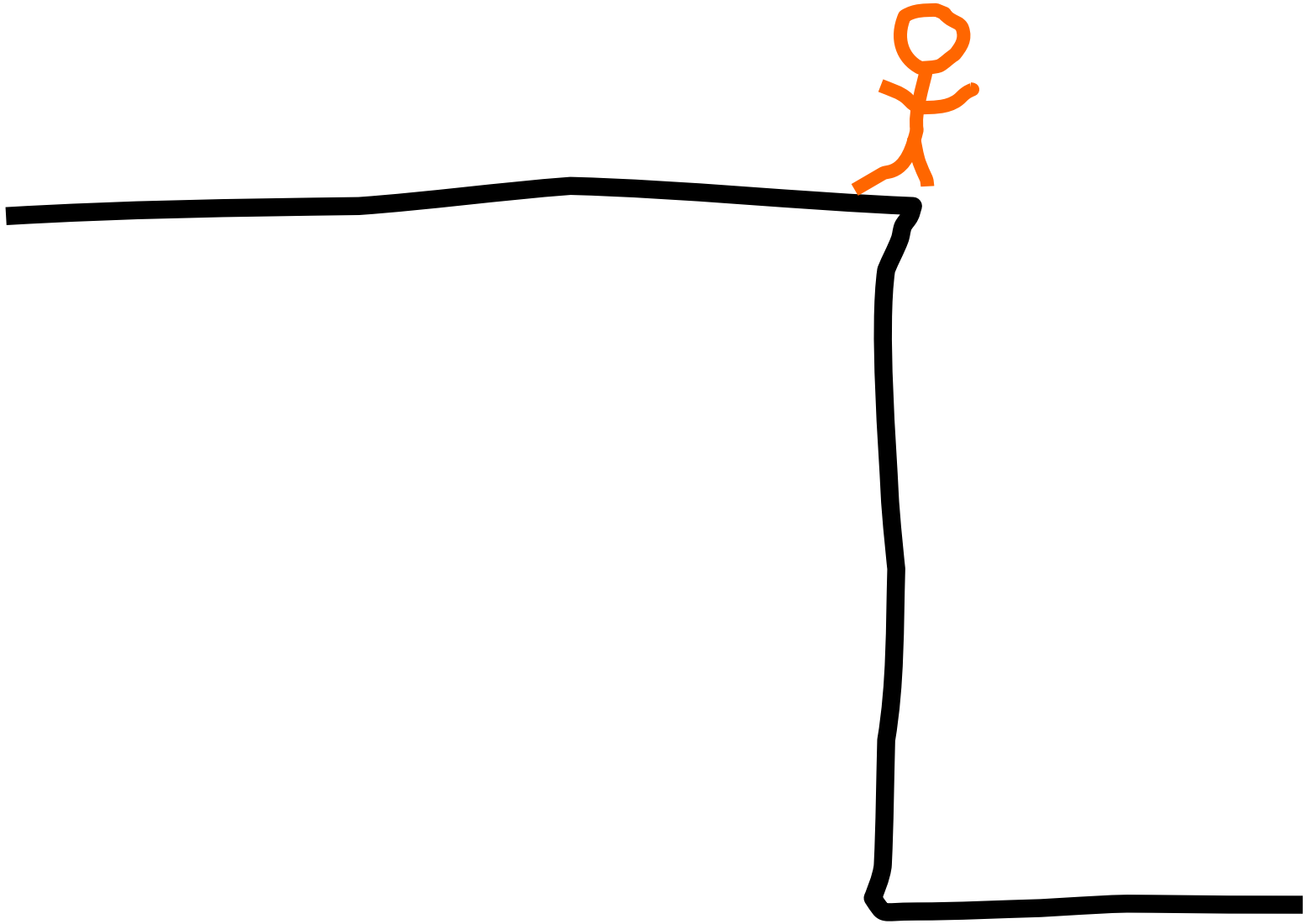

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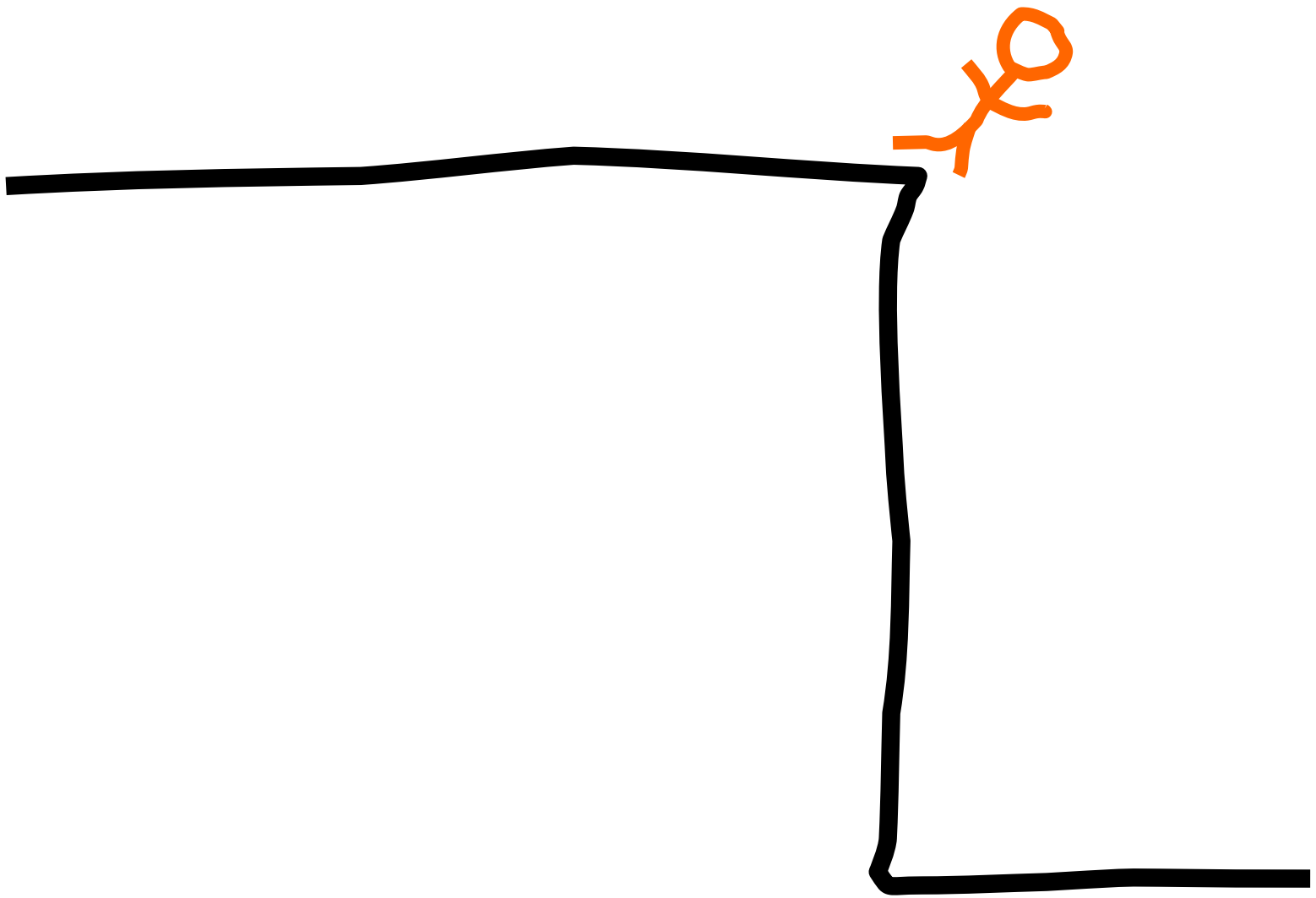

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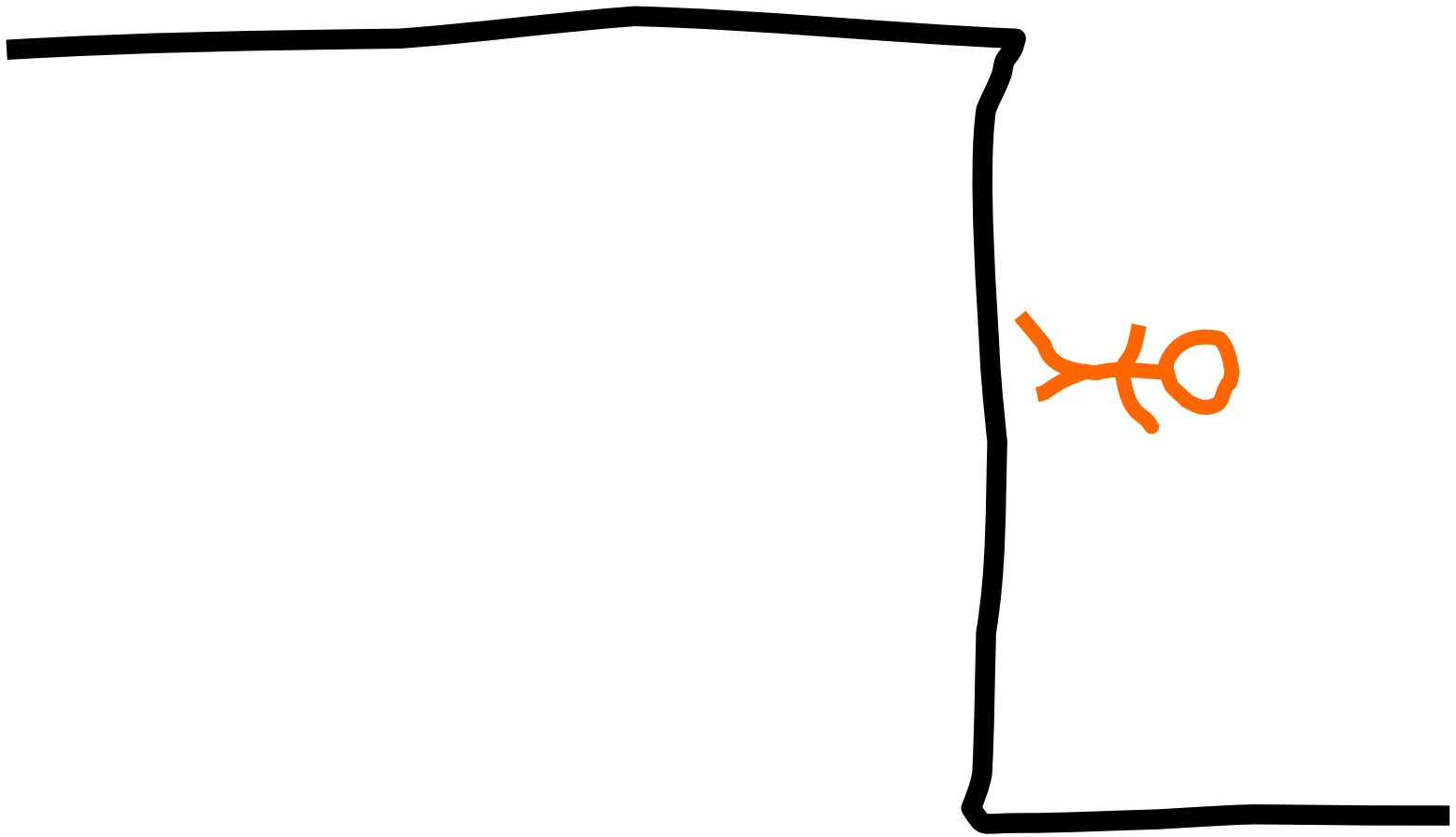

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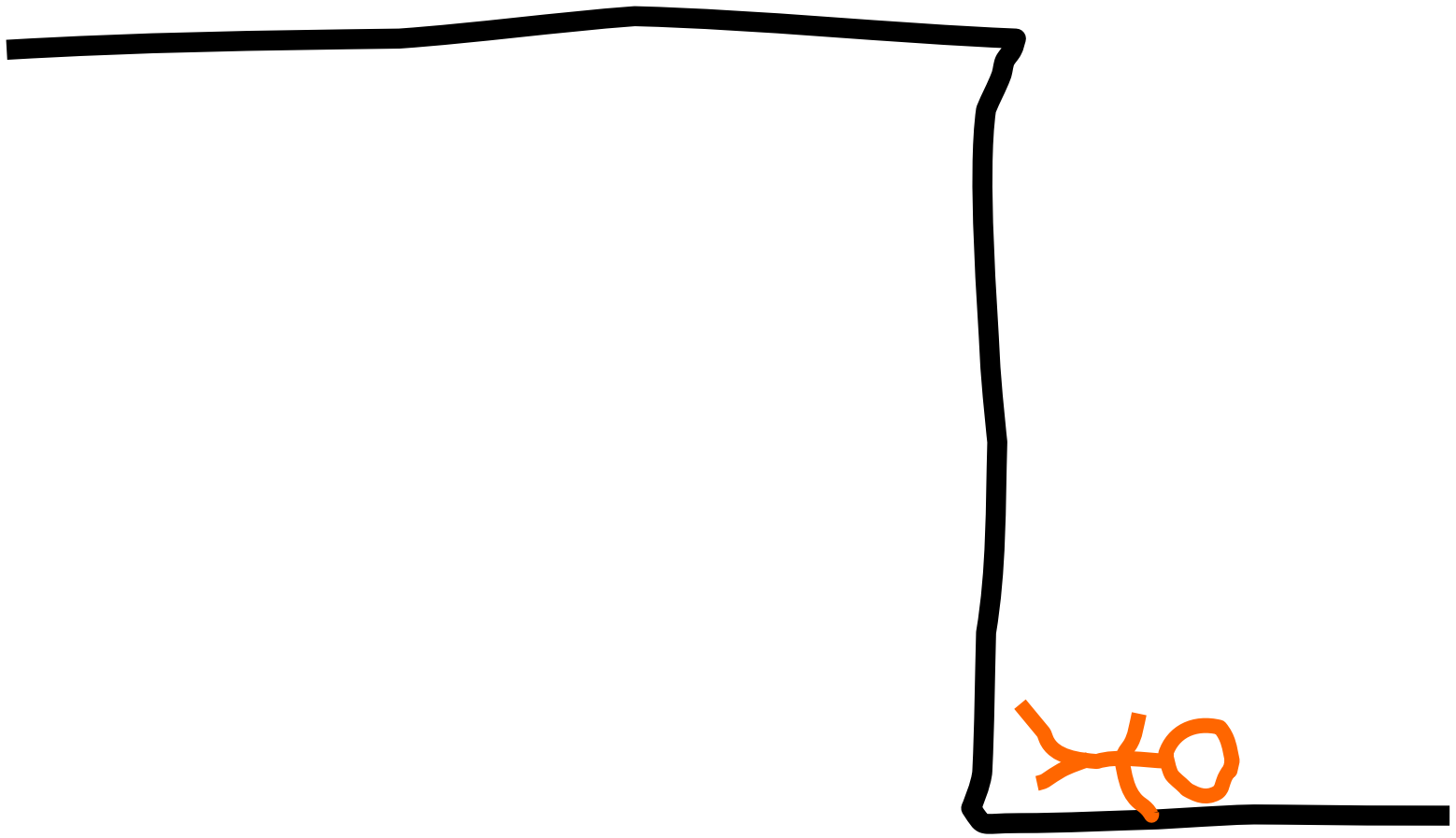

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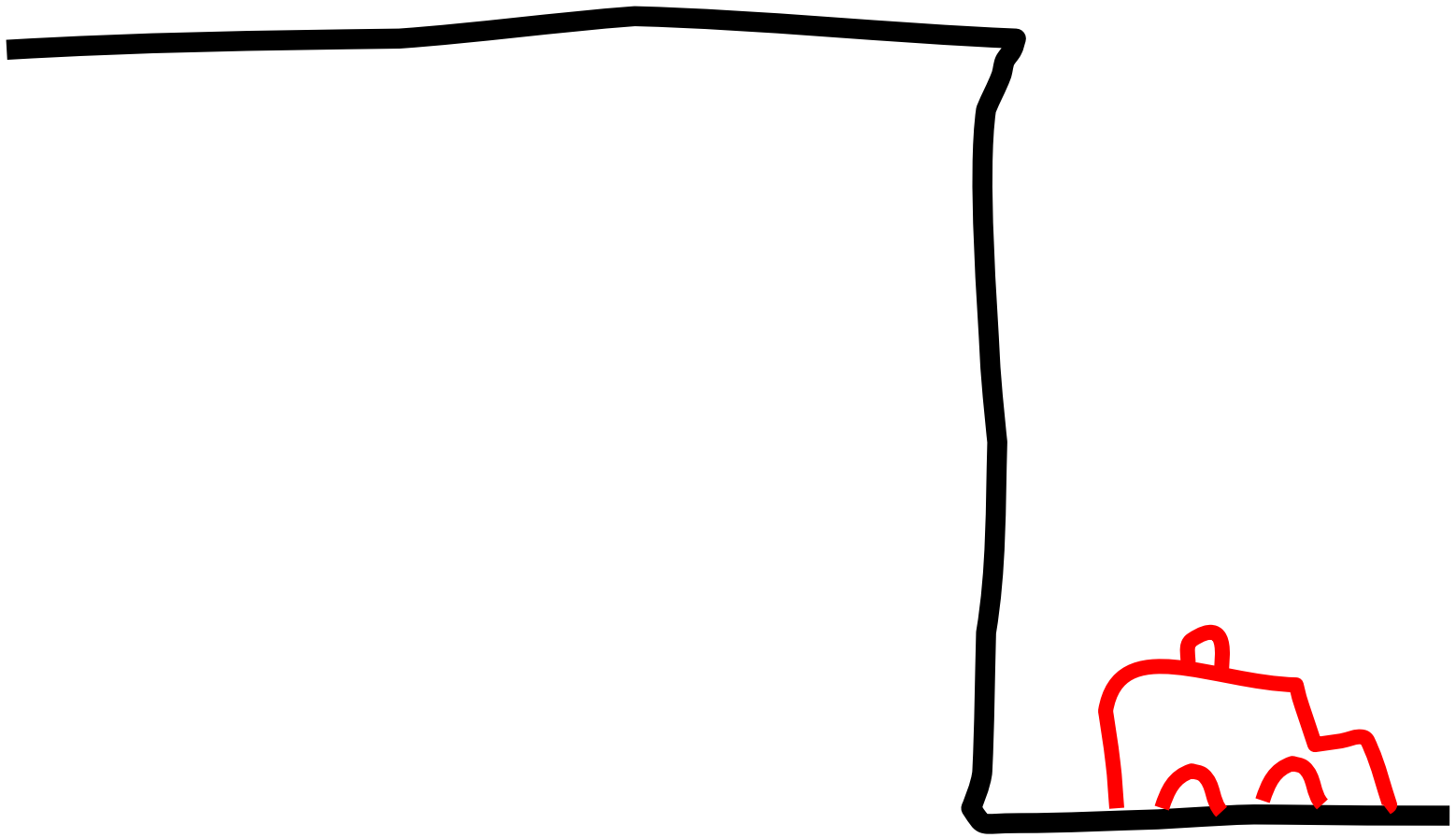

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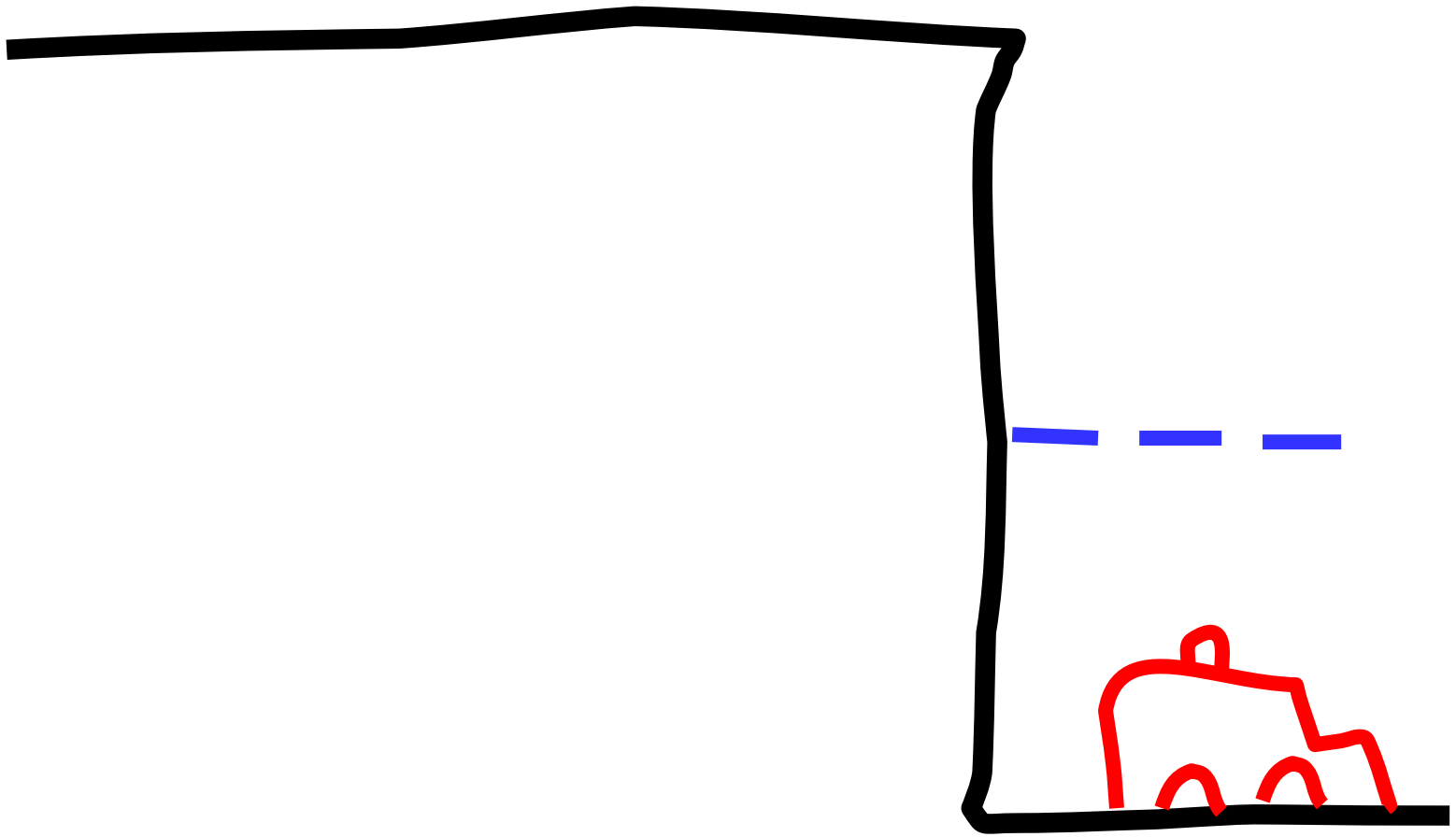

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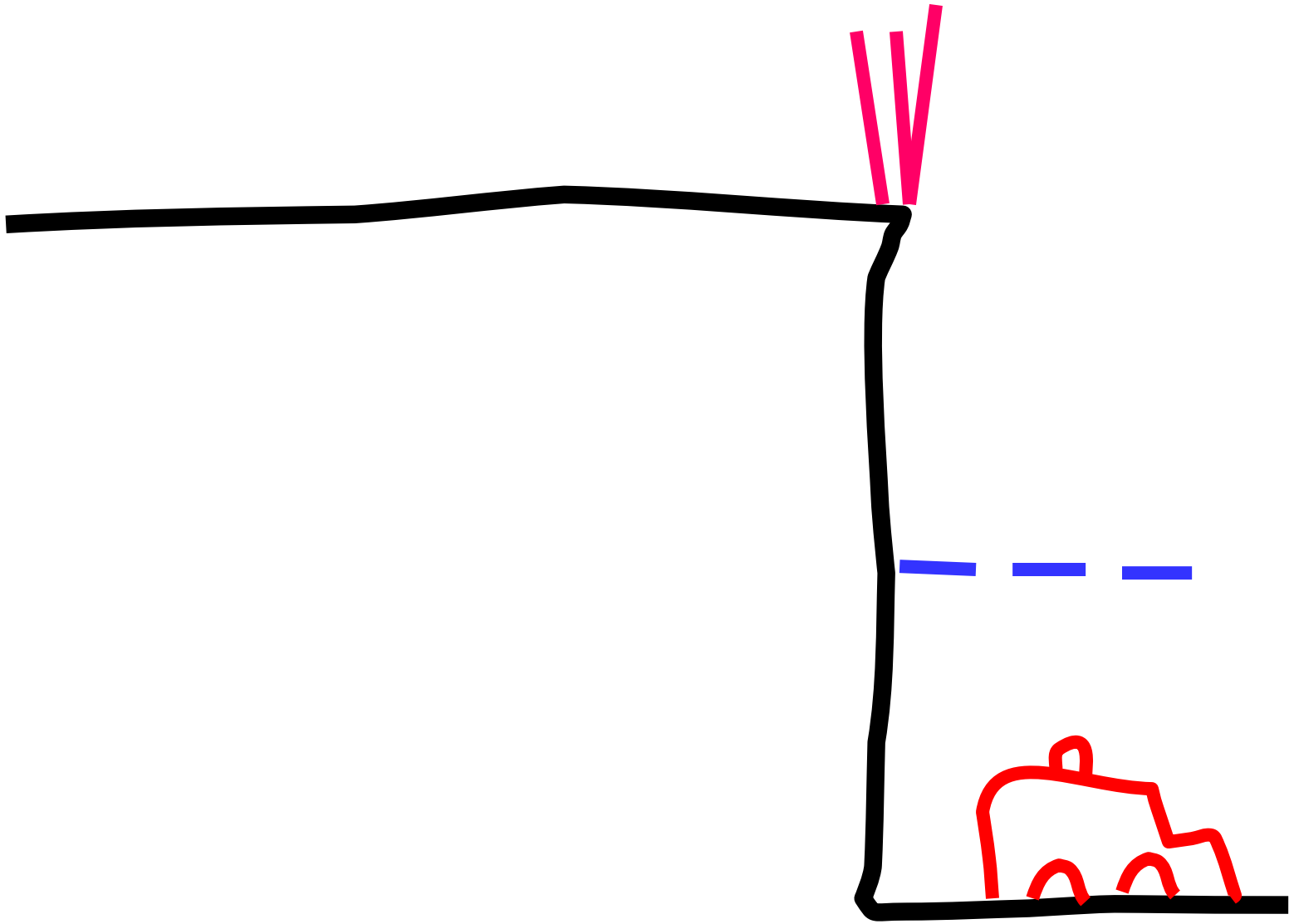

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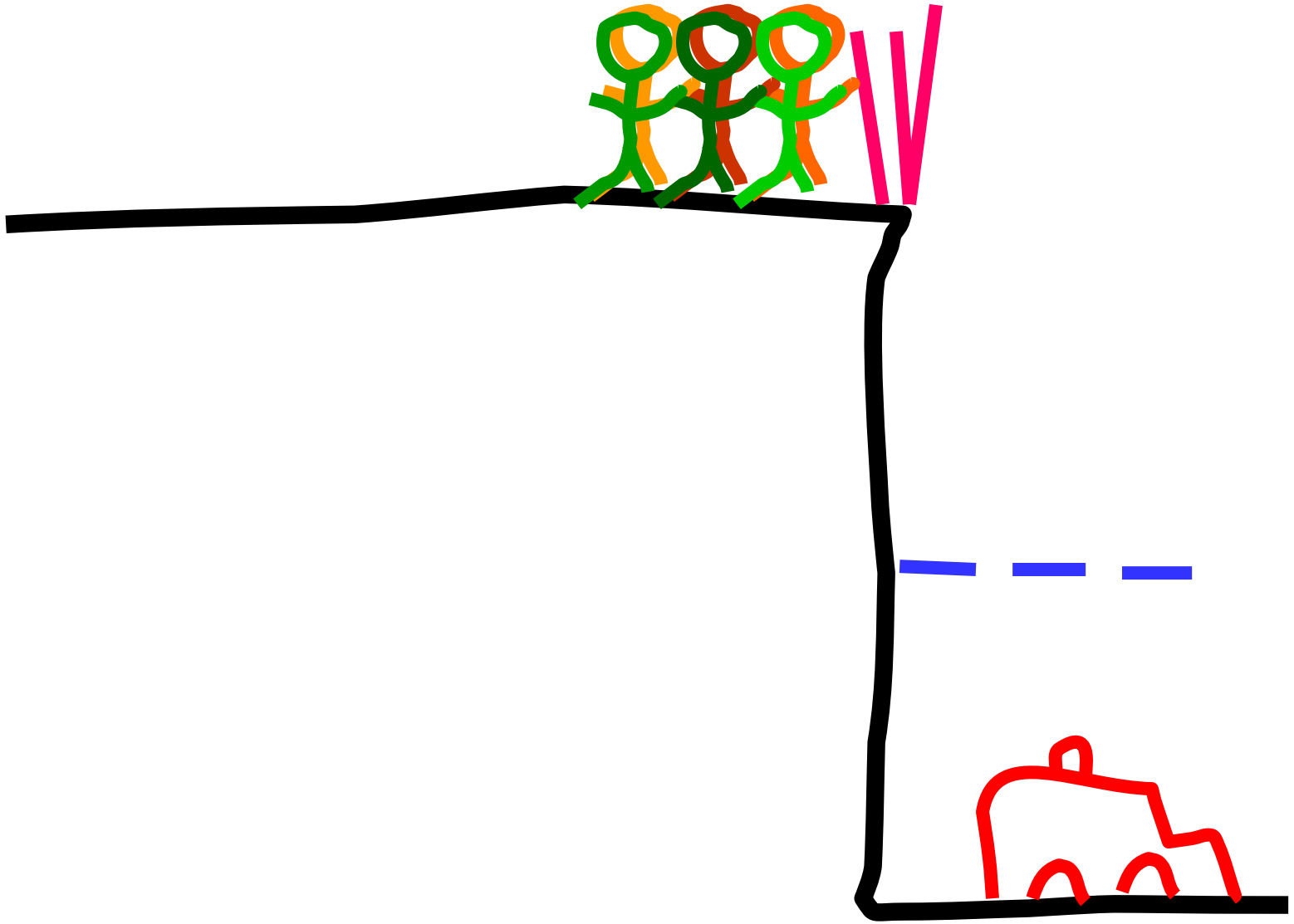

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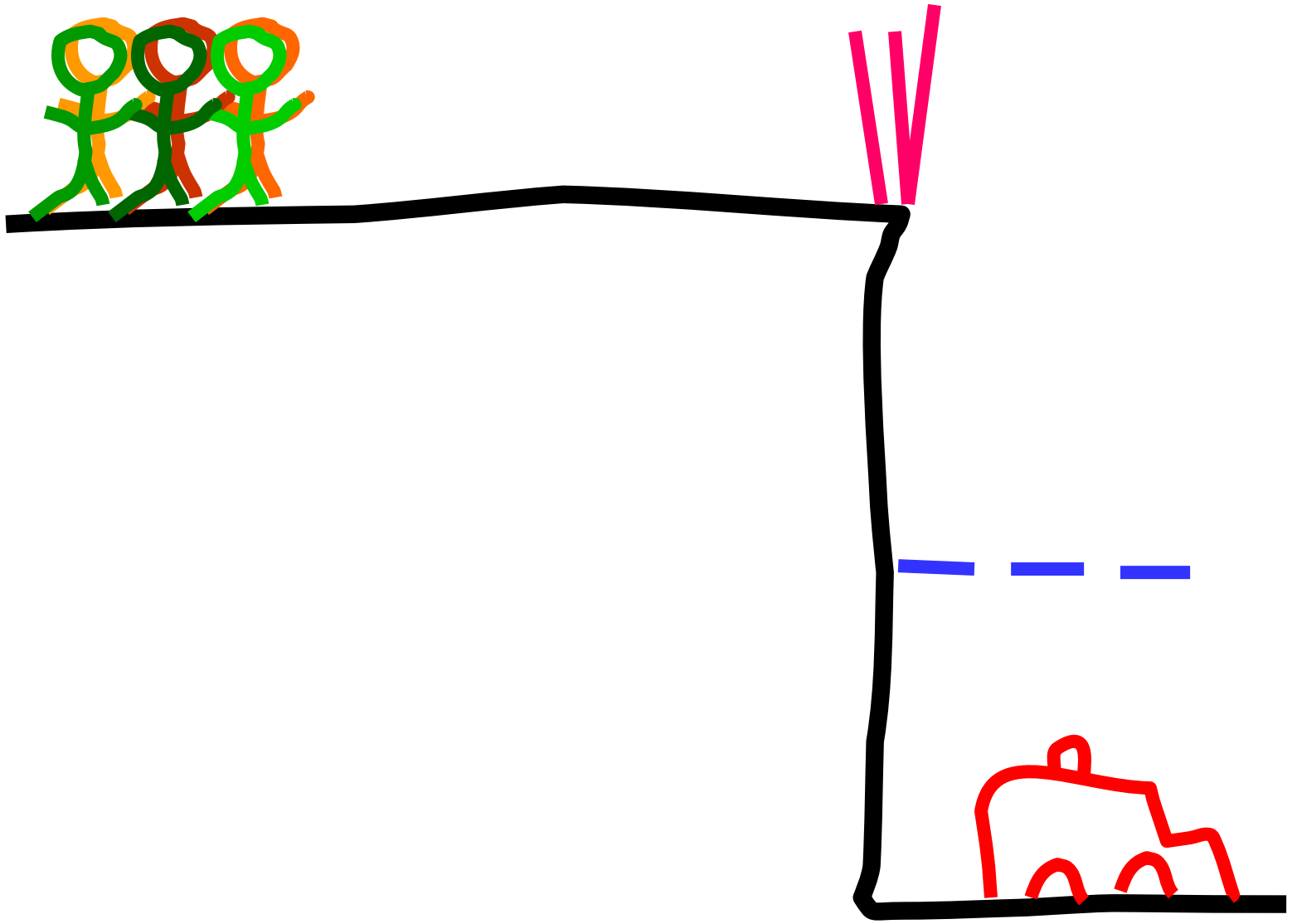

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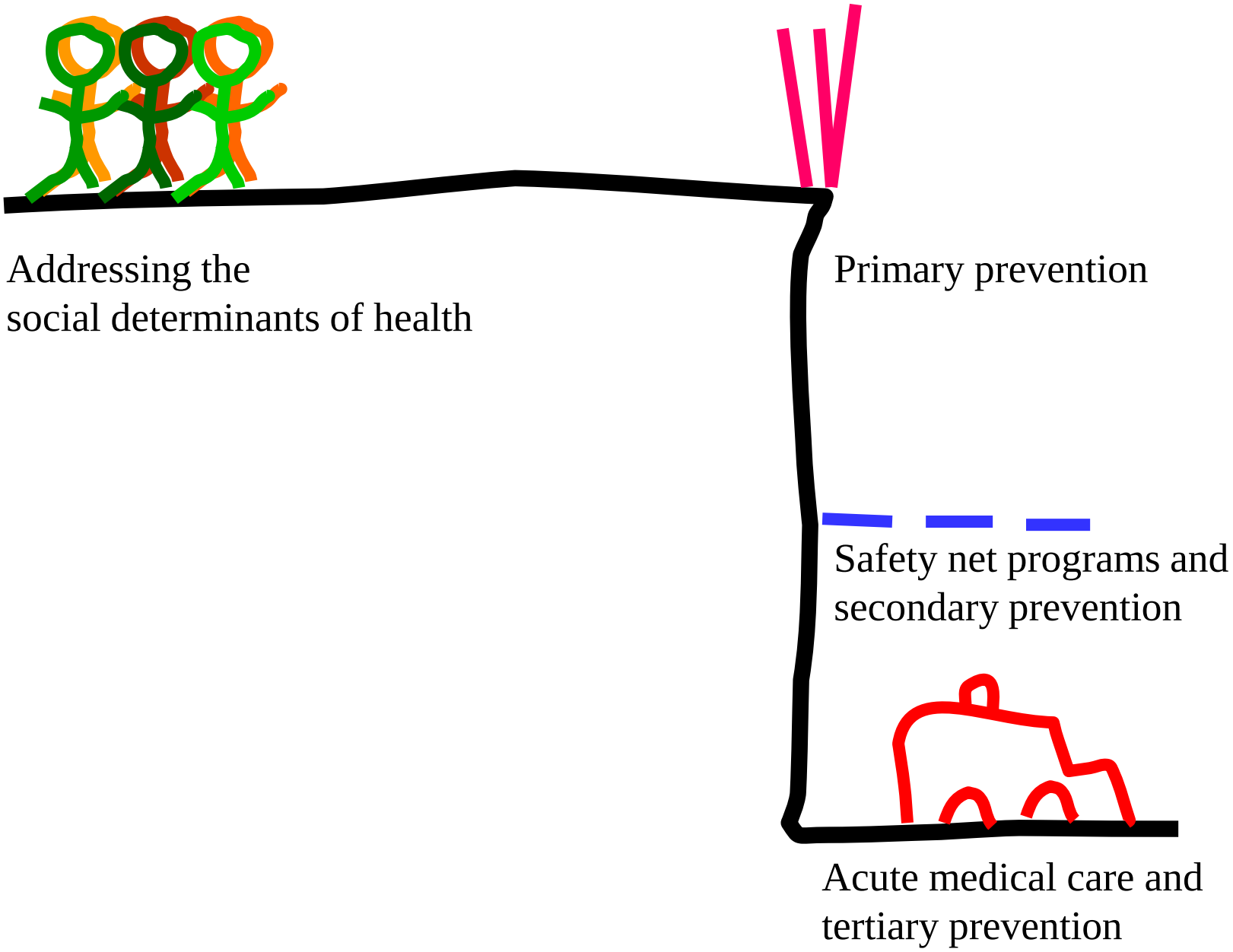


Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

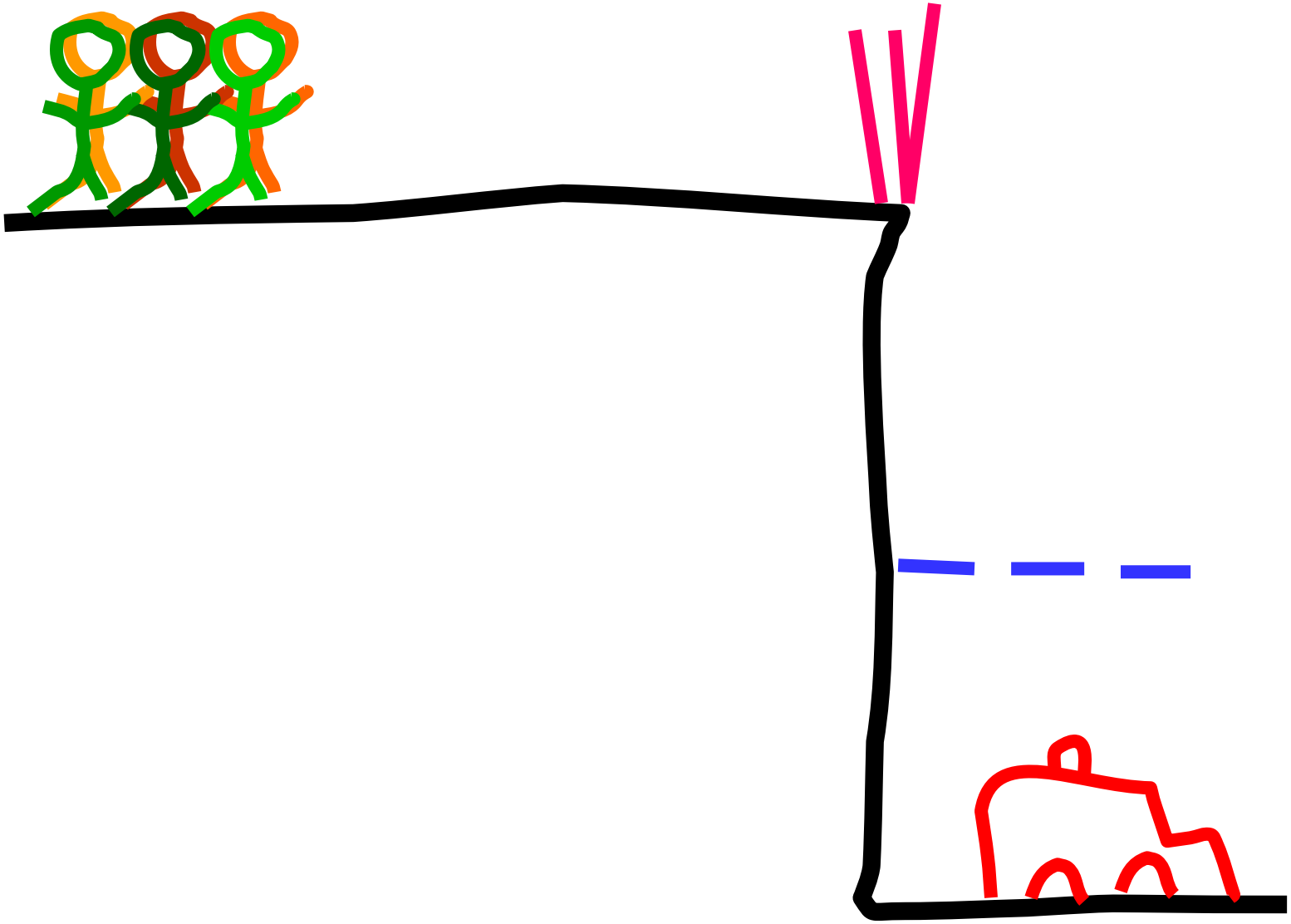
But how do disparities arise?

- **Differences in the quality of care received within the health care system**
- **Differences in access to health care, including preventive and curative services**
- **Differences in life opportunities, exposures, and stresses that result in differences in underlying health status**

Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* **2010;51(S):S28-S40.**

Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000.* New York, NY: Routledge, **2002.**

Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press, **2002.**



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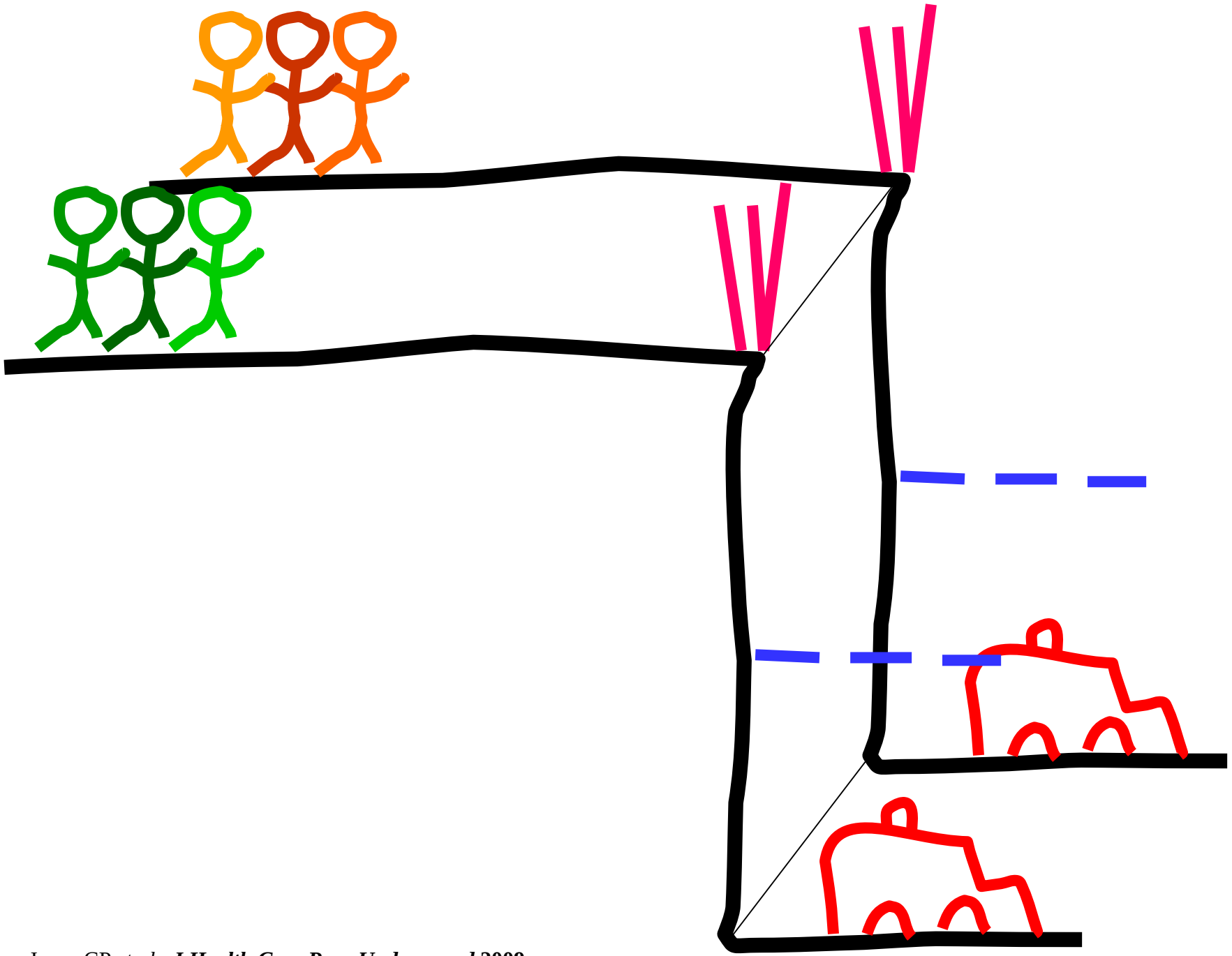

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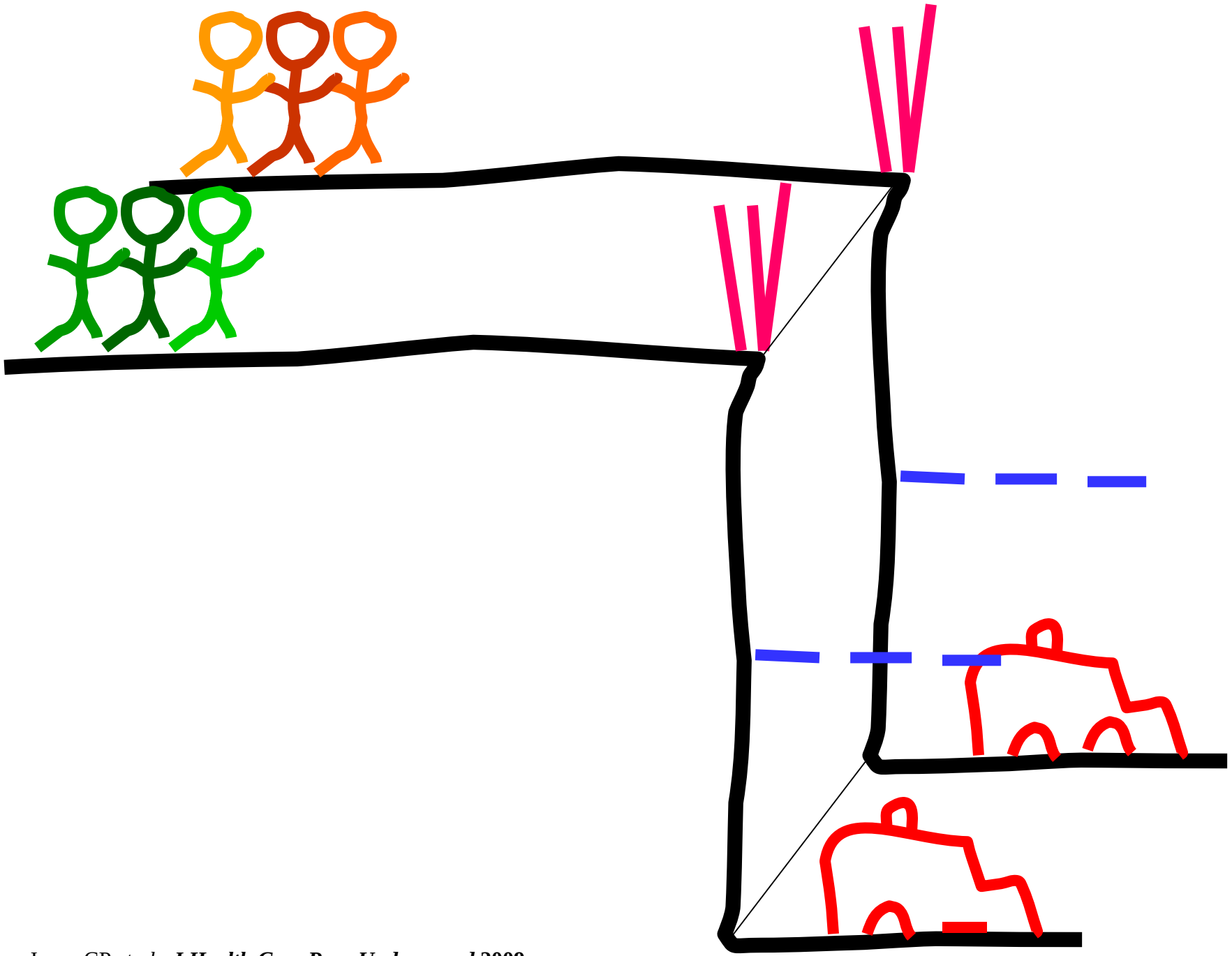

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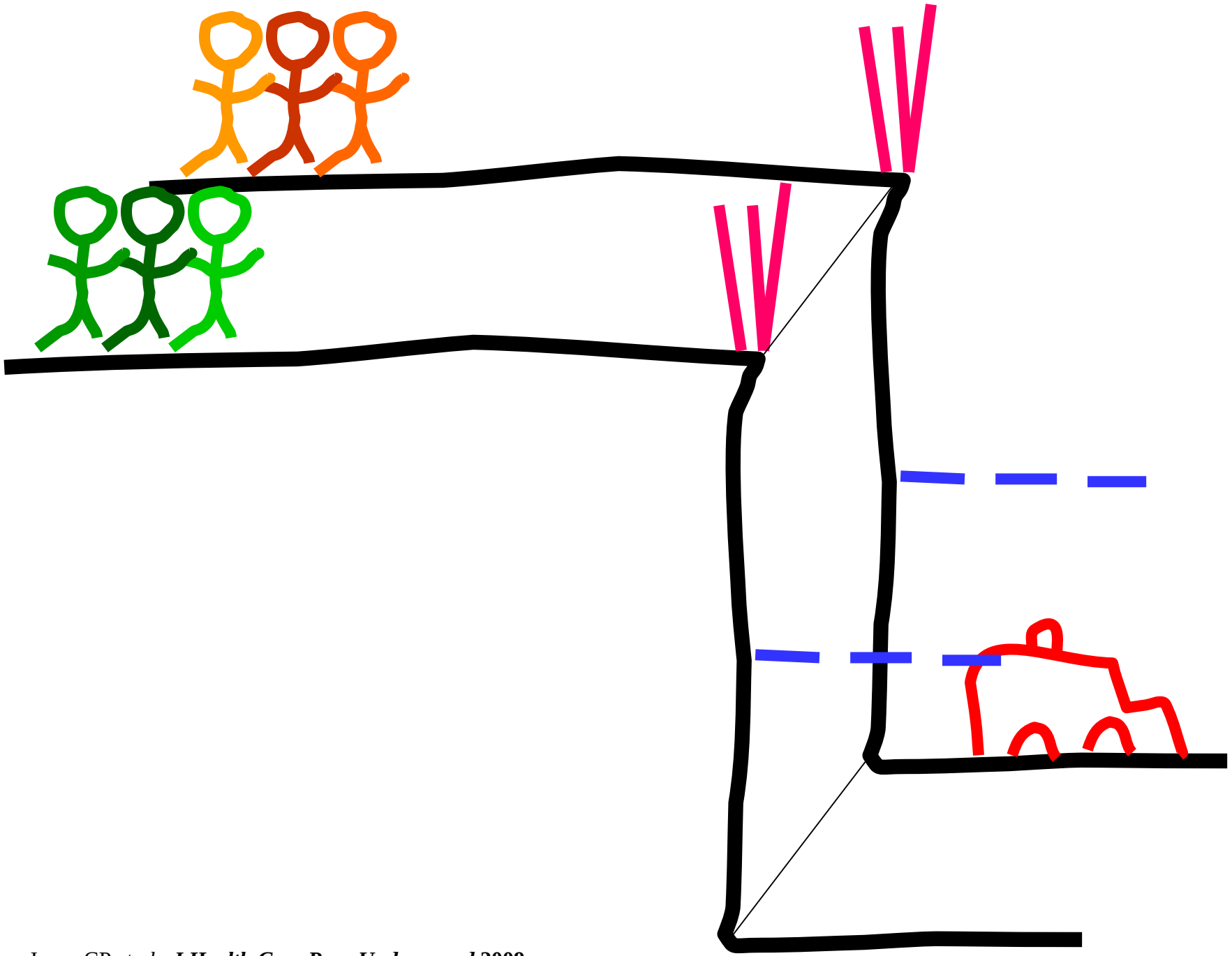

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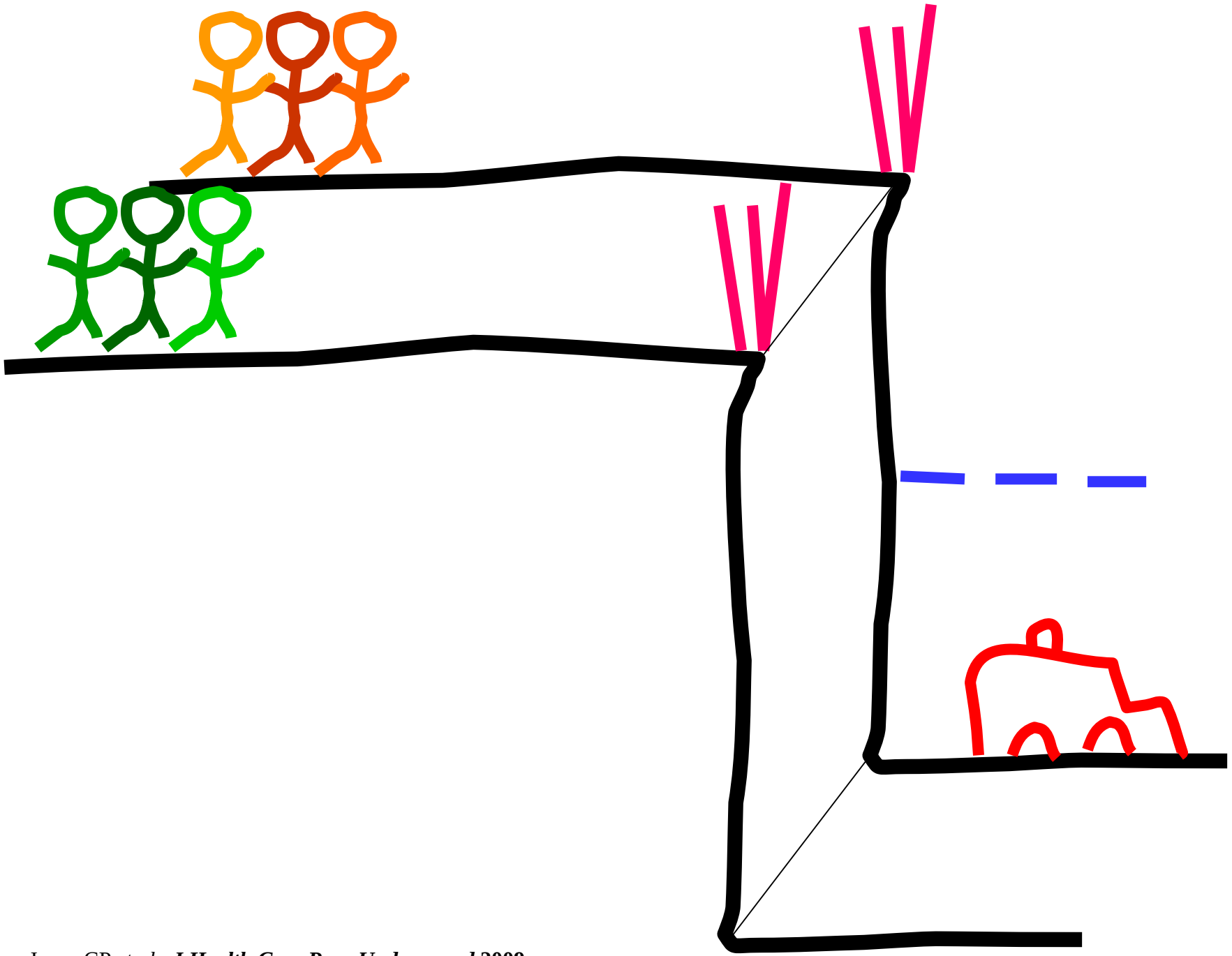

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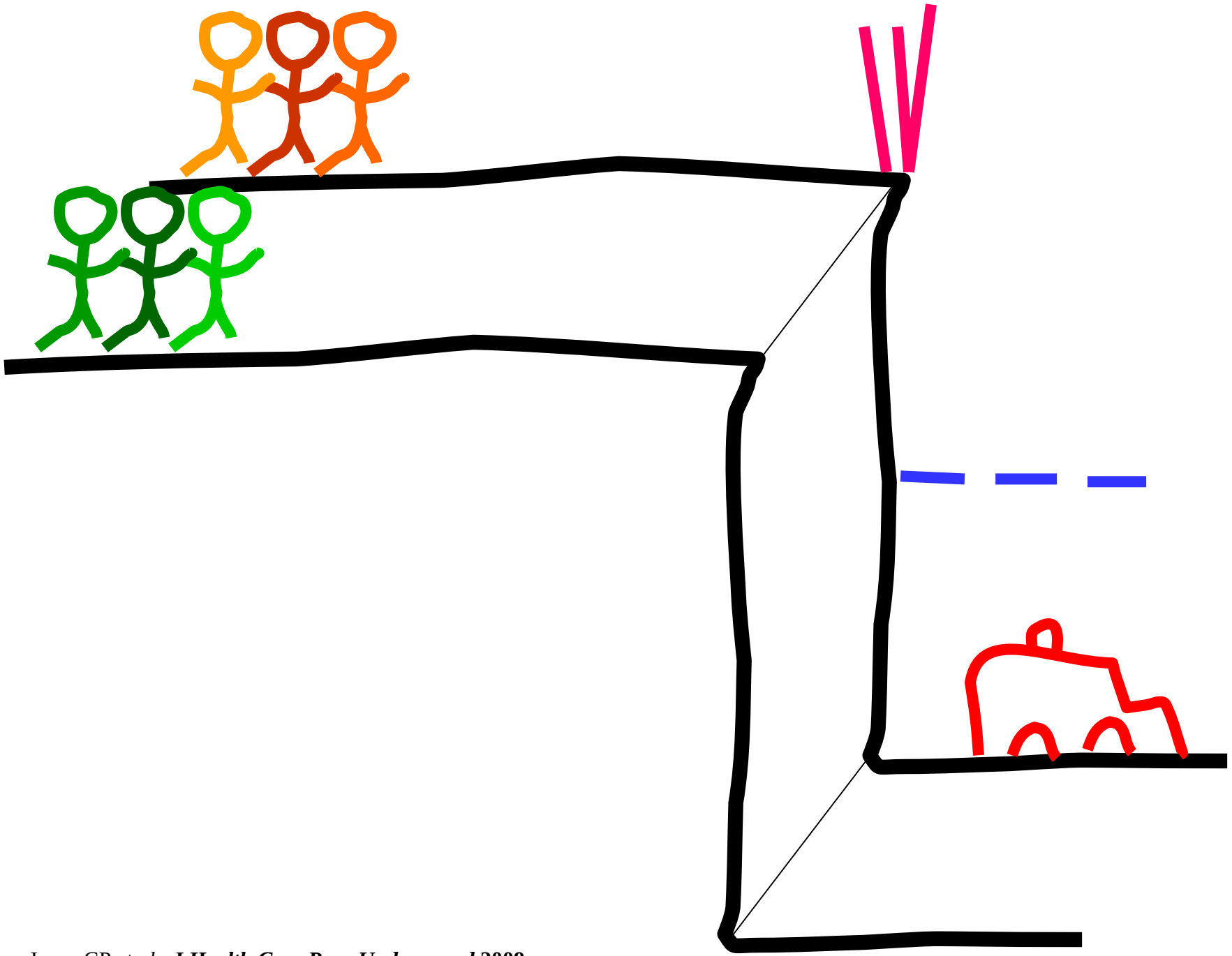

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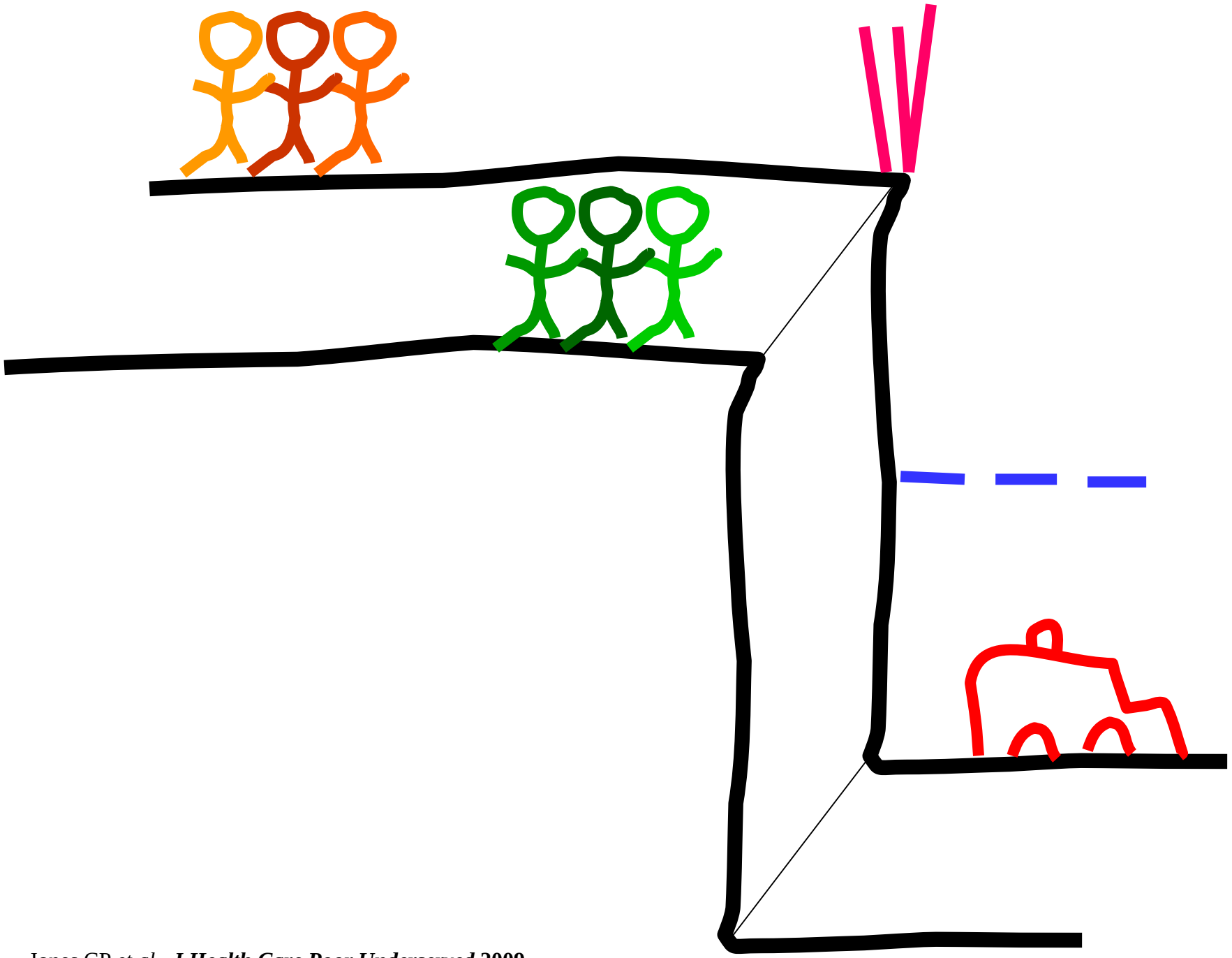

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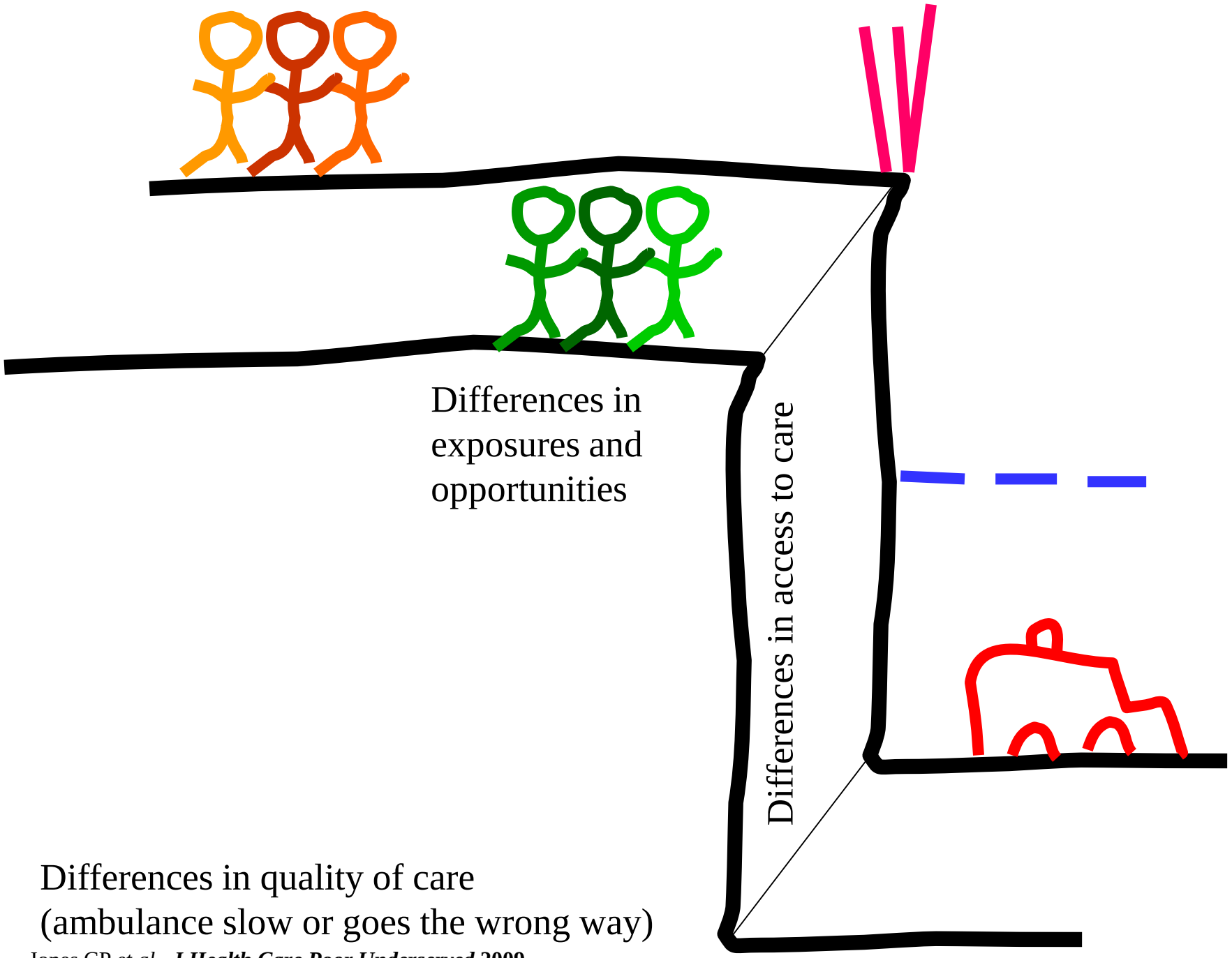

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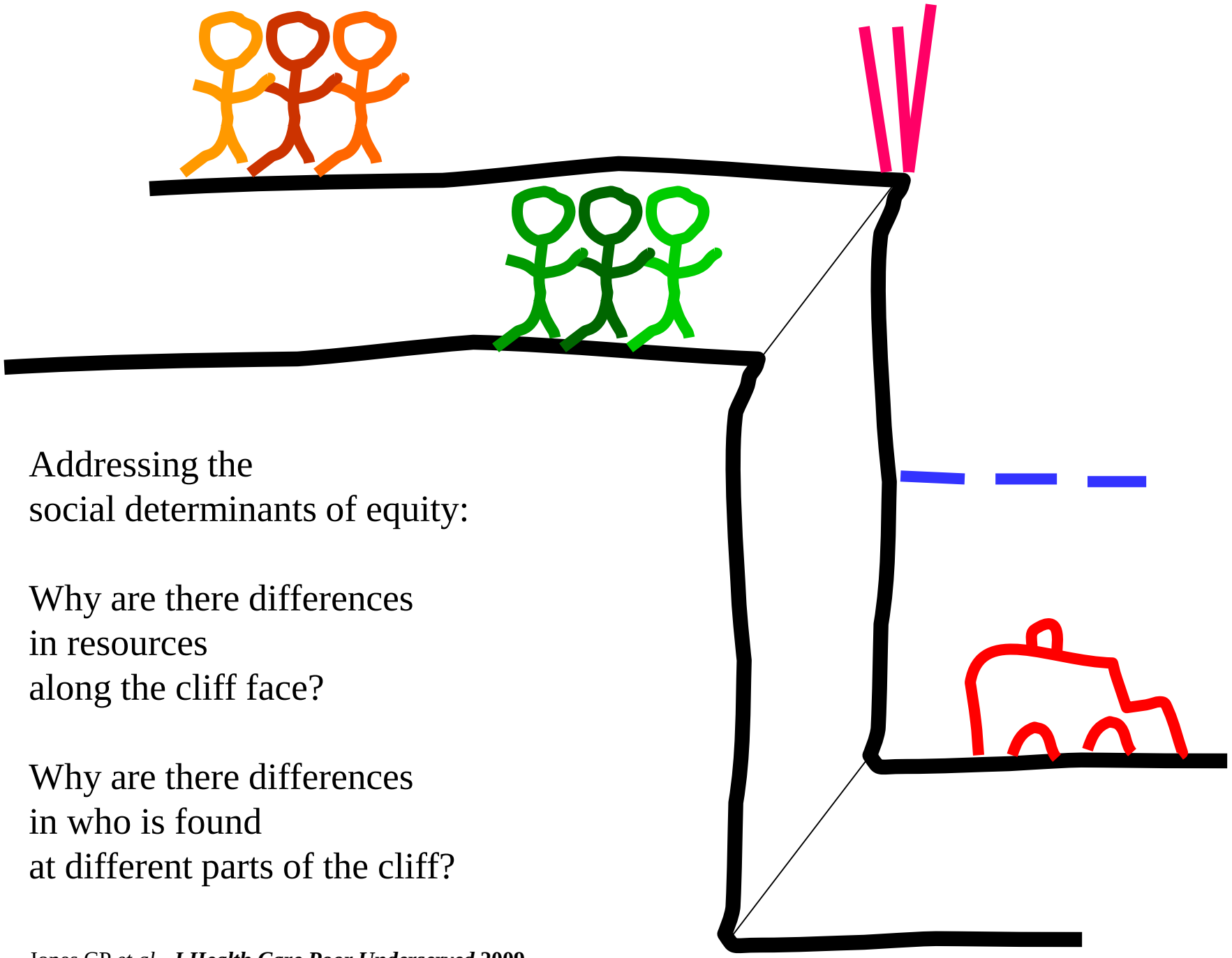


Addressing the
social determinants of equity:

Why are there differences
in resources
along the cliff face?

Why are there differences
in who is found
at different parts of the cliff?

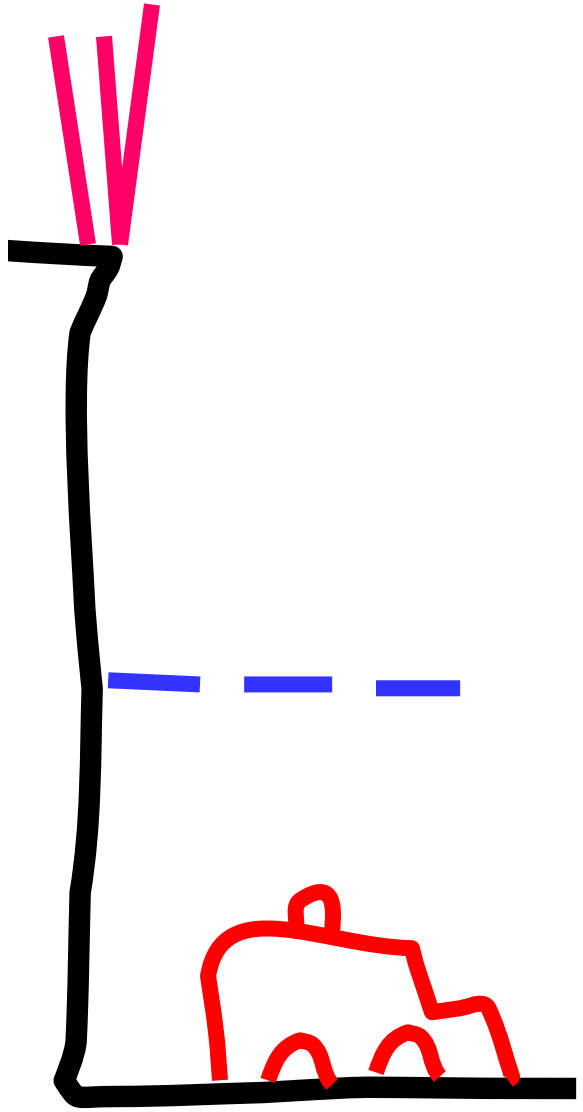
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

3 dimensions of health intervention

Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**

3 dimensions of health intervention

Health services



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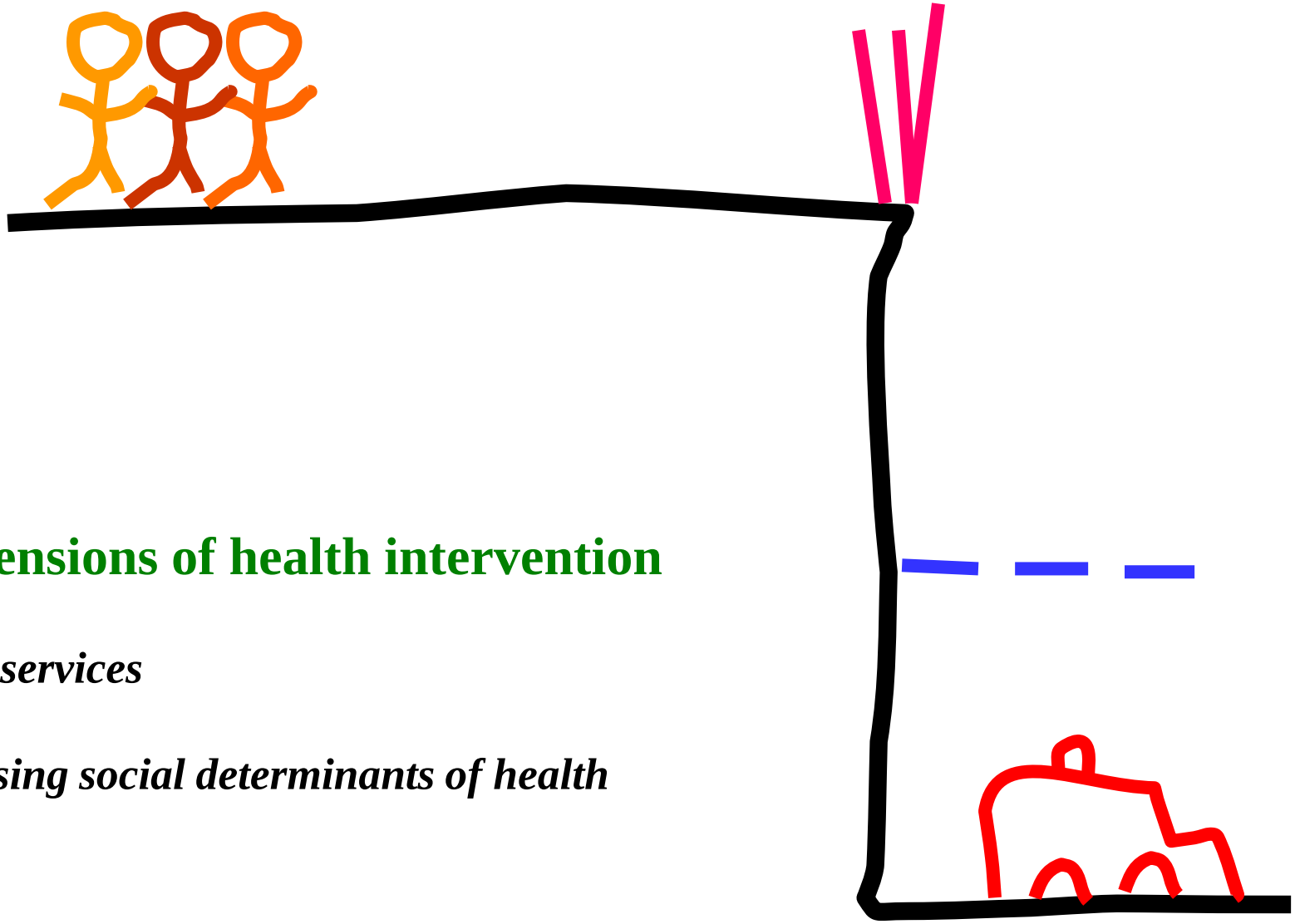

3 dimensions of health intervention

Health services

Addressing social determinants of health

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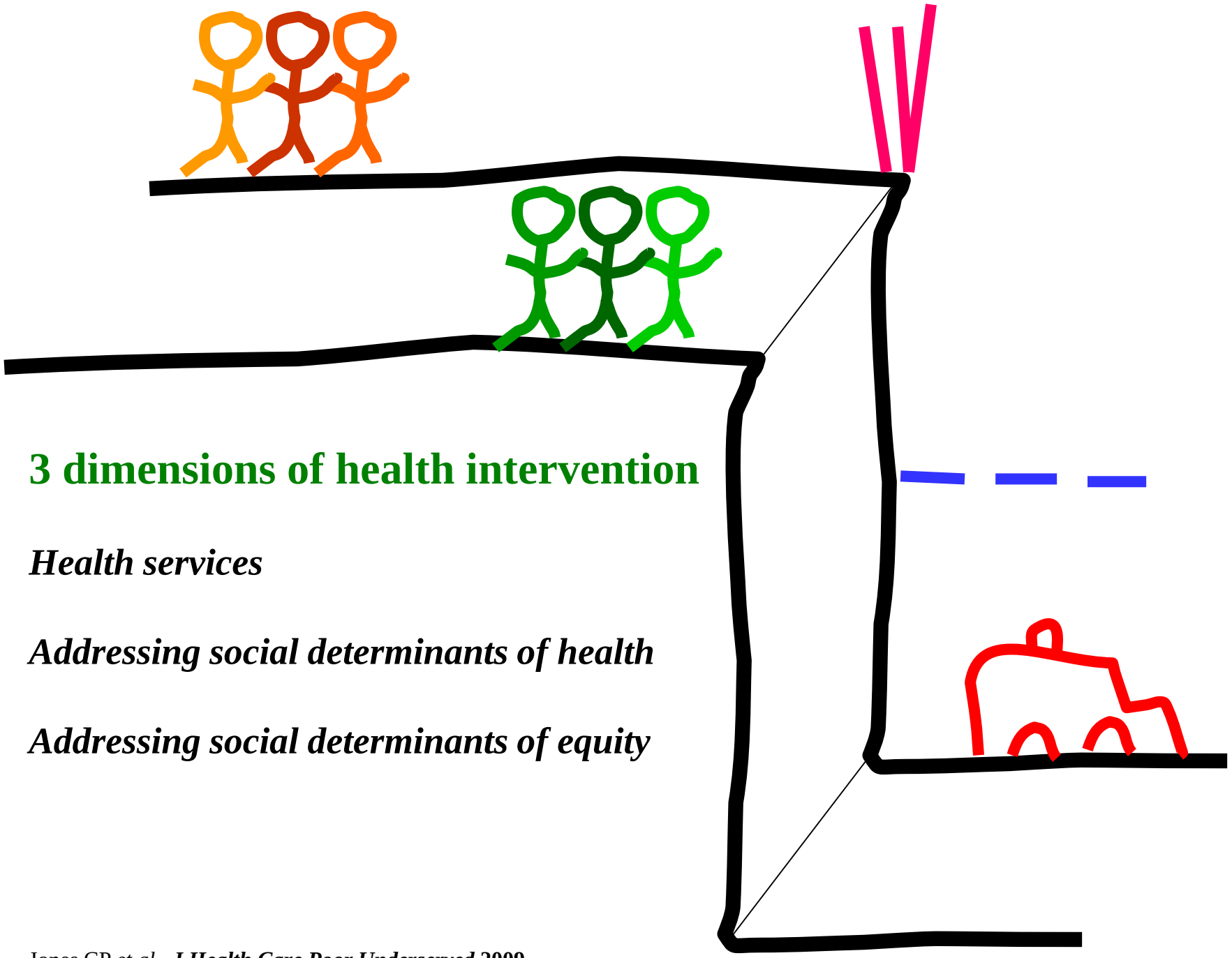

3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

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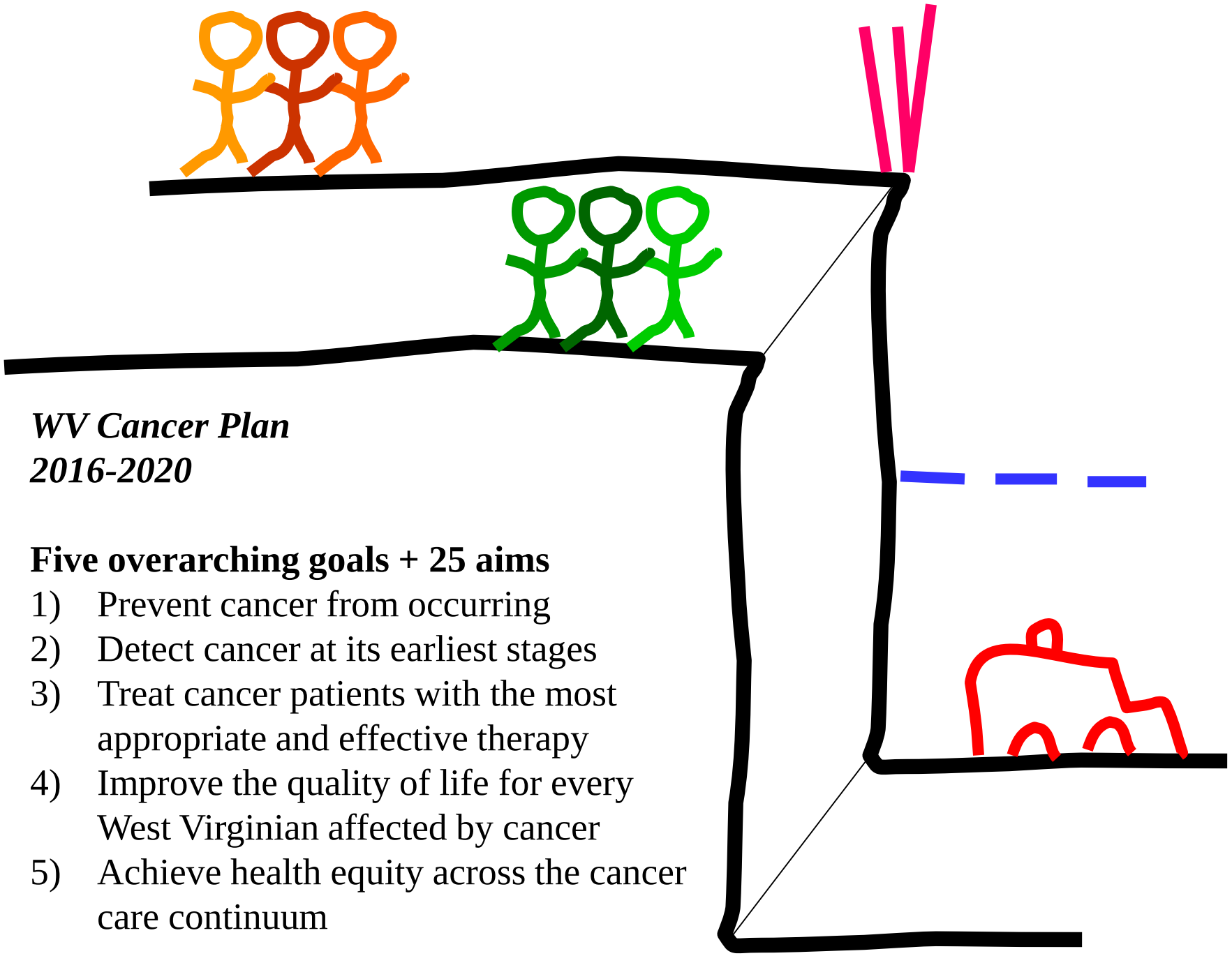


WV Cancer Plan
2016-2020

Five overarching goals + 25 aims

1) Prevent cancer from occurring
2) Detect cancer at its earliest stages
3) Treat cancer patients with the most appropriate and effective therapy
4) Improve the quality of life for every West Virginian affected by cancer
5) Achieve health equity across the cancer care continuum

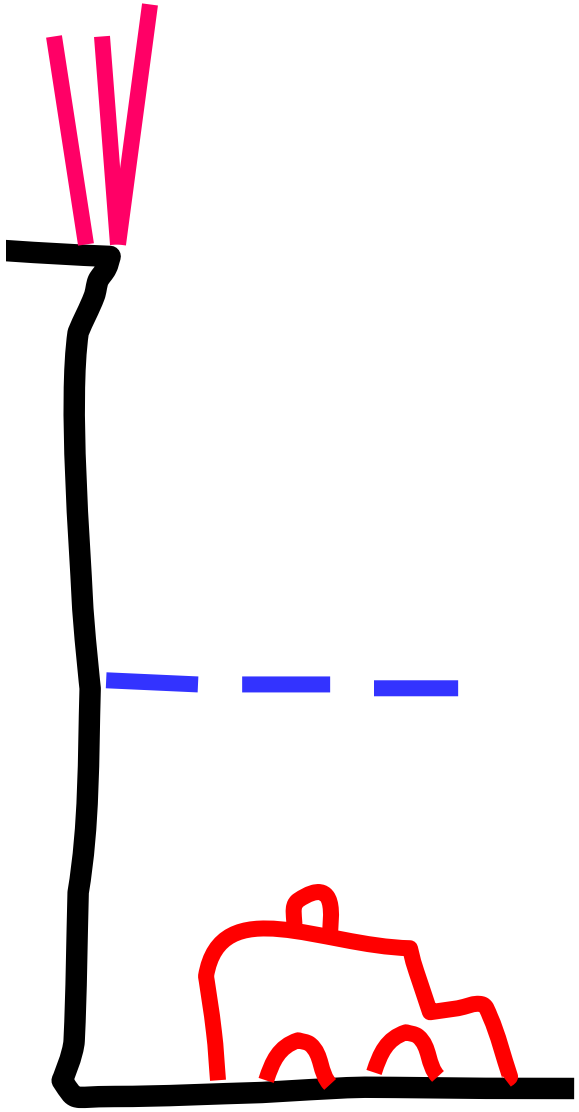
Aim 24: Ensure that all children and adolescents have access to the full scope of cancer care.

Aim 19: Ensure family members and other informal cancer caregivers are an important part of the cancer care continuum.

Aim 18: Elevate the quality of cancer treatment in WV to meet or exceed national standards.

Aim 17: Increase participation in cancer clinical trials.

Goal 3: Treat cancer patients with the most appropriate and effective therapy.



WV Cancer Plan
2016-2020

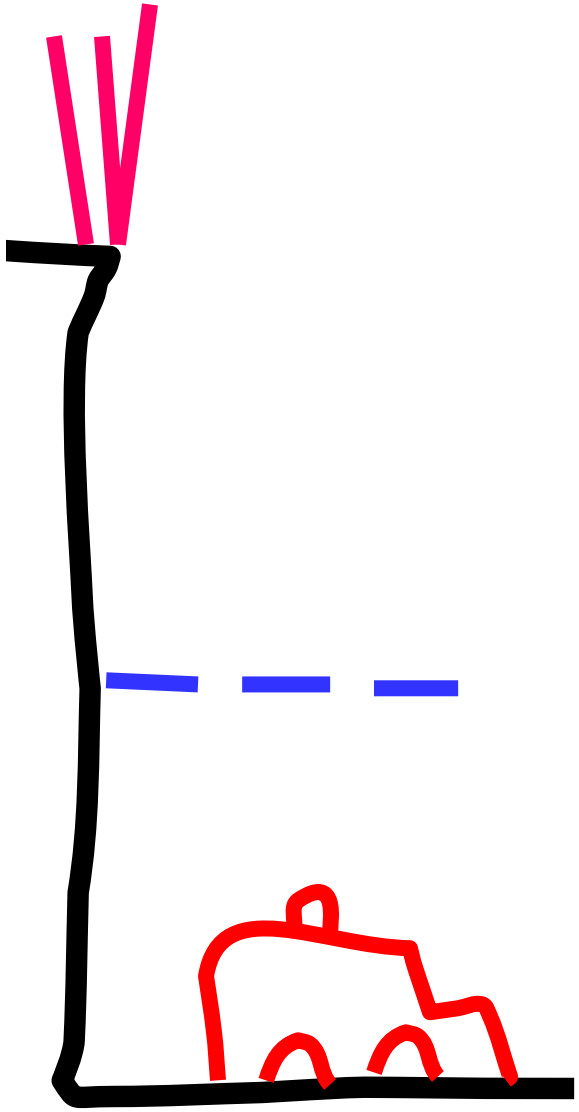
Aim 23: Increase utilization of hospice care.

Aim 22: Increase access to palliative care and supportive services.

Aim 21: Increase the use of advance directives, living wills, and medical powers of attorney.

Aim 20: Improve the quality of life for cancer survivors in WV.

Goal 4: Improve the quality of life for every West Virginian affected by cancer.



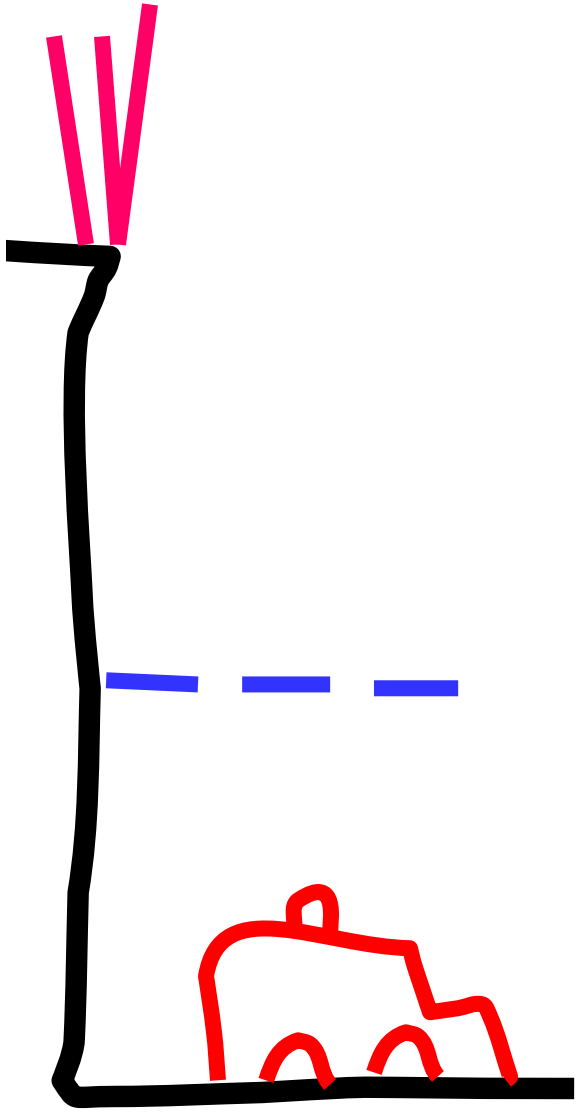
WV Cancer Plan
2016-2020

Goal 2: Detect cancer at its earliest stages.

Aim 11: Increase risk-appropriate screening for colorectal cancer.

Aim 12: Increase risk-appropriate screening for breast cancer.

Aim 13: Increase risk-appropriate screening for cervical cancer.

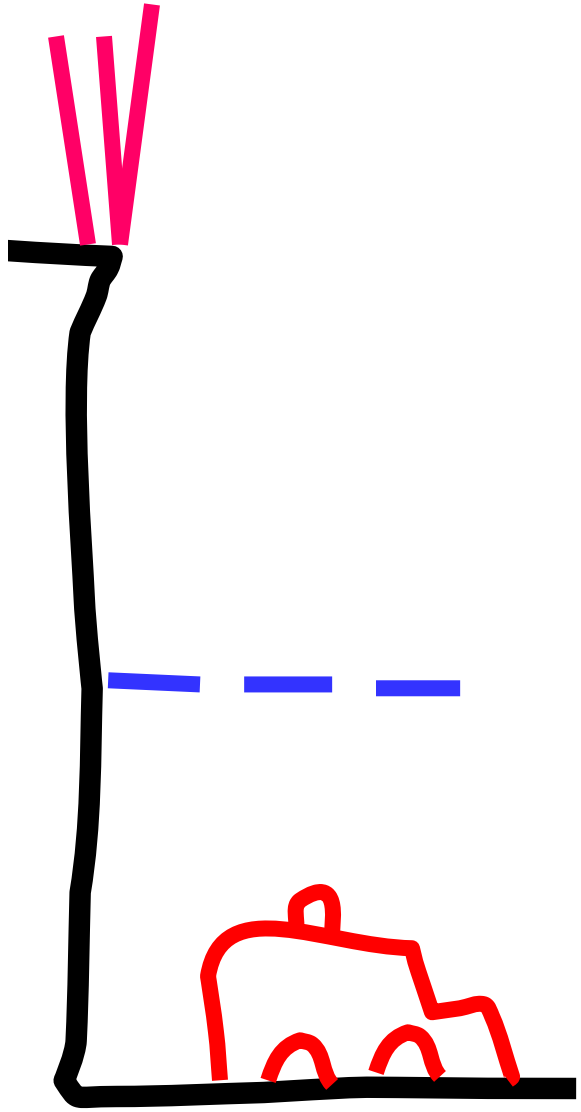


WV Cancer Plan
2016-2020

Aim 14: Increase risk-appropriate screening for lung cancer.

Aim 15: Promote shared decision making for prostate cancer screening and treatment.

Aim 16: Encourage appropriate utilization and reimbursement for genetic counseling and testing for hereditary cancers.



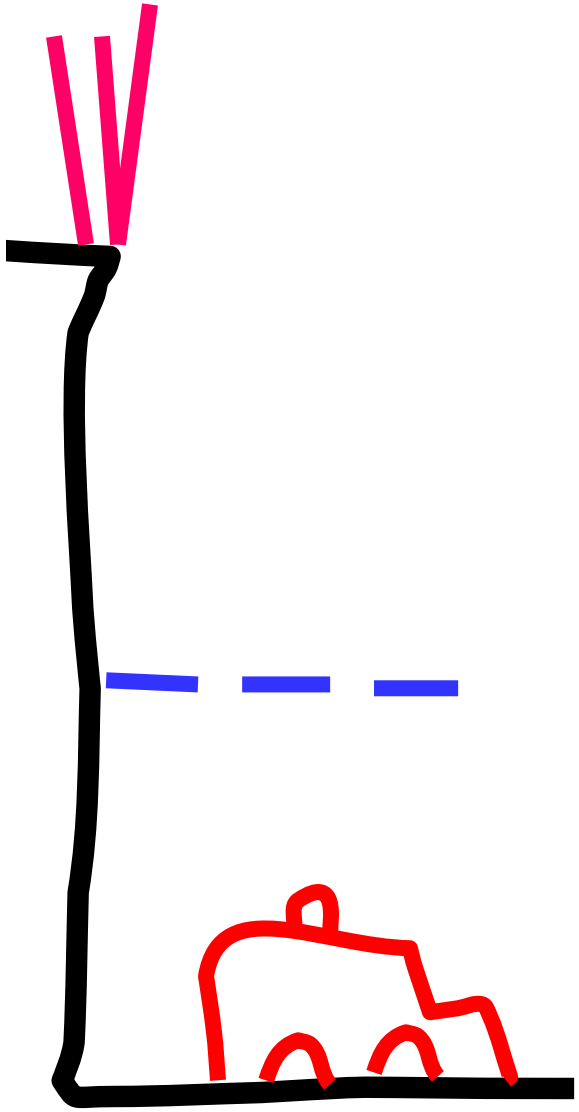
Goal 1: Prevent cancer from occurring.

Aim 1: Reduce the use of tobacco products and electronic nicotine delivery systems among adults.

Aim 2: Reduce the use of tobacco products and electronic nicotine delivery systems among youth (under 18) and young adults (18-34 years old).

Aim 3: Reduce exposure to secondhand smoke.

Aim 4: Increase healthy eating among people in WV.



WV Cancer Plan
2016-2020

Aim 5: Increase physical activity among people in WV.

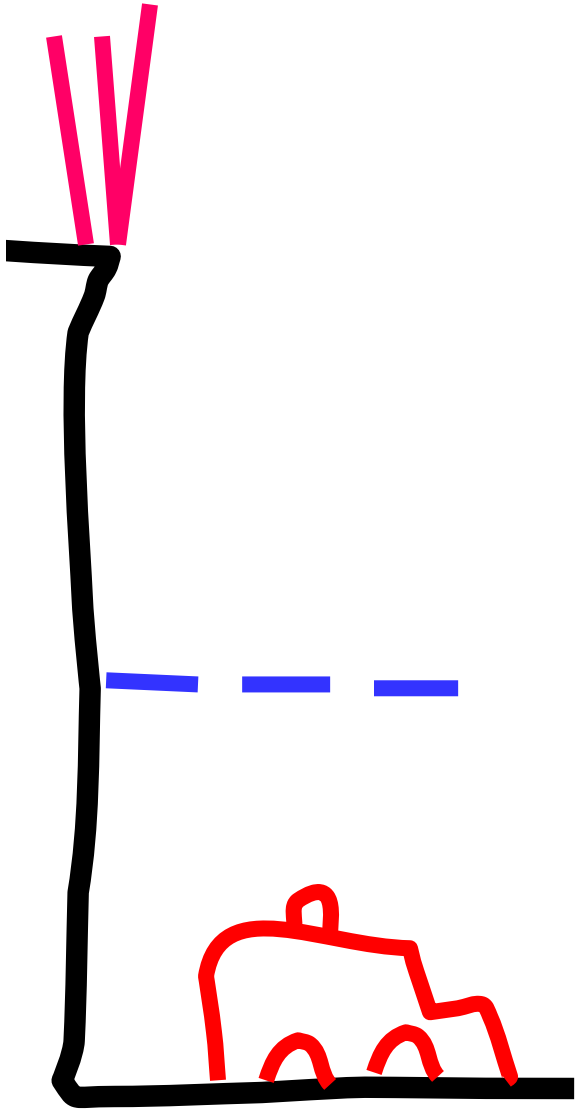
Aim 6: Increase the number of people with healthy weight in WV.

Aim 8: Reduce the use of artificial ultra-violet (UV) light for tanning.

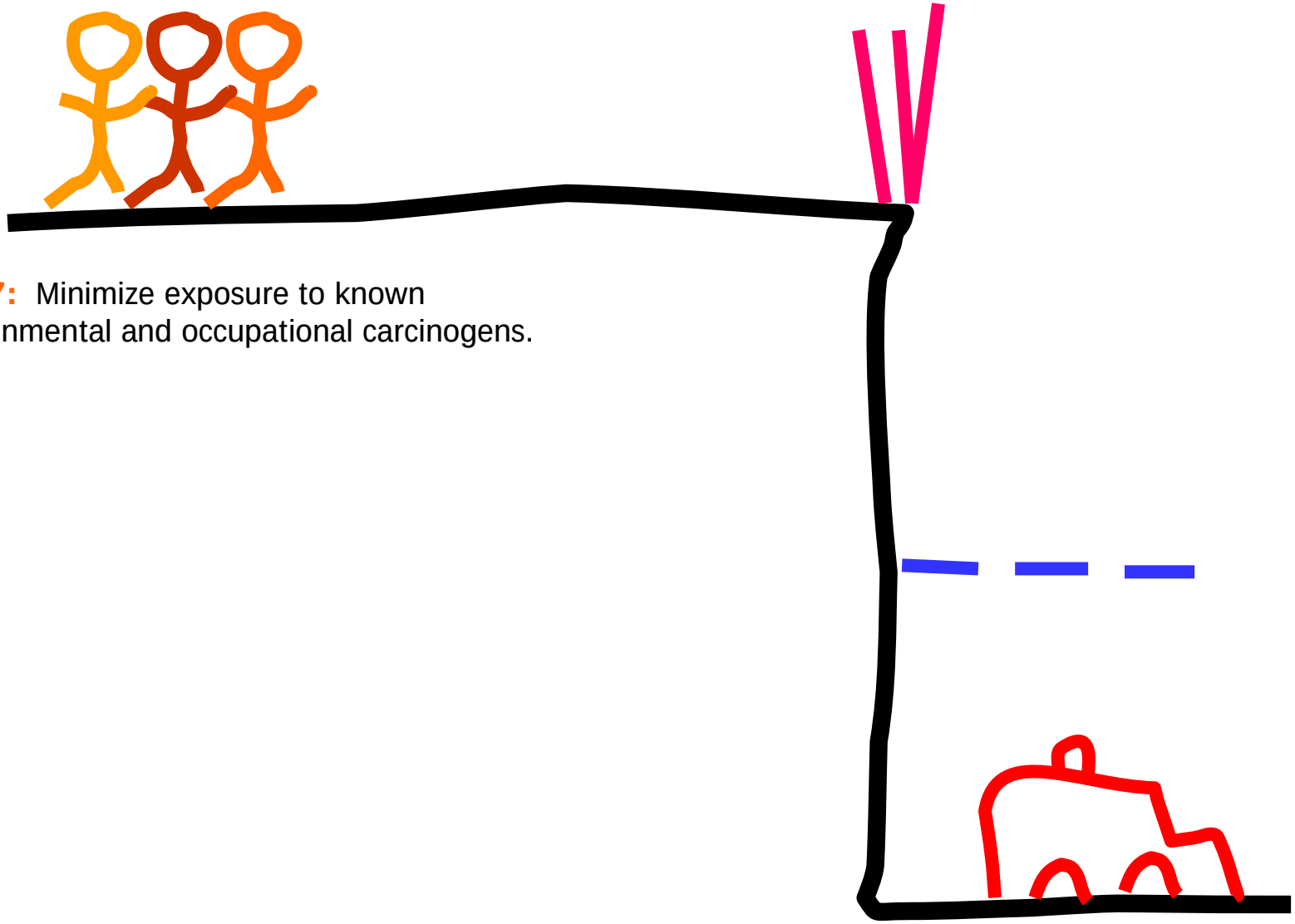
Aim 9: Raise awareness of sun-safety among adults, adolescents, and children.

Aim 10: Increase the immunization rates for vaccines shown to decrease the risk of cancer.

Aim 25: Conduct educational activities about cancer and related topics.

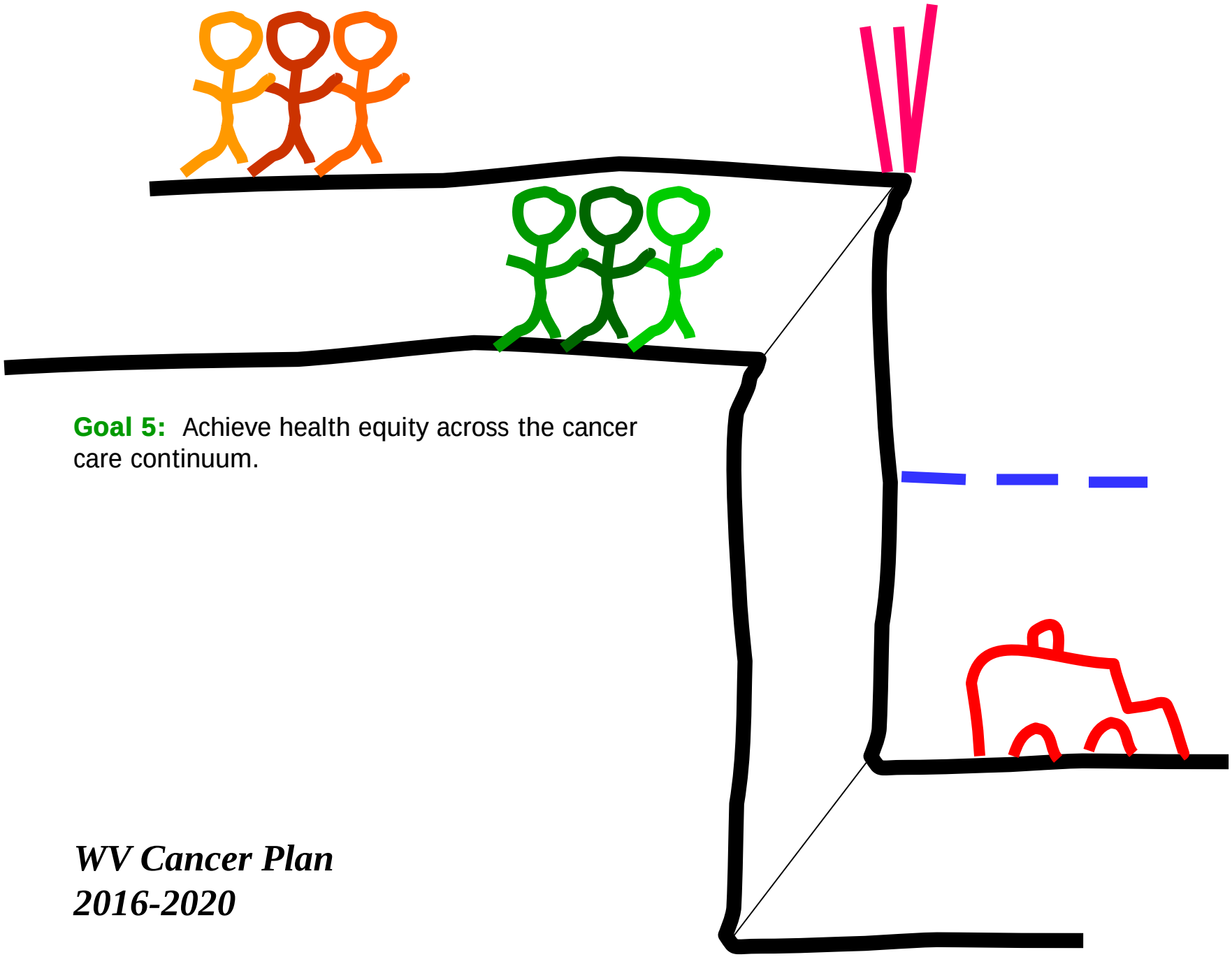


WV Cancer Plan
2016-2020



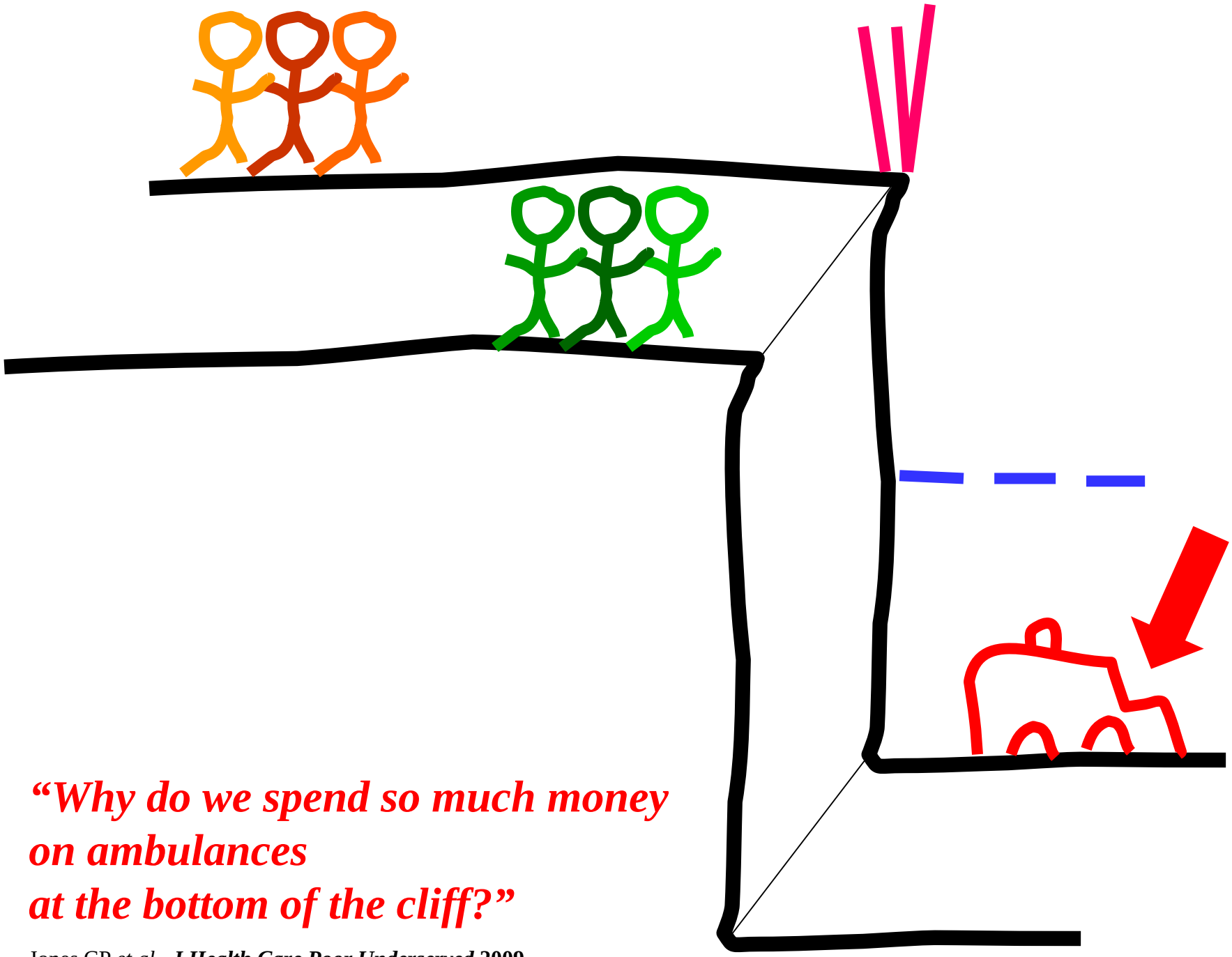
Aim 7: Minimize exposure to known environmental and occupational carcinogens.

WV Cancer Plan
2016-2020



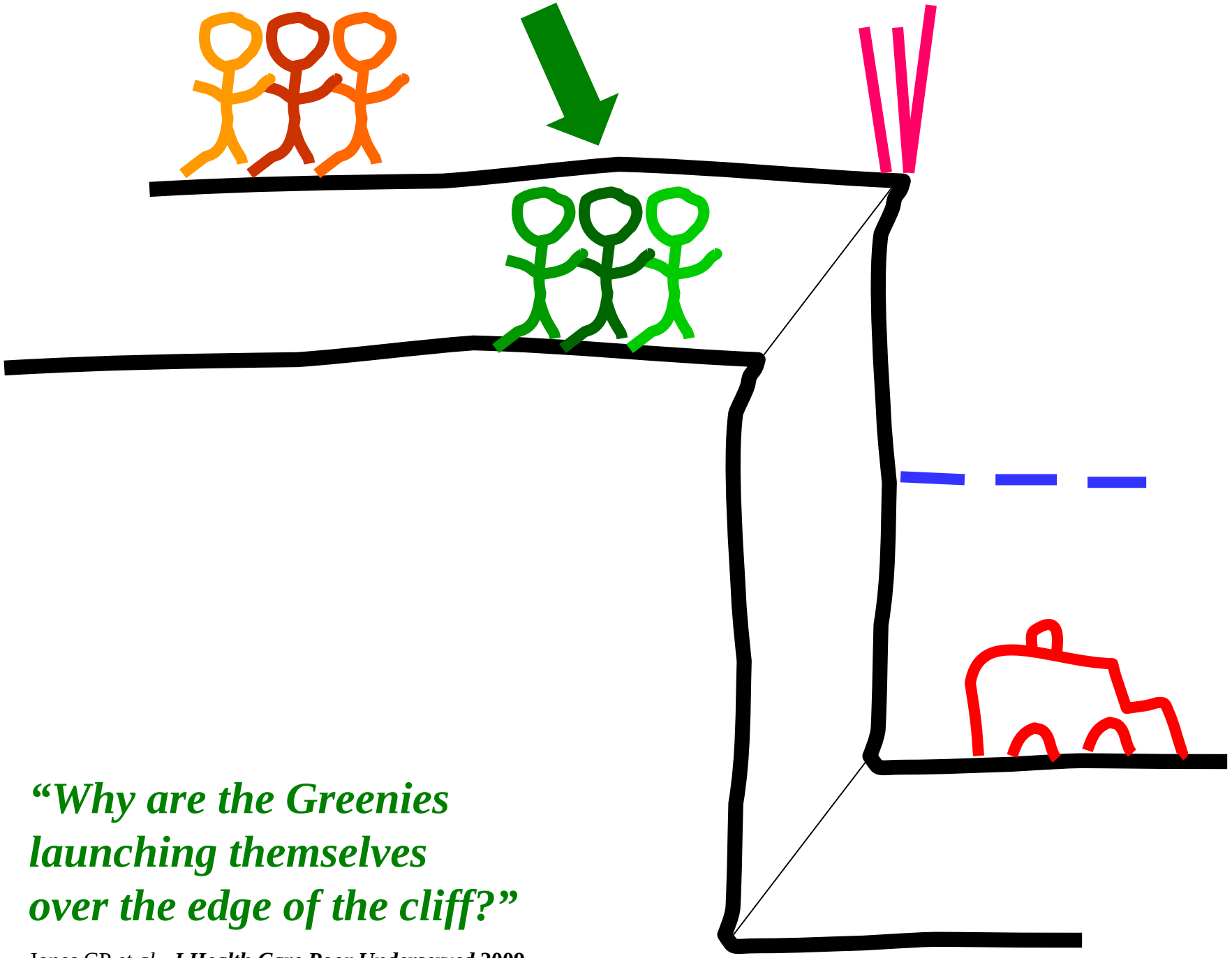
Goal 5: Achieve health equity across the cancer care continuum.

WV Cancer Plan 2016-2020



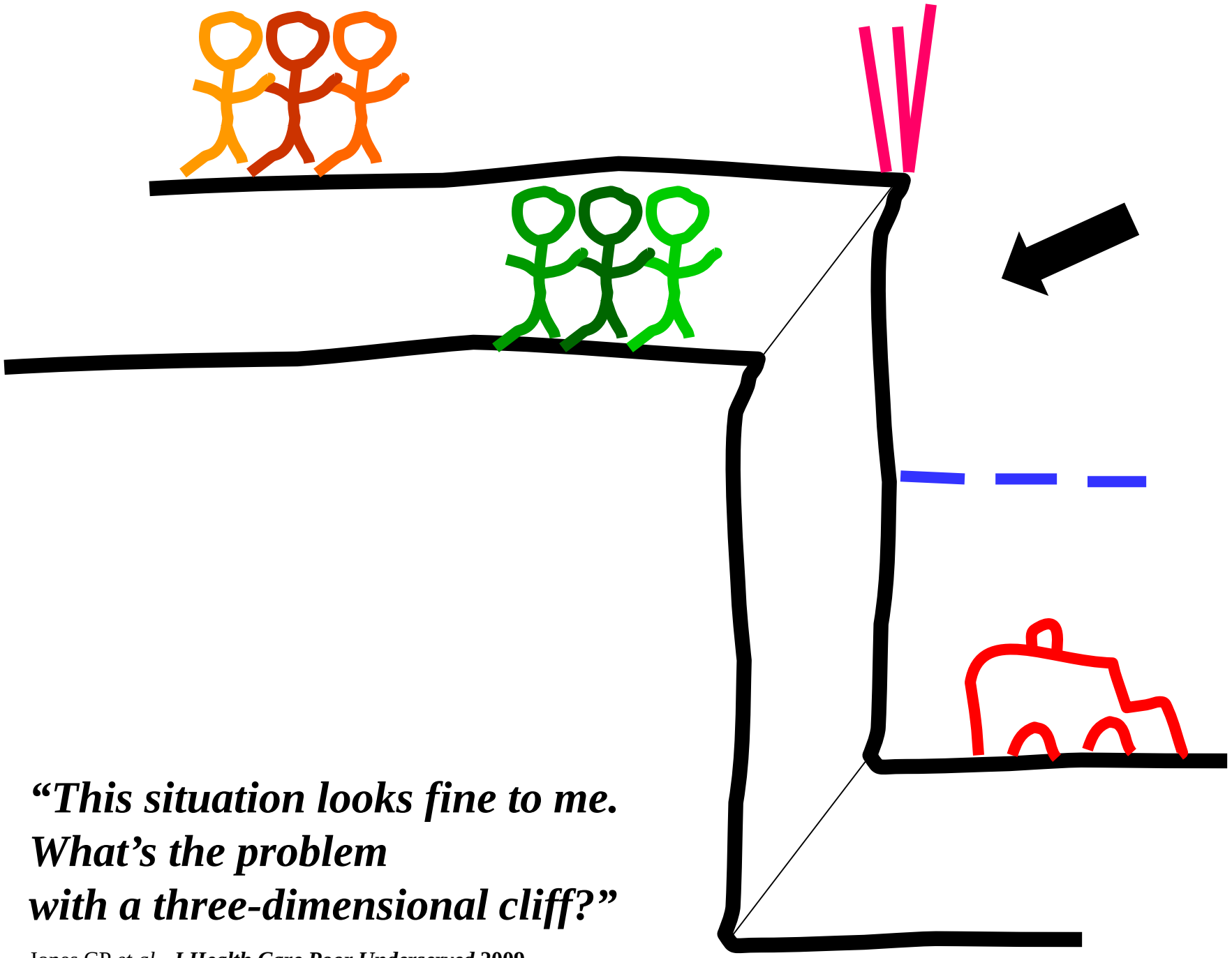
"Why do we spend so much money on ambulances at the bottom of the cliff?"

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



"Why are the Greenies launching themselves over the edge of the cliff?"

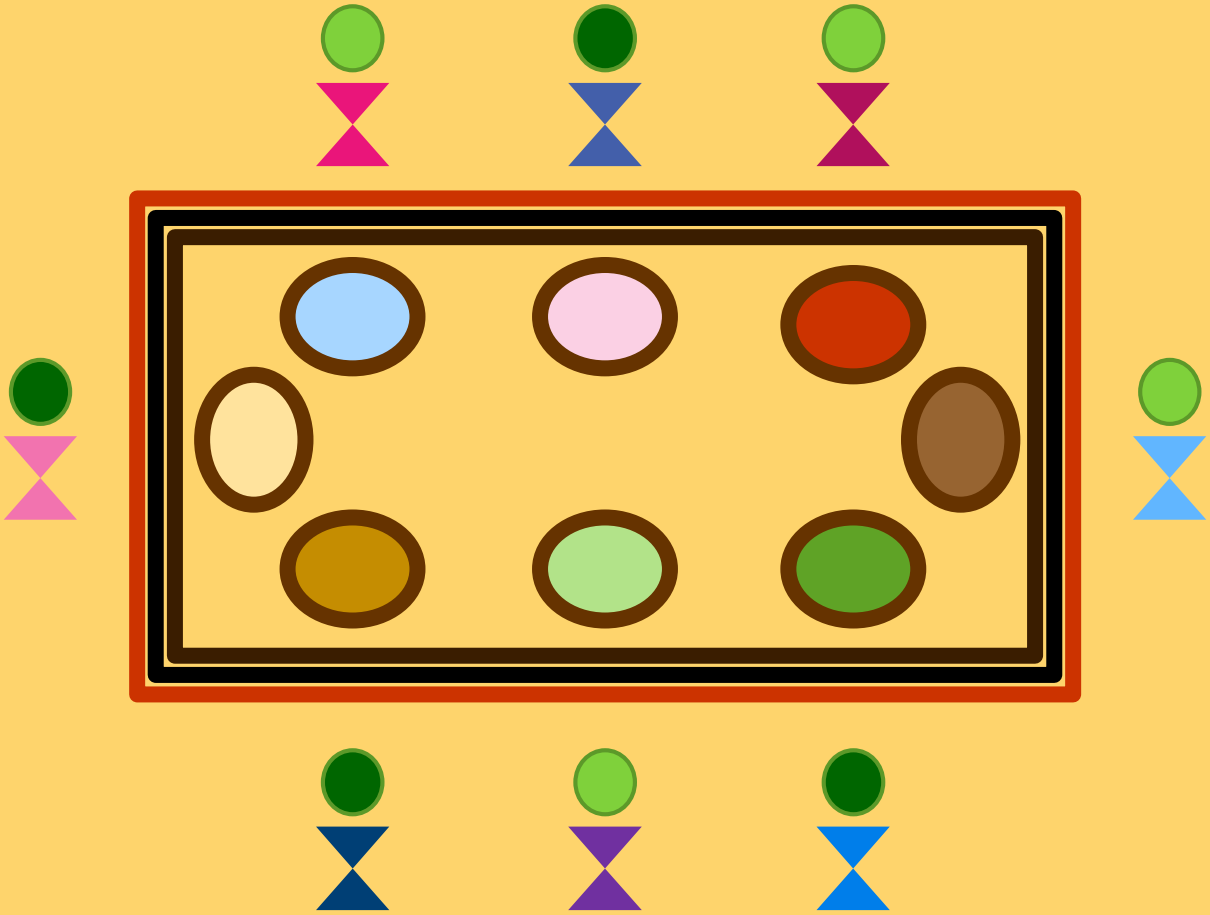
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



"This situation looks fine to me. What's the problem with a three-dimensional cliff?"

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

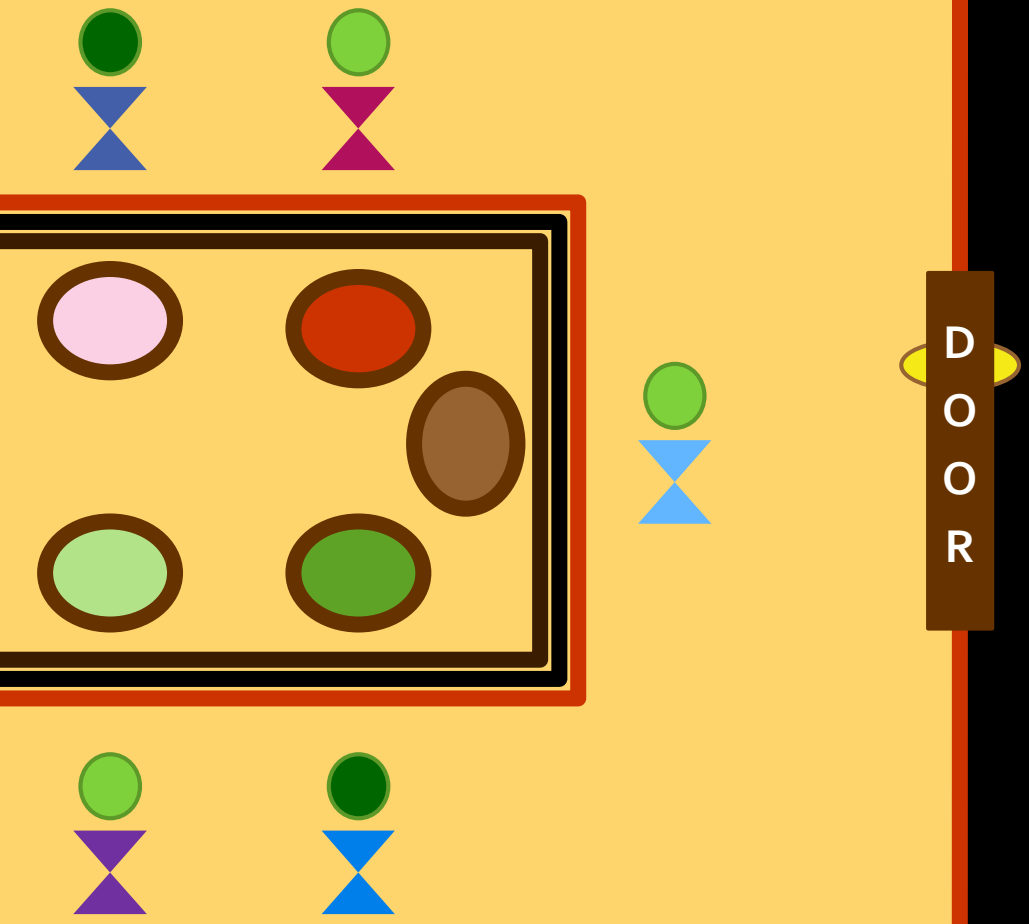
Dual Reality: A restaurant saga

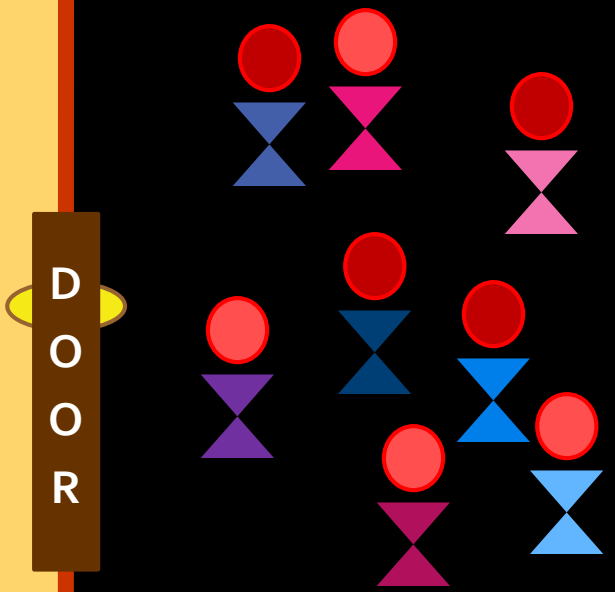


I looked up and noticed a sign . . .

OPEN

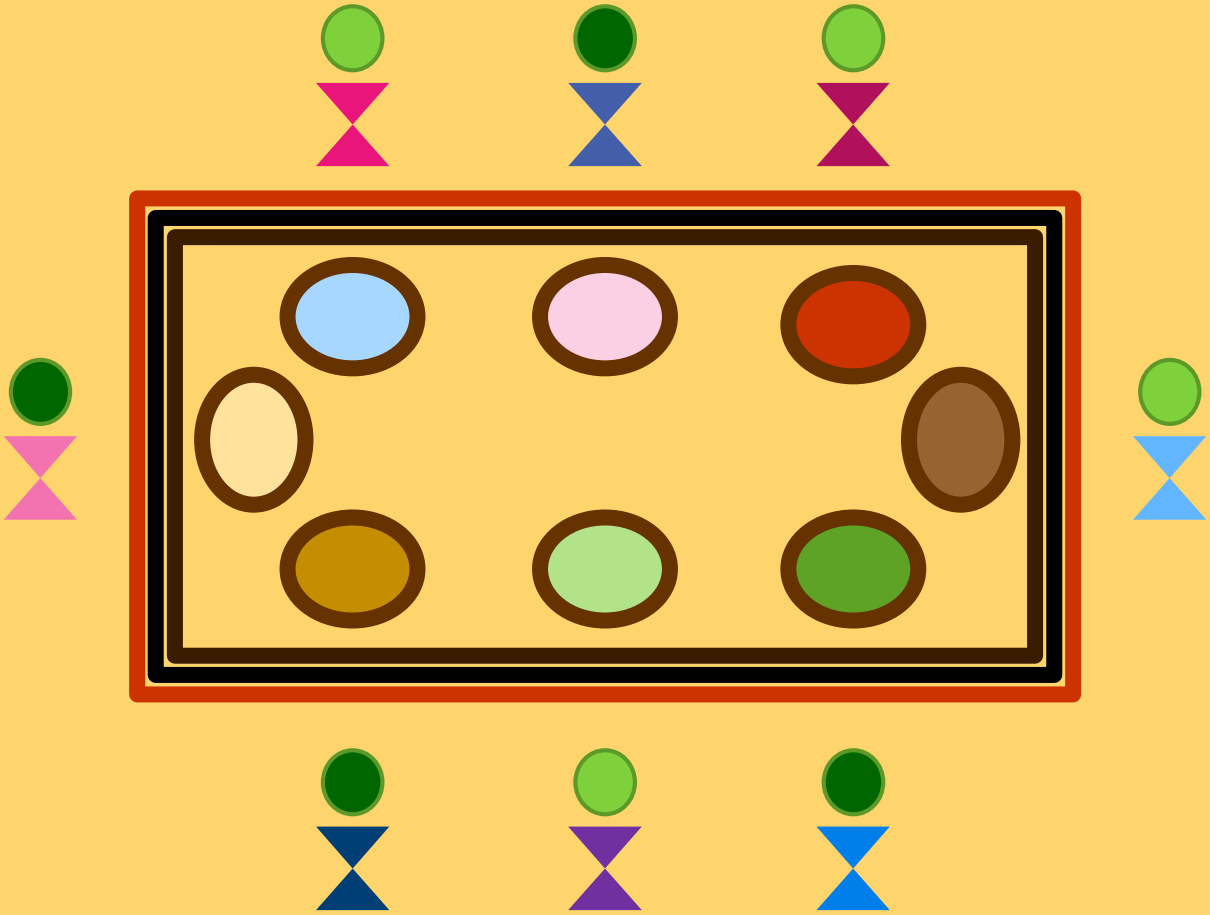
Racism structures “Open/Closed” signs in our society.





It is difficult
to recognize
a system of inequity
that privileges us.

Those on the outside
are very aware of the
two-sided nature
of the sign.



Is there really a two-sided sign?

Hard to know, when only see “Open”.
A privilege not to HAVE to know.
Once DO know, can choose to act.

What is racism?

A system

Jones CP. Confronting Institutionalized Racism. *Phylon* **2003;50(1-2):7-22.**

What is racism?

A system of structuring opportunity and assigning value

Jones CP. Confronting Institutionalized Racism. *Phylon* **2003;50(1-2):7-22.**

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race")

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What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that

- Unfairly disadvantages some individuals and communities

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- Saps the strength of the whole society through the waste of human resources

Jones CP. Confronting Institutionalized Racism. *Phylon* **2003;50(1-2):7-22.**

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- Gender
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These are risk MARKERS

Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* **2000;90(8):1212-1215.**

Institutionalized racism

- **Differential access to the goods, services, and opportunities of society, by "race"**

- **Examples**
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

- **Explains the association between social class and "race"**

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* **2000;90(8):1212-1215.**

Personally-mediated racism

- **Differential assumptions about the abilities, motives, and intents of others, by "race"**
- **Differential actions based on those assumptions**

- **Prejudice and discrimination**
- **Examples**
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* **2000;90(8):1212-1215.**

Internalized racism

- **Acceptance by the stigmatized "races" of negative messages about our own abilities and intrinsic worth**
- **Examples**
  - Self-devaluation
  - "White man's ice is colder" syndrome
  - Resignation, helplessness, hopelessness
- **Accepting limitations to our full humanity**

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* **2000;90(8):1212-1215.**

Levels of Racism: A Gardener's Tale

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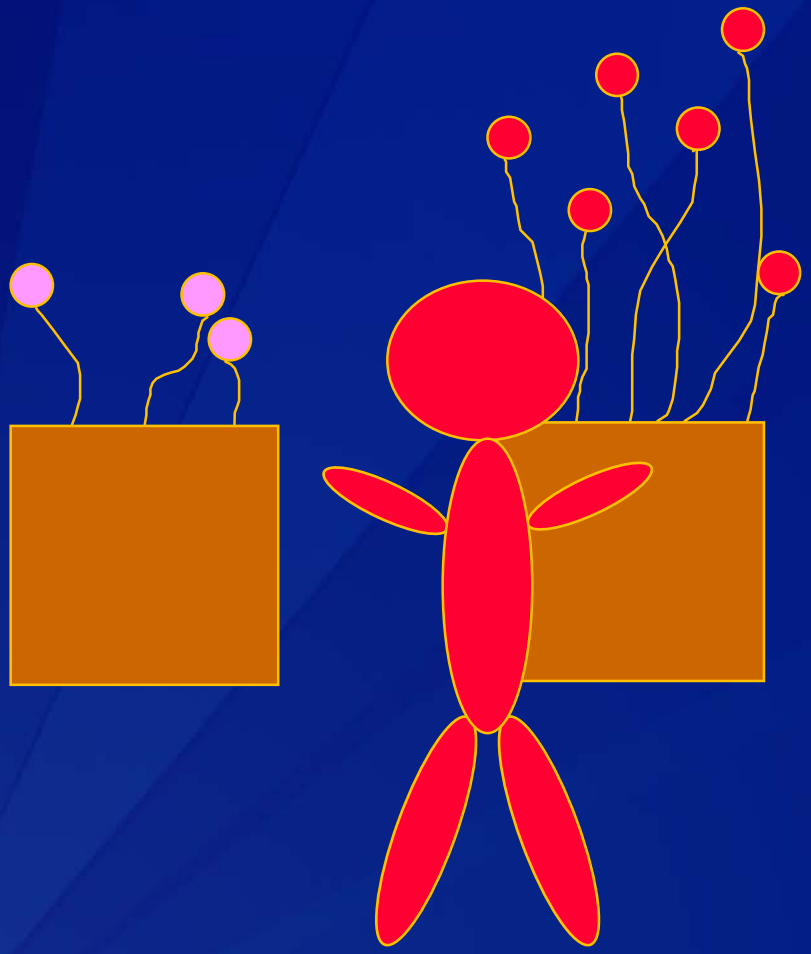
Who is the gardener?



- Power to decide
- Power to act
- Control of resources

- **Dangerous when**
  - Allied with one group
  - Not concerned with equity

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* **2000;90(8):1212-1215.**

"How is racism operating here?"

- **Identify mechanisms**
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  - **Policies:** the written *how?*
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What is health equity?

- **"Health equity" is assurance of the conditions for optimal health for all people**

- **Achieving health equity requires**
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need

- **Health disparities will be eliminated when health equity is achieved**

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

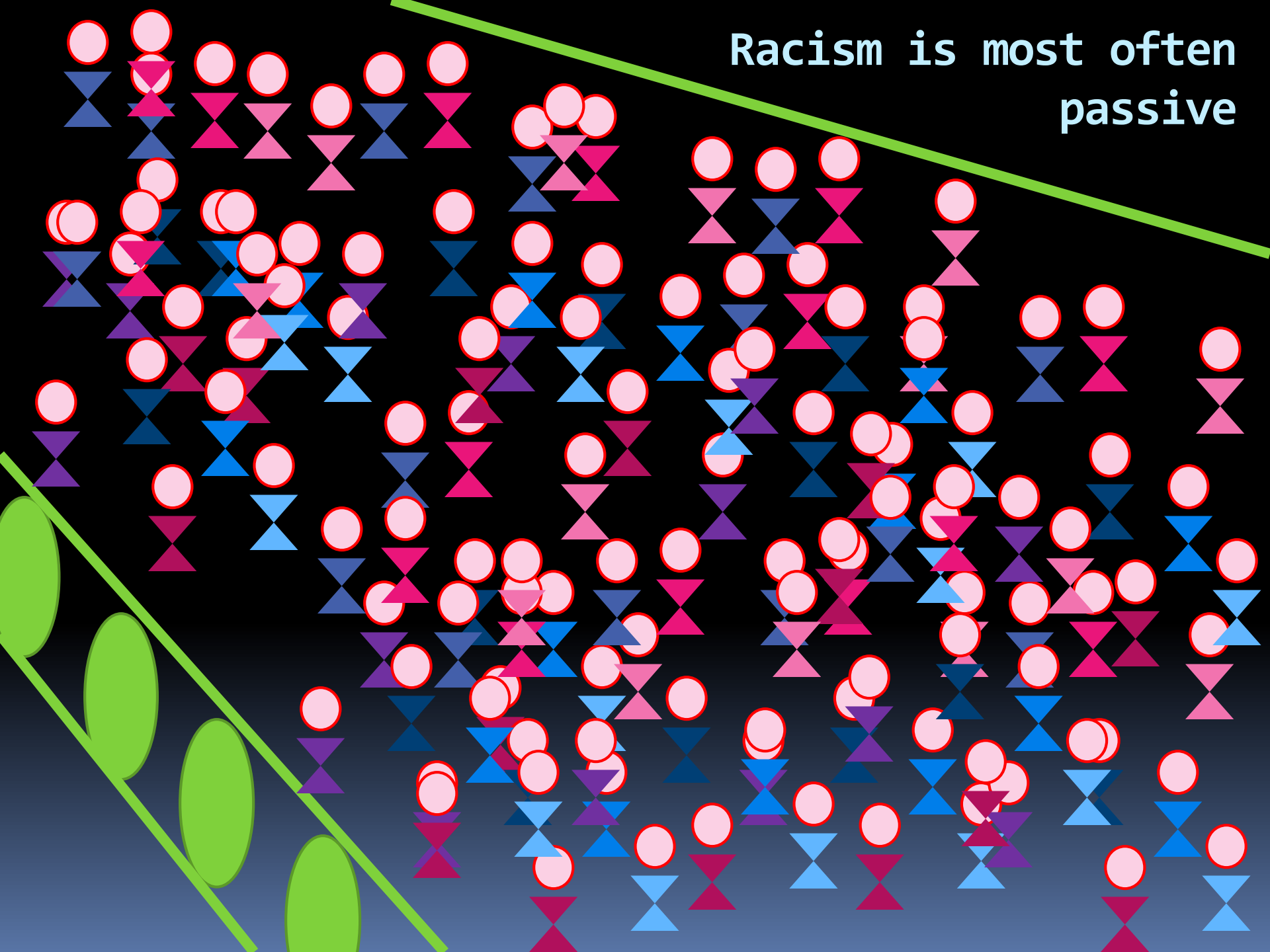
Barriers
to achieving health equity

- **Narrow focus on the individual**
  - Self-interest narrowly defined
  - Limited sense of interdependence
  - Limited sense of collective efficacy
  - Systems and structures as invisible or irrelevant
- **A-historical culture**
  - The present as disconnected from the past
  - Current distribution of advantage/disadvantage as happenstance
  - Systems and structures as givens and immutable
- **Myth of meritocracy**
  - Role of hard work
  - Denial of racism
  - Two babies: Equal potential or equal opportunity?

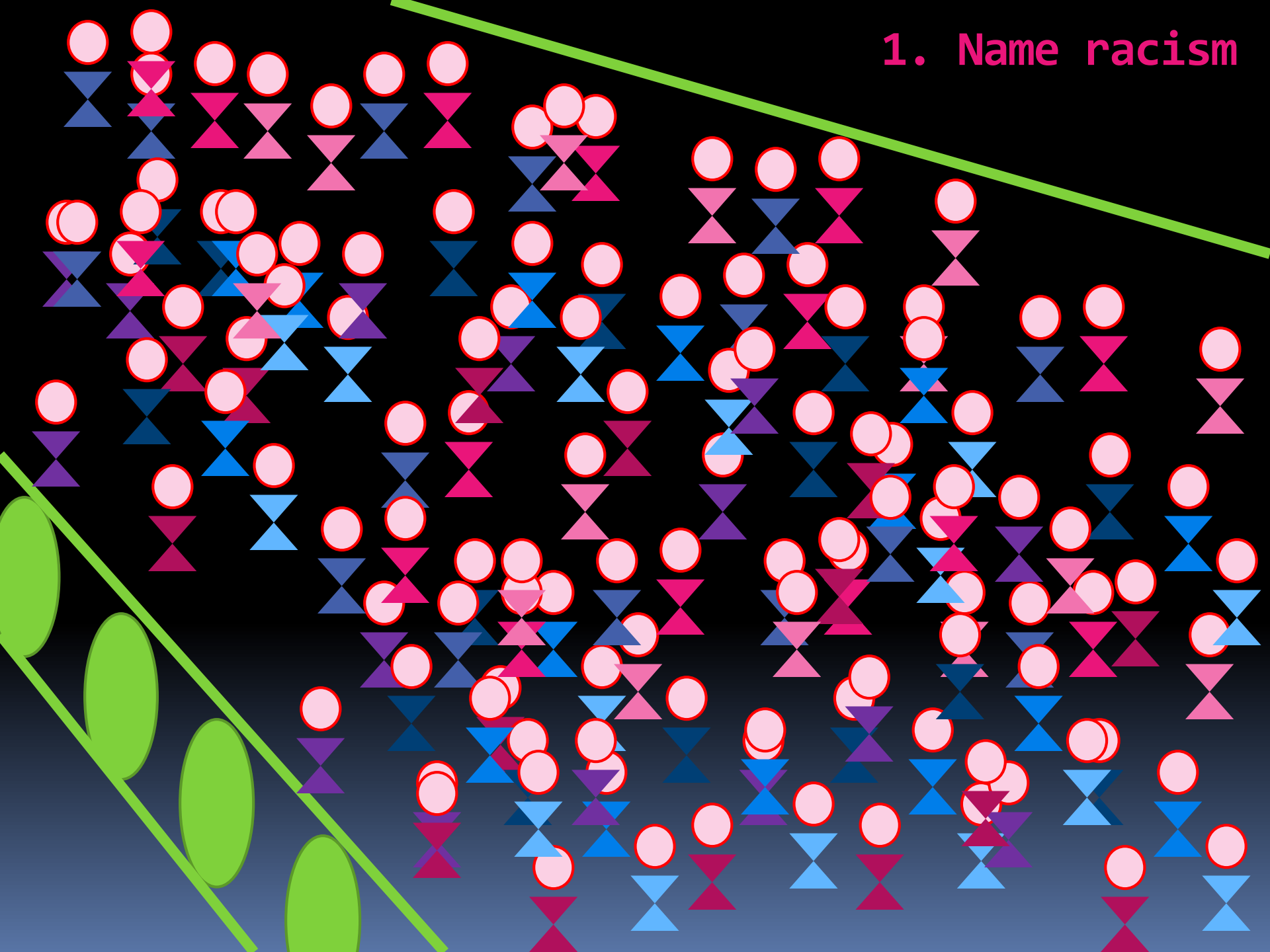
Using black holes

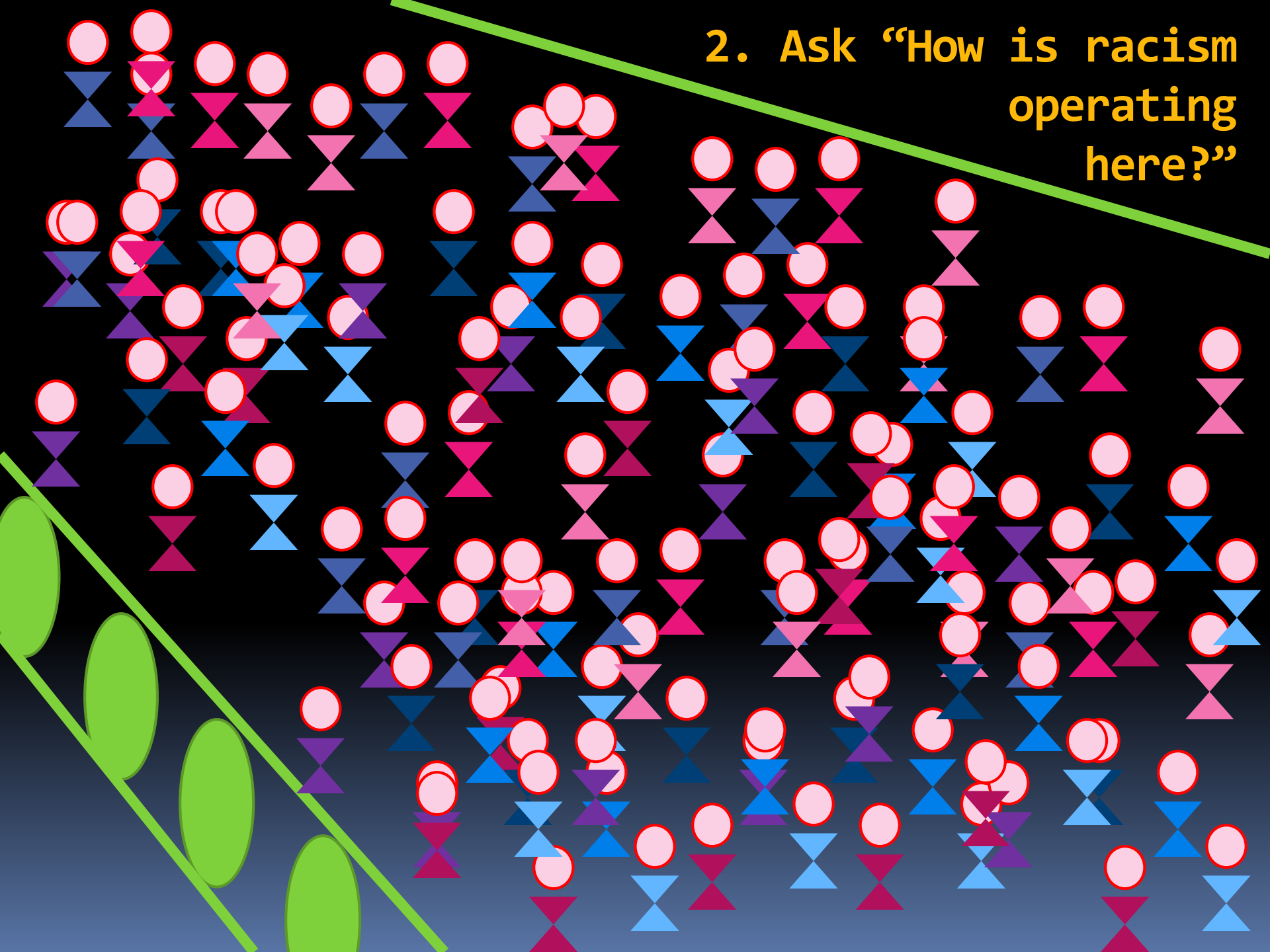
- **Look for evidence of two-sided signs**
  - Shine the bright light of inquiry
  - Are there differences in outcomes?
  - Are there differences in opportunities, exposures, resources, risks?
- **See "the absence of"**
  - Who is NOT at the table?
  - What is NOT on the agenda?
  - What policies do NOT YET exist?
  - What are we NOT doing?
- **Reveal inaction in the face of need**

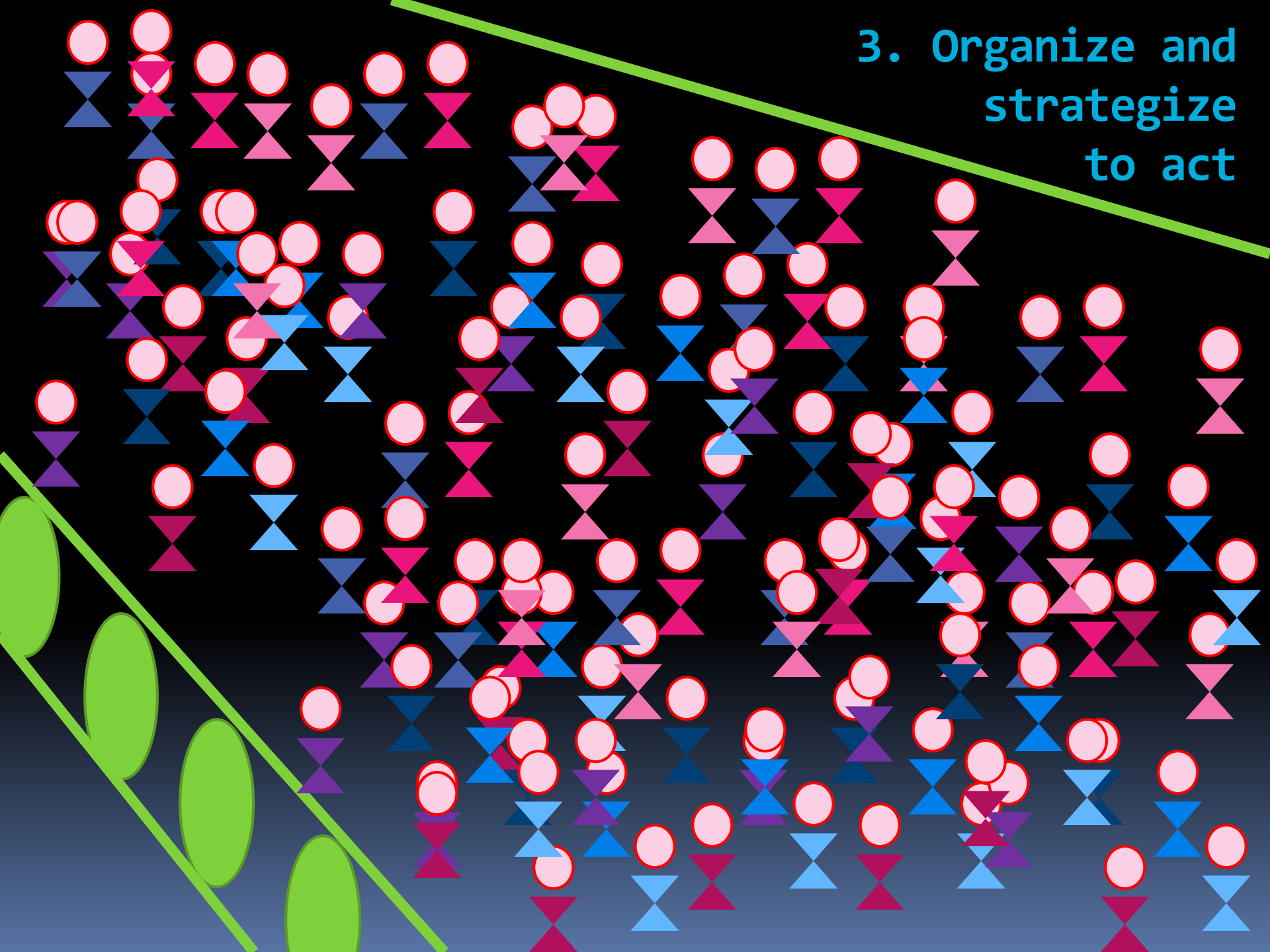
Life on a Conveyor Belt: Moving to action


Racism is most often
passive

1. Name racism




2. Ask “How is racism operating here?”


3. Organize and
strategize
to act

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