Cancer Prevention and Control: A Multidisciplinary Approach

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A Multidisciplinary Approach

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Presentation Outline

* Background and Significance
* Cancer Control Programs
* Documentation of Cancer Health Disparities
* Conclusions
* Policy Implications
Acknowledgements

* Cancer Control Outreach Center
* Ronda S. Henry-Tillman, MD, FACS (PI)
* Cancer Control Staff
Cancer in the U.S.

* >1 million people in the US each year (all cancers)
* Breast Cancer
  * 230K+ new cases on invasive breast cancer
  * 62K+ new cases of carcinoma insitu
  * ~40K deaths
  * 2.8+ million survivors
* Colorectal Cancer
  * 136K+ new cases
  * 50K+ deaths
  * 1+ million survivors

American Cancer Society, 2014
Breast Cancer
- Deaths decreasing fastest among white women
- Black women are more likely to die of breast cancer than other women
  - Cancers grow faster and harder to treat
  - Fewer social and economic resources
  - Less likely to get prompt f/u care with abnormal mammogram
  - Less likely to get high-quality treatment

Colorectal Cancer
- Over the past 20+ years, death rates have decreased
- Disparities remain among medically underserved populations
Cancer Control

Cancer Control Outreach Center
Mission Statement

- Reduce the risk, incidence, and death from cancer
- Enhance the quality of life for cancer survivors
- Lessen the burden of cancer through the development of increased partnerships with communities across the state
- Emphasize the integration of education, epidemiology, screening, life-style choices, chemoprevention and genetics with interventions

Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences
Organization

- Epidemiology
- Genomics

Training and Mentoring

- Risk Assessment
- Environment
- Gene Regulation
- Functional Genomics

Cancer Control and Population Sciences

- Prevention
  - Lifestyle
  - Behavioral
  - Chemoprevention

- Outreach
  - Screening
  - Lifestyle
  - Policy/Legislation

Improved Cancer Outcomes

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CANCER CONTROL APPROACH

* Cancer Health Disparities
* Applied Research
* Behavioral Research
* Community Engagement and CBPR
* Training & Mentoring
* Partnership Development
* Evidence-based Policy Dissemination

Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences
Funding for Cancer Control Programs

* Federal Funding: $14+ M
  * PI: Ronda Henry-Tillman, MD
  * A-SPAN U01 CA868081
  * AR-CCN U01 CA114607
  * CCESP R24 MD002805

* State Funding: $8+ M
  * PI: Ronda Henry-Tillman, MD
  * Mobile Mammography Program
  * CRC Demonstration
  * CRC Screening Program
Cancer Health Disparities

- Reduce Cancer Health Disparities
  - Increase public and community awareness
  - Disseminate current and accurate Information on prevention, early detection and treatment
  - Collaborate with rural healthcare programs to reduce cancer health disparities
  - Increase cancer health disparities “documentation” and interventions on a systematic basis
Problem: BreastCare

- Lack of access: 26 counties without FDA-approved facilities
- Lack of coverage: uninsured and underinsured
- Lack of knowledge: navigating the health care system
- BreastCare funding: dollars to support current infrastructure for breast and cervical cancer program
Solution: BreastCare

- Mobile Mammography Program (Since Feb 2010)
  - 397 trips in 38 counties
  - 8,729 women screened

- Patient Navigation Program
  - Navigates participants through cancer continuum of care
Problem: Colorectal Cancer

* 2nd leading cause of cancer death in AR
* Lack of access: providers and facilities not equally distributed
* Lack of coverage: uninsured and underinsured
* Lack of knowledge: navigating the health care system
* Low screening rates in underserved areas
Compliance or adherence to screening guidelines reduces disparities.

Higher mortality rates remain among disadvantaged and underserved that are part of racial and ethnic minorities and rural populations which tend to be low-income, underinsured, and uninsured.

Racial and ethnic minorities such as AA are less likely to be screened and more likely to die.

5-year survival rate in AA was 53% compared to 63% in Whites from 1992 to 1999 (Agrawal et al., 2005).
Solution: Colorectal Cancer

- CRC Demonstration (ACT 2236)
  - Develop PH Screening Program
  - Educate providers & patients
  - Reimbursement for screening uninsured & underinsured patients
- CRC Screening Program
  - All 5 PH Regions
- Patient Navigation Program
  - Navigates participants through cancer continuum of care
Problem: Workforce

- Shortage of health care workers
- Educational perceptions
  - Urban vs Rural Realities
- Rural demographics and health status
  - Greater burden of disease
- Rural Practice Characteristics
  - Longer hours less flexibility
- Economics
  - Competition (salaries, benefits)
Solution: Workforce

* Training and Mentoring
* Faculty Diversity and Community Outreach Program/Minority Faculty Diversity Caucus
* Arkansas IDeA Networks of Biomedical Research Excellence (INBRE)
* Summer Science Discovery Program
Problem: Silo Approach

- Problem bigger than one group
- Silos: isolated outcomes
- Funding limitations
  - Funders => Collaborations
Solution: Silo Approach

Partnerships
Documentation of Cancer Health Disparities
Empowering Communities for Life (CCESP)
  * NIH National Center for Minority Health and Health Disparities (R24 MD002805)
  * St. Francis and Mississippi Counties (AR Delta)
NCI CRCHD Community Health Education Biobanking/Biospecimen (U01 CA114607)
  * Region 2 B/GMaP (PI: Samuel Adunyah, PhD)
  * Meharry, Wake Forest, UAMS, NC State
* Understanding Esophageal Cancer in African American Patients
  * University of Maryland
The 2009 Arkansas General Assembly authorized the Arkansas Department of Health to spend $1.8 million to implement the Arkansas Cancer Plan.

For more information visit Arkansas Cancer Coalition [www.arcancercoalition.org](http://www.arcancercoalition.org)
* Identify problems within your community
* Identify solutions to the problems
* Identify training and mentoring opportunities related to issue
* Develop partnerships
* Determine how to document health disparities for policy change
* Provide evidence that support stronger policies that address disparities
* Identify best ways to design health systems for preventive services that target medically underserved populations

* Disparities continue to increase with health policies that reduce out-of-pocket expenses. Additional measures are required to reduce disparities in screenings among underserved populations

* Important to know if health coverage expansions decrease disparities
For More Information

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