

Section II: Connecticut Cancer Plan 2009 – 2013

C. Cross-cutting Activities and Support

1. Disparities and Access

The Power of Unity.



FORMER DISPARITIES COMMITTEE AND NEW DISPARITIES RESOURCE TEAM

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1. DISPARITIES AND ACCESS

The National Cancer Institute defines cancer health disparities as “differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific populations groups in the United States.”¹

One of the lessons to emerge from analysis of the *Connecticut Comprehensive Cancer Control Plan 2005-2008* and the effort to catalog its accomplishments was that it is unrealistic and artificial to establish goals and objectives in the isolated category of “disparities.” It is clear from the content of this new Plan that these issues are threaded throughout each of the continuum areas. A few examples of this underlying focus include the following: Social determinants of health are addressed with regard to prevention. There is a special focus on the prevalence of smoking among low socioeconomic groups, and trends tracking risk factors by are spelled out under the prevention objectives in Appendix D. A major goal of the Early Detection section is addressing the reduction of disparities and increasing access to screening services. In the Quality Treatment section, there is a discussion about increasing minority enrollment in clinical trials, an area the Partnership is prioritizing. The Survivorship section identifies the challenges faced by minority and low-income populations groups and those with cultural and/or language differences, which affect quality of life and outcomes. Initiatives directed at improving care at the end of life specify the need to increase outreach and advocacy for underserved populations and focus efforts on improving access for non-English speaking people as well as those facing other challenges, such as mental health problems.

If people experience inequities, whether problems with access, disparities in outcomes, or access to prevention resources, it is probable that the same subset of the population will experience the same disadvantages at another point in the continuum of cancer control. In fact, it is likely, and evidence shows, that cancer inequities will be mirrored by less favorable outcomes with other chronic diseases such as diabetes, heart disease, asthma, stroke, and HIV.

The Connecticut Cancer Partnership decided to improve its approach in tackling the pervasive problems of disparities and access by the establishment of a Disparities Resource Team, with subject matter experts who will work to identify opportunities that can have a positive impact in addressing disparities at each point in the continuum. Therefore, the Disparities Resource Team has developed the following as its goal:

Goal: *Maintain a consistent focus on eliminating disparities within the context of the each of the continuum committees' objectives and strategies.*

OBJECTIVE: *Share positive practices, identify and engage appropriate partners to effectively reduce disparities, and universally improve access to care in Connecticut.*

Strategies:

- Solicit representatives from underserved patient populations to serve on Disparity Resource Team to ensure culturally appropriate approach.
- Develop a tracking system and information collection approach to ensure that there is a collaborative and coordinated approach to address the needs of special populations. This may be best achieved by operating closely with the Prevention Committee, as it works with non-cancer health partners in the area of nutrition, obesity, and physical activity, for example. Efforts to reduce risk factors, which lead to higher incidence rates of cancers can also lead to reductions in the poor health outcomes associated with other diseases.
- Encourage the use of evidence-based practices to favorably alter minority health outcomes. Instituting practices such as tracking and reminder systems or assignment of a regular care provider have received high grades in evidence-based research analysis.
- Encourage the development of cultural competencies among health care workers.
- Work with all other committees to identify a committee liaison to work with the Disparities Resource Team on a particular continuum focus area.

Objectives and strategies from each of the continuum areas highlight specific areas where disparity and access issues must be monitored. For example, actions to effect change include:

Prevention: Decreasing tobacco use among adults and youths, paying special attention to populations experiencing tobacco-related disparities; and increasing the maintenance of a healthy weight among adults and youth, paying special attention to underserved populations.

Early detection: Increasing the percentage of women participating in the Connecticut Breast and Cervical Cancer Early Detection Program receiving appropriate follow-up and diagnosis within 60 days after receiving abnormal breast cancer screening results; and promoting low or no cost breast, cervical, and colorectal cancer screening programs to underserved or minority groups.

Quality treatment: Collaborating in the development of tools to track patient accrual to clinical trials, including uninsured/underinsured, racial and ethnic minorities.

Survivorship: Fostering positive health behaviors by cancer survivors, with a focus on cultural issues and health literacy, and developing culturally appropriate activities and methods to improve health literacy among low literacy and non-English speaking cancer survivors.

Palliative and Hospice Care: Increasing the number of people served by palliative and hospice care initiatives, including current pediatric, prison, and Veterans' initiatives, that address targeted and/or medically underserved population groups; and instituting culturally competent outreach, education, and partnership efforts within diverse communities to reach minority, immigrant, and English as a Second Language (ESL) population groups.

1 Agency for Healthcare Research and Quality. Strategies for Improving Minority Healthcare Quality. Evidence Report/Technology Assessment: Number 90. January 2004. <http://www.ahrq.gov/clinic/epcs/sums/minqsum.htm>.