



There is a National Problem: Racial Disparities in Cancer Treatment

Completion of recommended treatments

Stage I/II Breast Cancer (lumpectomy & radiation)

- 85% of Whites vs. 77% Blacks

Stage I/II Lung Cancer (surgical resection)

- 78% Whites vs. 64% Blacks

Gross, C., Smith, B., Wolf, E., Andersen, M. (2008) Racial Disparities in Cancer Therapy. *Cancer*. Vol. 112, No. 4.

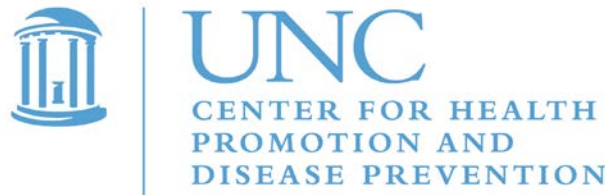


Greensboro Health Disparities Collaborative



Our mission is to establish structures and processes that respond to, empower, and facilitate communities in defining and resolving issues related to disparities in health.

ACCURE Research Partnership:





ACCURE Intervention

Transparency Components

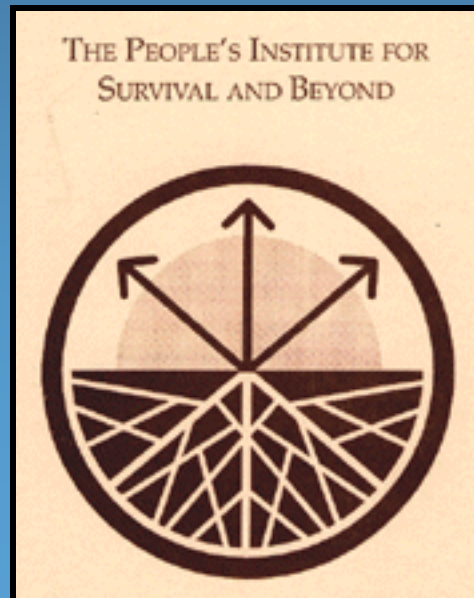
- **Retrospective** analysis, by race, of EHR **data** from 2007-2011
- Automated **Real-Time** Registry with **warnings** for missed appointments and unachieved milestones
- Automated **prospective** analysis, by race, of EHR **data**
- **Power analysis** of cancer care system for “pressure points”

Accountability Components

- ACCURE **Navigator** specially trained in exploring and responding to patients’ social and belief-specific barriers, and using ACCURE’s Real-time Registry
- Site-specific **Clinical Feedback** Reports, according to race and co-morbidity status, delivered by ACCURE Physician Champion to clinicians
- **Healthcare Equity Education and Training (HEET) + quarterly booster sessions for providers**

“If racism was constructed, it can be undone. It can be undone, if people understand when it was constructed, why it was constructed, how it functions, and how it is maintained.”

Ron Chisom, Executive Director and Co-Founder
New Orleans, LA





POWER ANALYSIS FOCUS GROUP DIAGRAM CANCER: THE JOURNEY

(ACCURE) Accountability for Cancer Care Through Undoing Racism and Equity

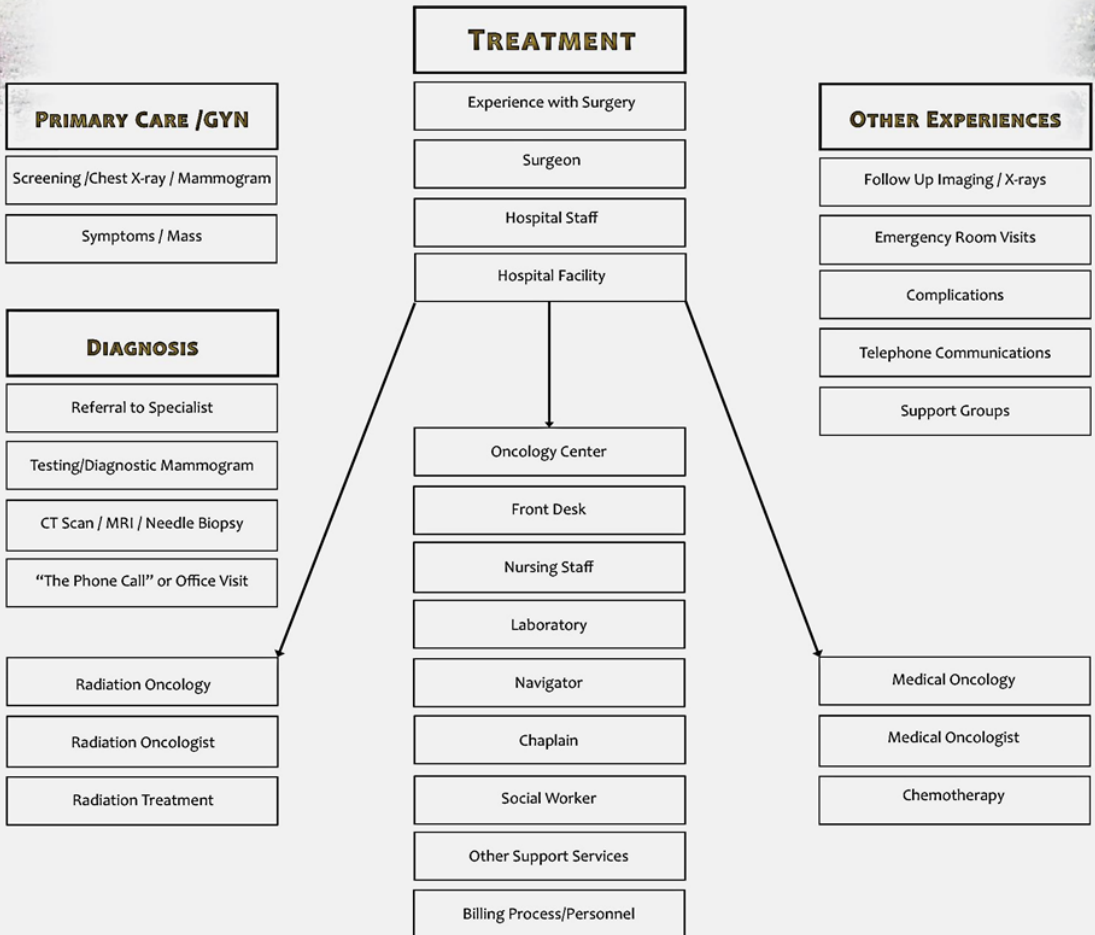


COMMUNITY

COMMUNITY

SUSPICION

FOLLOW UP



Planning and Evaluating Healthcare Equity Education and Training



Planning Committee Members

- Physician Champions, Site Directors for community & academic partners, REI consultant, GHDC members

Process Evaluation Instruments

- Participant survey questionnaire
- Observation checklist
- Debriefing interview with HEET presenters and ACCURE observers

Responsibilities

- Publicizing & recruitment strategies
- Content & presenters
- Process evaluation data collection & analysis



**Overview of
ACCURE
Healthcare
Equity
Education &
Training**

SESSION I:

Exercise in shifting the paradigm and thinking “outside the box” about causes of cancer health outcomes

SESSION II:

Examine race-specific findings from their own cancer center’s patients’ “Power Analysis”

SESSION III:

Introduce concepts of Implicit Bias

SESSION IV:

Examine race-specific findings from their own cancer center’s past cancer registry data and engage staff in “Power Analysis” of their own system of cancer care

SESSION VI:

Examine the role of gatekeeping in more depth

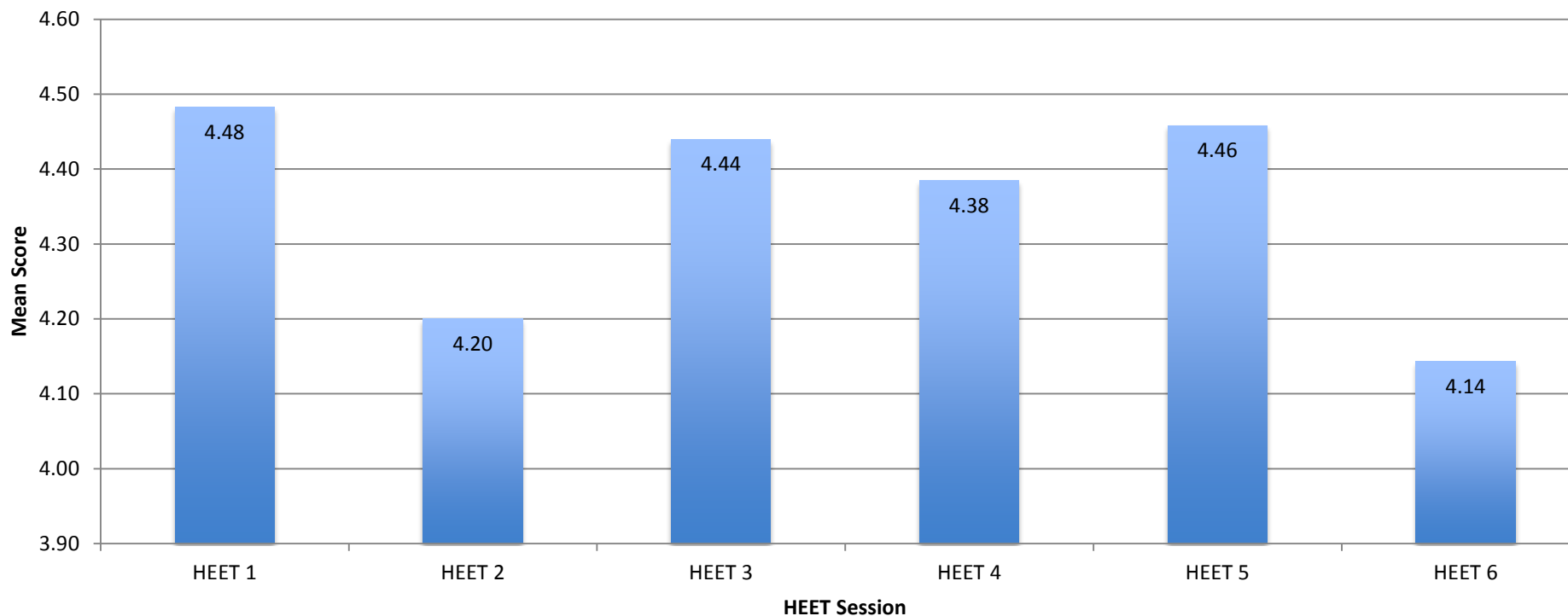
SESSION V:

Examine manifestations of implicit bias in their own cancer center through gatekeeping

Cone Health Participant Survey Results

Question #5 – “To what extent do you agree this session changed the way you think about clinical care/professional responsibilities?”

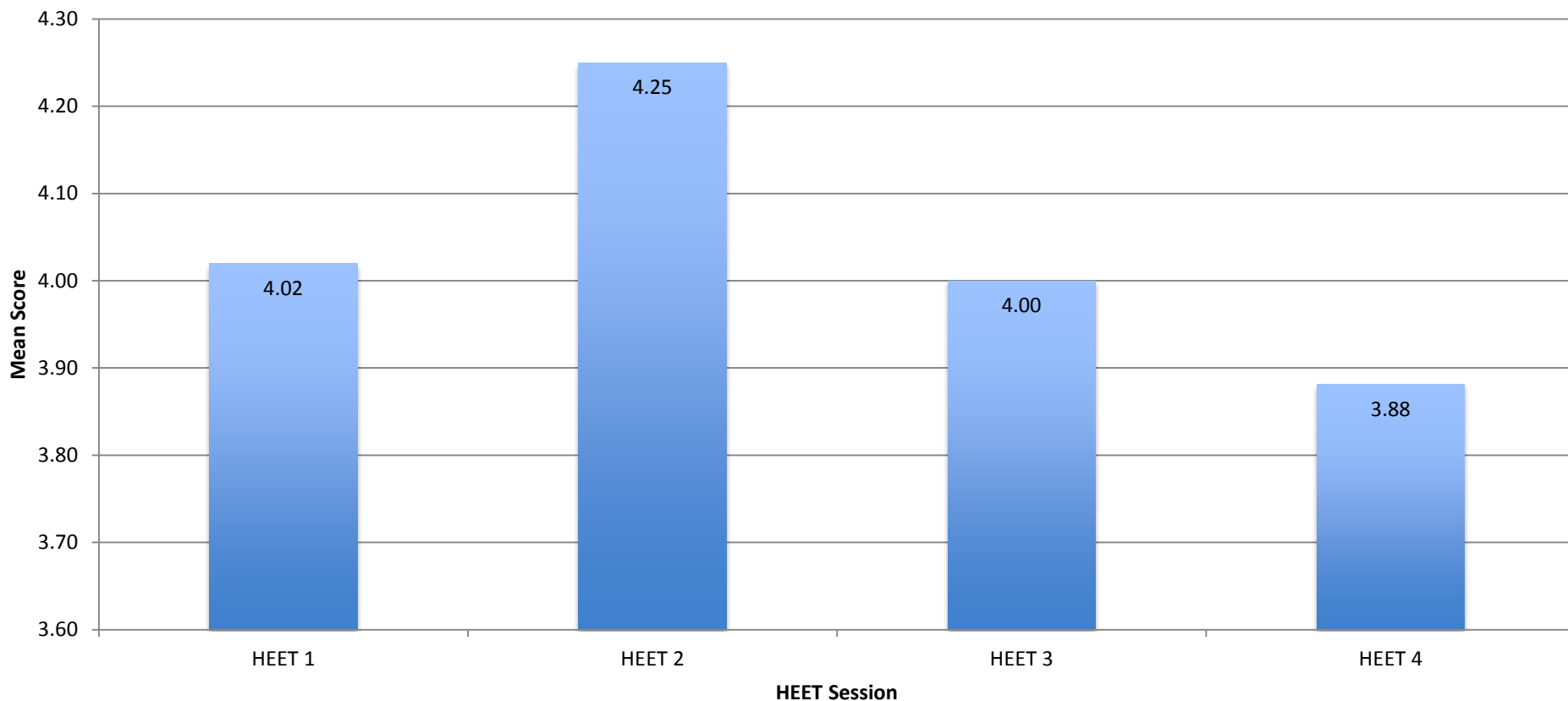
1= Strongly Disagree; 5= Strongly Agree



UPMC Participant Survey Results

Question 5 – “To what extent do you agree this session changed the way you think about clinical care/professional responsibilities?”

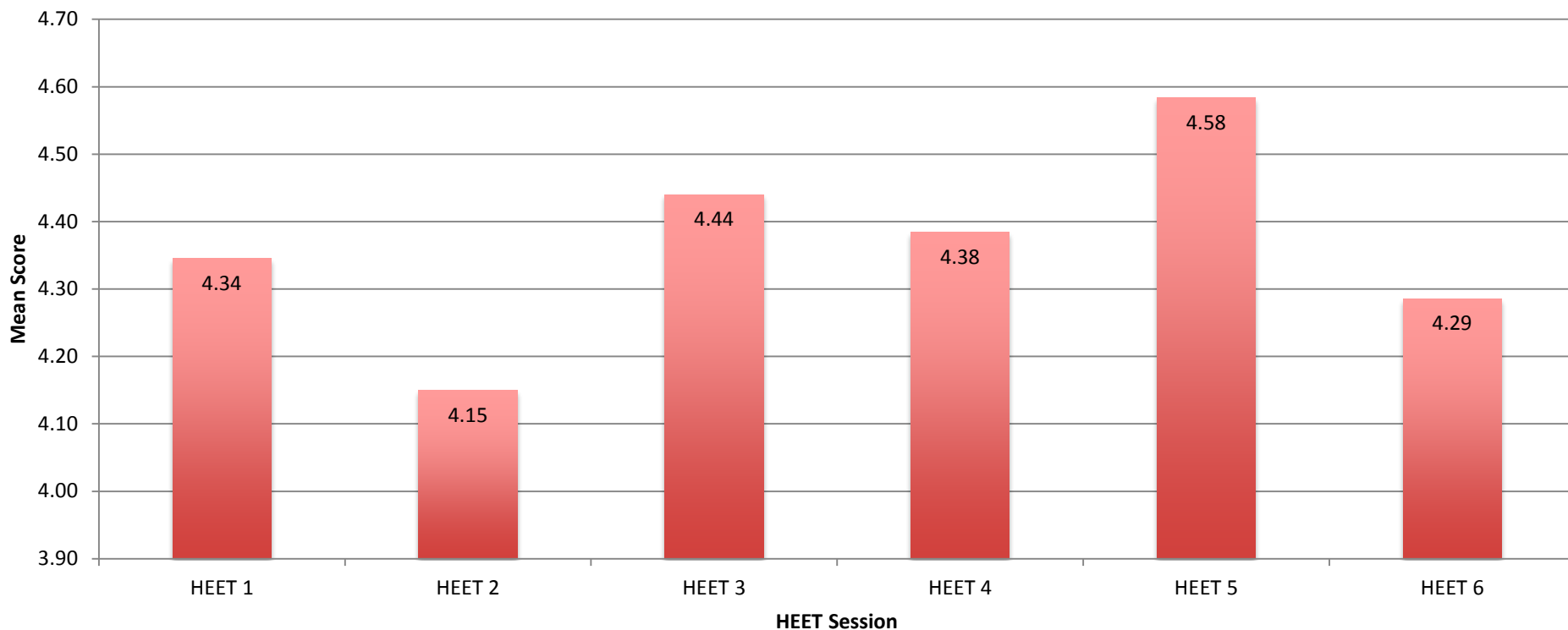
1= Strongly Disagree; 5= Strongly Agree



Cone Health Participant Survey Results

Question 6 – “As a result of participating in this session, I have a better understanding of the power associated with my role and responsibilities within my healthcare institution.”

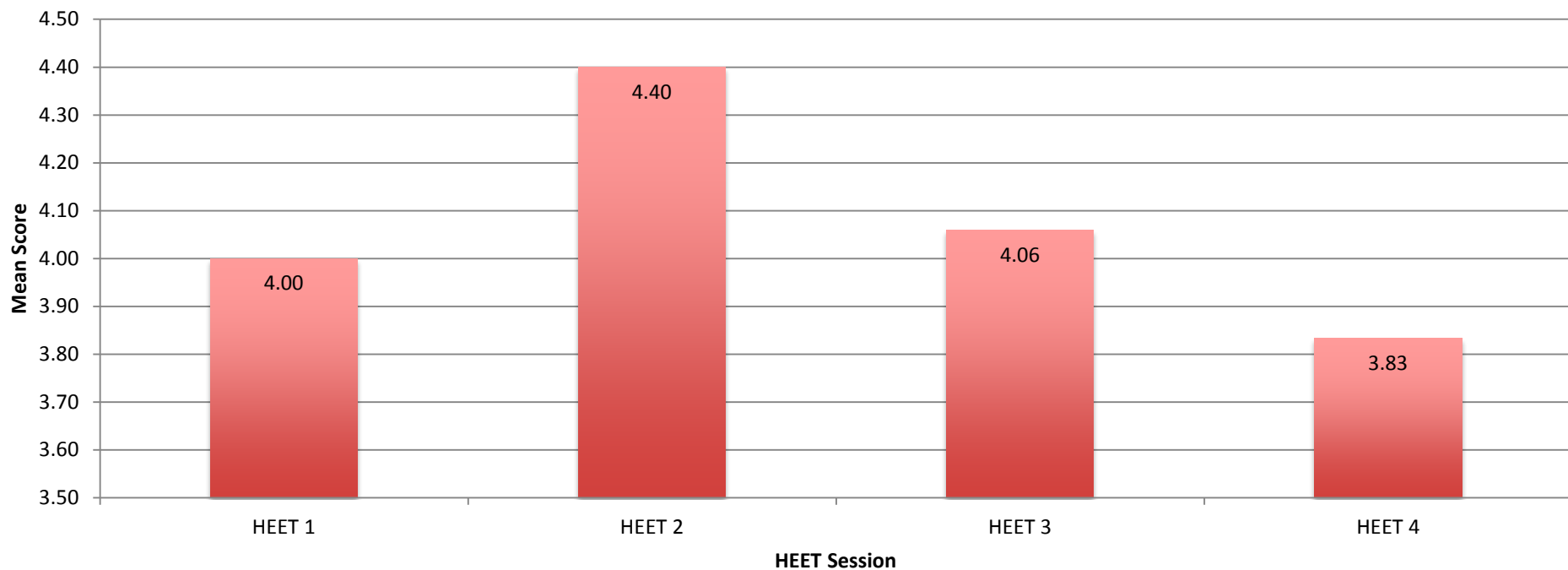
1= Strongly Disagree; 5= Strongly Agree



UPMC Participant Survey Results

Question 6 – “As a result of participating in this session, I have a better understanding of the power associated with my role and responsibilities within my healthcare institution.”

1= Strongly Disagree; 5= Strongly Agree





In what ways do you plan to use the information presented to improve patient outcomes?

Knowledge

- Raise Awareness of racial disparities within institution

Practice

- Cone Session 2: Share Data with Colleagues
- Cone Session 4: Consider how I make decisions & who I involve
- UPMC Session 2: Identify implicit bias, remain cognizant of it to provide equal patient care

Conclusion



Application of anti-racism principles with a broad team approach can effectively diminish implicit bias within the medical system, and lead to the elimination health disparities.

For further reading of publications from
the Greensboro Health Disparities
Collaborative and the ACCURE team:

www.greensborohealth.org

Thank you!