



2018 Challenge Cancer Conference

May 2, 2018

***The Maine Lung Cancer Coalition:
Working Together to Reduce Lung Cancer
for all Mainers***

Leo Waterston, MA & Paul Han, MD, MA, MPH



Audience Participation Survey



- ***Have you or someone close to you ever felt that you were the victim of bias?***
YES: Please raise your hand
NO: Please do not raise your hand
- ***Have you or someone close to you ever felt that you were the victim of bias as a patient in a healthcare setting?***
YES: Please raise your hand
NO: Please do not raise your hand
- ***If you work in a health care/public health role, have you ever received formal training in health equity and/or bias in health care?***
YES: Please raise your hand
NO: Please do not raise your hand

Implicit Bias



Credit: Maine CDC Office of Health Equity

Implicit Bias



Implicit Bias



wiseGEEK

Implicit Bias



Implicit Bias: Implicit Association Test



SCIENTIFIC AMERICAN

English Cart 0 Sign

BEHAVIOR & SOCIETY

How to Think about "Implicit Bias"

Amidst a controversy, it's important to remember that implicit bias is real—and it matters

By Keith Payne, Laura Niemi, John M. Doris on March 27, 2018



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A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test

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Highlights

- Synthesizes the current literature on the use of the IAT in healthcare providers.
- 37 studies demonstrate mixed results for the role of implicit bias in disparities.
- Increased provider bias consistently correlates with poorer patient-provider interactions.
- Identifies future directions for continued research using the IAT.

Abstract

Disparities in the care and outcomes of US racial/ethnic minorities are well documented. Research suggests that provider bias plays a role in these disparities. The implicit association test enables measurement of implicit bias via tests of automatic associations between concepts. Hundreds of studies have examined implicit bias in various settings, but relatively few have been conducted in healthcare. The aim of this systematic review is to synthesize the current knowledge on the role of implicit bias in healthcare disparities. A

Health equity: a definition

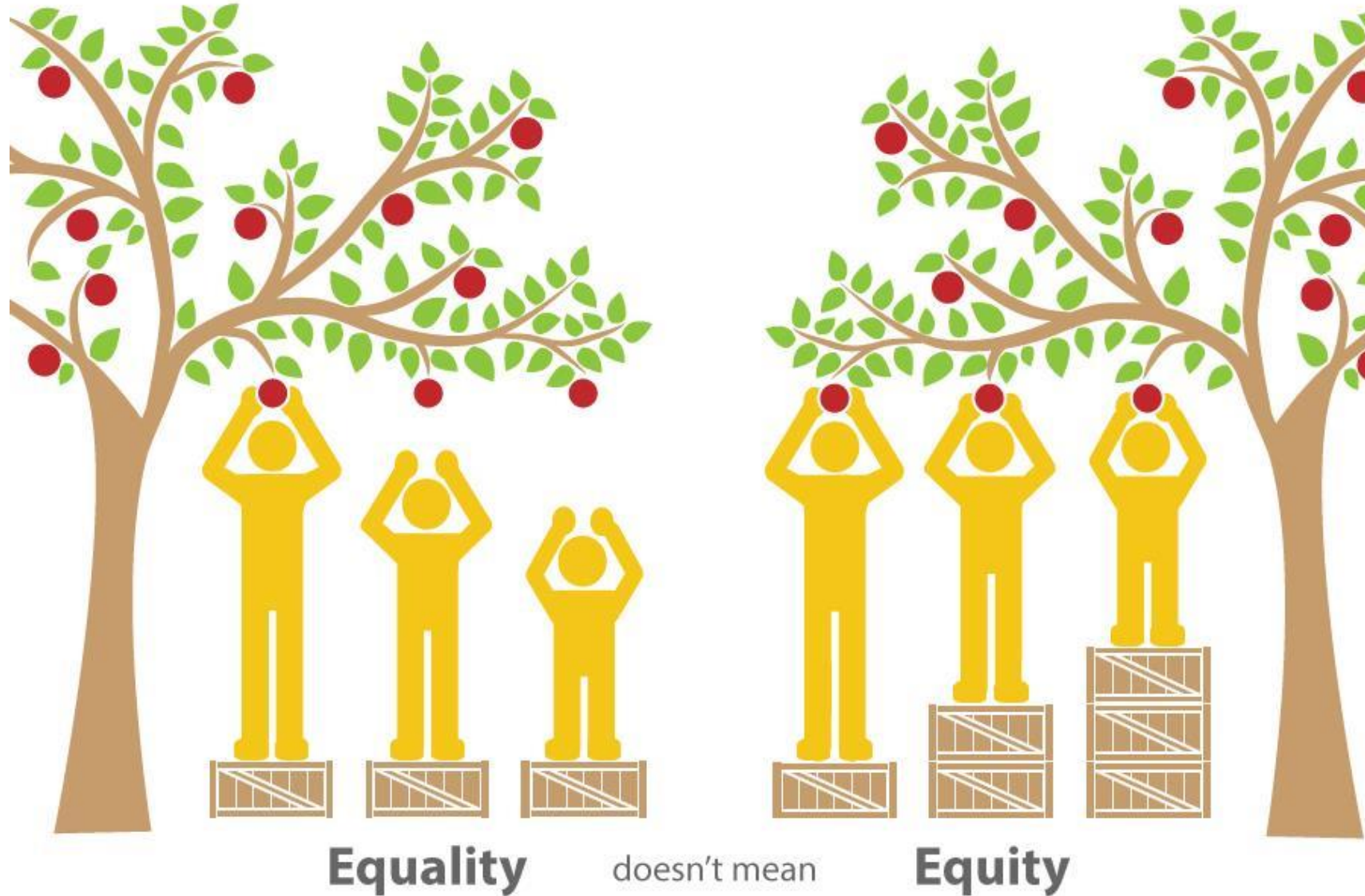


Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

(Source: Robert Wood Johnson Foundation)

Equality vs. Equity



Equity in action

The difference between



EQUALITY
& **EQUITY**

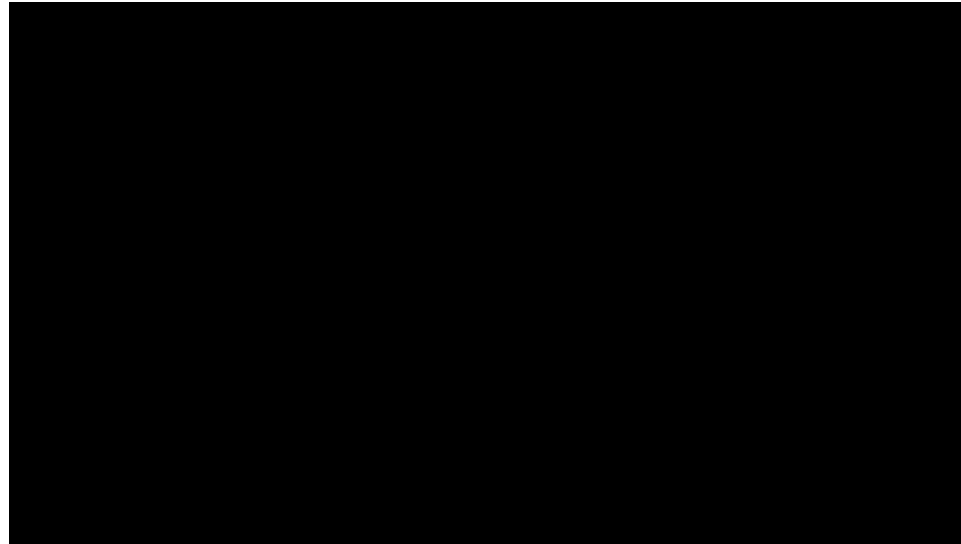
“ The route to achieving **equity** will not be accomplished through treating everyone **equally**. It will be achieved by treating everyone justly according to their circumstances. ”

—Paula Dressel, Race Matters Institute

Source:

<http://viablefuturescenter.org/racemattersinstitute/2014/04/02/racial-equality-or-racial-equity-the-difference-it-makes/>

Social determinants of health

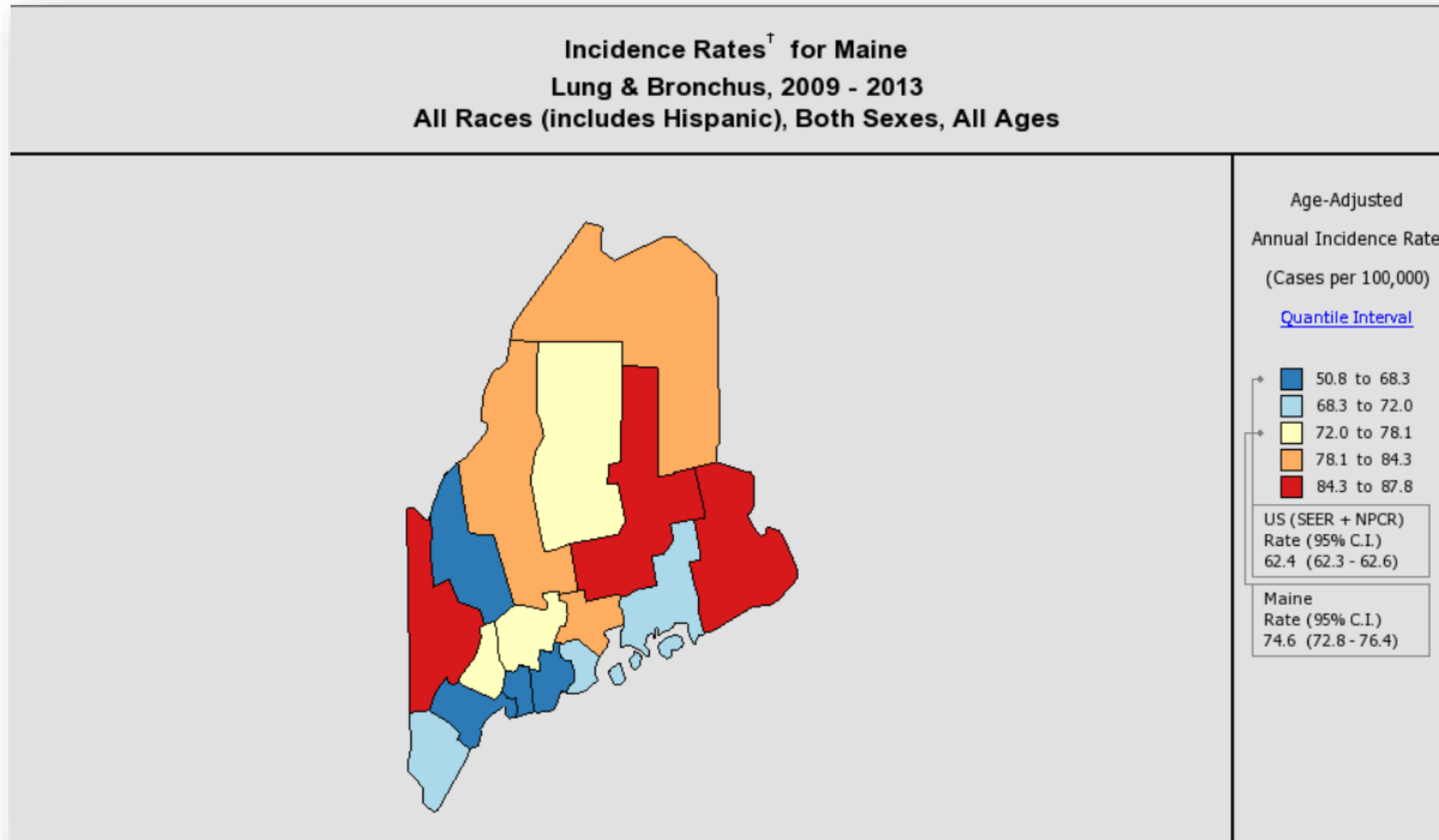


Health equity: barriers



- **Geographic**
- **Socioeconomic**
- **Cultural**

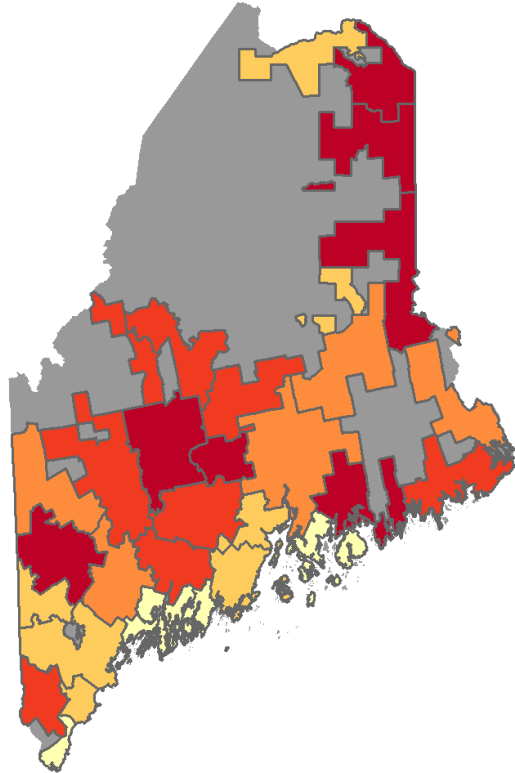
Geography of lung cancer in Maine: unequal distribution



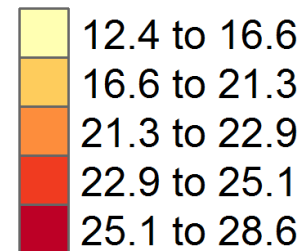
<https://statecancerprofiles.cancer.gov/incidencerates/>

Geographic variation in lung cancer risk factors & mortality

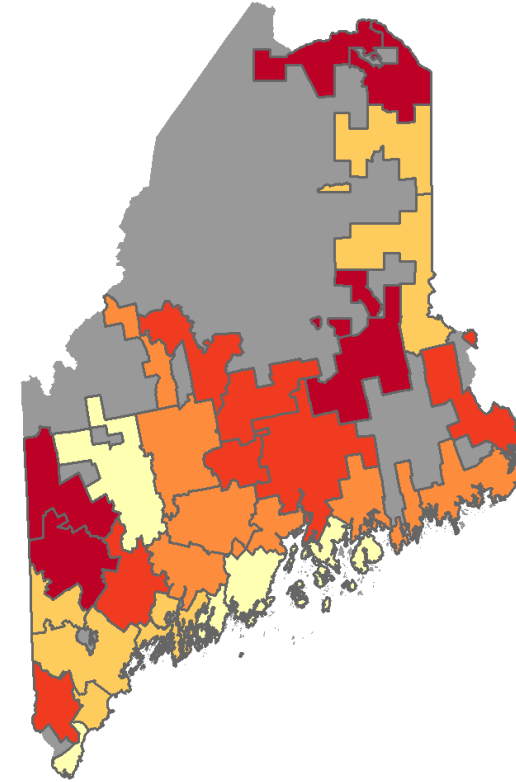
Current Smoking



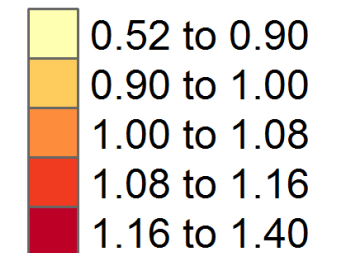
% Adults



Lung Cancer Mortality



Age-sex adj SMR

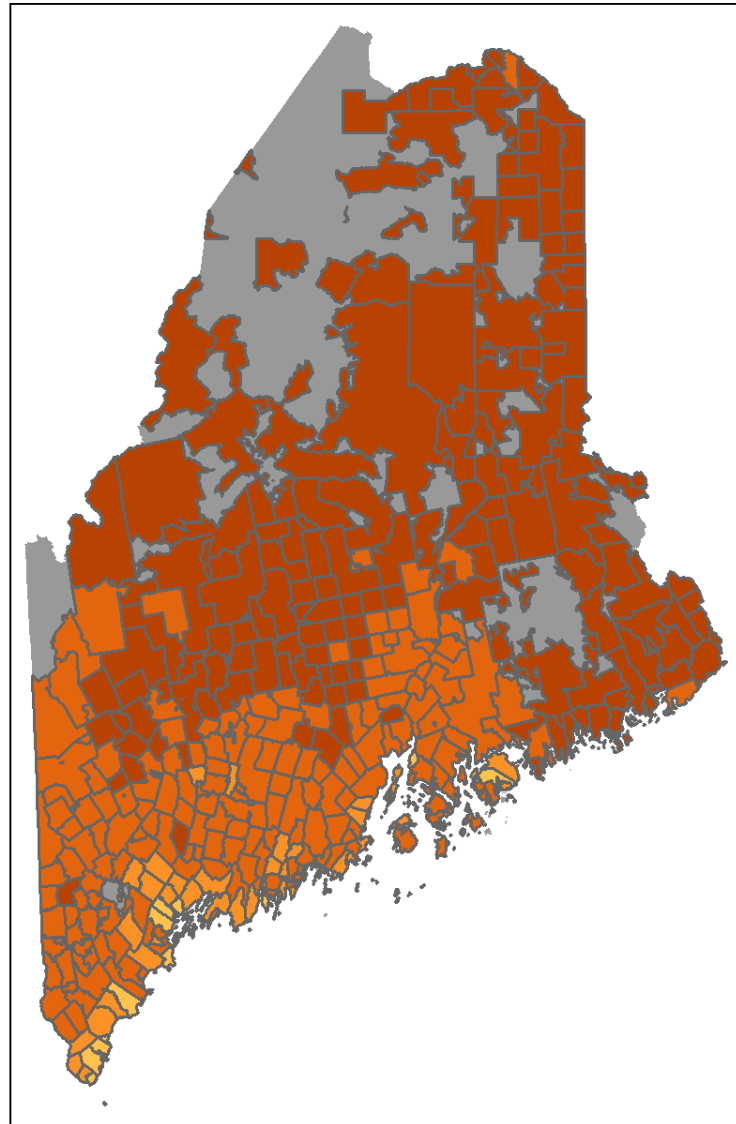


Health equity: barriers

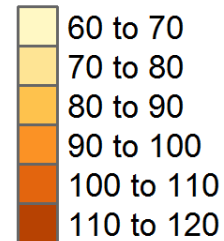


- **Geographic**
- **Socioeconomic**
- **Cultural**

Geographic variation in social determinants of health



Area Deprivation Index



Area Deprivation Index:

- Percent of the population with <9 yrs education
- Percent of the population with \geq HS diploma
- Percent employed persons in white-collar occupations
- Median family income in US dollars
- Income disparity
- Median home value in US dollars
- Median gross rent in US dollars
- Median monthly mortgage in US dollars
- Percent of owner-occupied housing units
- Percent of population aged >16 who are unemployed
- Percent of families below federal poverty level
- Percent of the population < 150% federal poverty threshold
- Percent of single-parent households with children
- Percent of households without a motor vehicle
- Percent of households without a telephone
- Percent of occupied housing units without complete plumbing
- Percent of households with >1 person per room

Health equity: barriers



- **Geographic**
- **Socioeconomic**
- **Cultural**

Cultural barriers: beliefs, attitudes, values



- Qualitative focus group study with disengaged Maine rural residents (n=50)
- Key themes:
 - **Fatalism about health**
 - *“What’s the chances of me ... not dying of cancer ... Kind of like it’s inevitable.”*
 - *“I think ... I’ll just accept dying rather than ... go through the pain of quitting.”*
 - *“The thought of just getting screened makes my heart race. I don’t know if I want to know what’s happening.”*
 - **Mistrust towards health care providers and care**
 - *“I’ve been through quite a few doctors so far because I can’t find one to take me seriously or listen to what I have to say.”*
 - *“They don’t have any feelings almost ... feels like here it is, take it or leave it.”*
 - *“My personal opinion about the whole thing is it’s all about money.”*

Maine Lung Cancer Coalition



Engage and Educate

- General public, patients, clinicians, payers, policymakers
- Evidence-based lung cancer prevention & screening services

Prevention Messaging

- Formative research: Intercept Interviews
- Environmental policy scan
- Stakeholder advisory group
- Develop messages, outreach

Qualitative Research Study

- High-risk, rural, disengaged community members; learn about perceptions of lung cancer risk, barriers to lung cancer screening

Health Policy Initiatives

- Introduce legislation for MaineCare for LDCT lung cancer screening
- Radon detection & mitigation

LDCT Screening Provider Summit

- Convene key stakeholders to assess current status, share insights
- Achieve consensus on best practices, develop tools
- Ongoing multi-institutional coalition, learning collaborative

PCP Outreach & Education

- Statewide education program on lung cancer screening, prevention (online, in-person)
- Tools and resources for implementing LDCT screening
- FQHC Learning Collaborative

Building a Coalition

Form effective, collaborative partnerships among diverse institutions across Maine

Building New Data Infrastructure

- New statewide lung cancer outcomes data resource
- Provider and physician surveys on lung cancer screening

Innovate and Evaluate

- Community-based strategies
- Increase access to prevention, screening, and treatment services to rural/underserved populations

Community Health Worker Pilot

- Outreach to rural high-risk communities
- Identify education, access needs
- Link patients to primary care services

Shared Decision Making Tool Development

- Develop and test new decision support tools and patient education materials to support shared decision making about LDCT screening

Primary Care Pilot

- 4 pilot practices, link CHW to practices and patients
- Population Risk Assessment Tool to identify patients eligible for lung cancer screening

Telemedicine Pilot

- Develop, implement, and test use of telemedicine for providing pre-screening shared-decision making (SDM) counseling for LDCT screening

Future directions: reducing health inequities

- Stakeholder engagement: communities, patients, families, health care providers
- Health policy & advocacy
- Formative research
- Data analyses: geographic disparities in risk factors, disease and mortality, patterns of care
- Development of tailored messaging, education & outreach in rural communities
- Development and strengthening of statewide partnerships across sectors & stakeholders



leadership team



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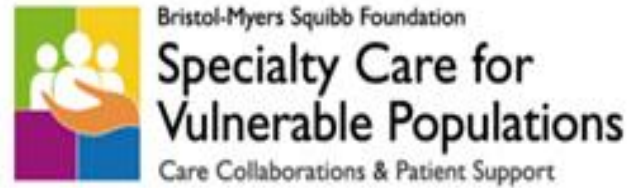
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Thank You

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