Reducing Cancer Disparities: The Intersection of Science & Community Engagement

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ARRO Annual Meeting
Sept 14, 2019
Former Chair of ASCO’s Health Disparities Committee, Karen M. Winkfield, MD, PhD, Faced Her Own Barriers

Karen M. Winkfield, MD, PhD

By Ronald Piana
June 3, 2018 - Narratives Special Issue

Nationally regarded radiation oncologist Karen M. Winkfield, MD, PhD, was born and reared in Wheatley Heights, a suburban hamlet on Long Island, New York, that shares borders with the prosperous community of Dix Hills and one of the Island’s lowest-income towns, Wyandanch. “I was fortunate to live a few blocks east of the border; otherwise, I would have been zoned in the Wyandanch school district, which has very limited educational resources. Instead, I attended Half Hollow Hills, which is a far better school district, and that experience was a formative part of my life moving forward,” said Dr. Winkfield.

On Her Own

“I was the youngest of seven kids. My oldest brother passed away before I was born, so technically we were a family of eight. My parents became Jehovah’s Witnesses when I was 5 years old. Back then, the organization opposed secondary education, and therefore none of my siblings went to college, although they were all bright,” Dr. Winkfield shared.

Dr. Winkfield was naturally competitive and drawn to the challenges of academics, but since college “wasn’t in her future,” she began to pull back and rebel against the system. A teacher, seeing one of her top students begin to slip away, stepped in...
What are Health Disparities?

National Institute of Health

“What Health Disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States”
Leading Health Disparities

- Cardiovascular Disease
- Cancer
- Diabetes
- HIV/AIDS
- Infant Mortality
- Asthma
- Mental Health

National Institute of Medicine
Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care
Cancer Disparities

Incidence

Lung and Bronchus
- White: 46.7
- Black: 49.4
- Asian/Pacific Islander: 24.2
- Am. Indian/Alaska Nat.\(^a\): 37.8
- Hispanic\(^b\): 19.7

Colon and Rectum
- White: 14.7
- Black: 20.7
- Asian/Pacific Islander: 10.5
- Am. Indian/Alaska Nat.\(^a\): 16.8
- Hispanic\(^b\): 12

Mortality

Female Breast
- White: 21
- Black: 29.6
- Asian/Pacific Islander: 11.2
- Am. Indian/Alaska Nat.\(^a\): 14.7
- Hispanic\(^b\): 14.5

Prostate
- White: 19.1
- Black: 44.2
- Asian/Pacific Islander: 9.1
- Am. Indian/Alaska Nat.\(^a\): 19.1
- Hispanic\(^b\): 17.1

SEER Cancer Incidence and US Death Rates, 2009-2013
By Cancer Site and Race/Ethnicity
Health Disparities: *Nature vs. Nurture*

**Biologic determinants**
- Genetics
- Biology
- Comorbidities

**Social determinants**
- Socioeconomic status
- Access to care
- Sociocultural barriers
Biologic Differences
EPIGENETICS
A woman who smokes while pregnant induces epigenetic changes in three generations at once: in herself, her unborn daughter, and her daughter’s reproductive cells.
Effects of trauma on health

- “Exposure to racial discrimination may be a chronic source of trauma in the lives of many children of color that negatively influences mental and physical outcomes” – Sanders-Phillips, K. Clin Child Fam Psychol Rev. 2009 May 23
“Auctions & Negro Sales”

Timeline

1607 1705 1860 1970 2017

Gov’t establishes Race-based slavery

Emancipation Proclamation

Slave-trade Abolished

10%

Freedom??

Civil Rights Movement
Model of Social Determinants of Health Inequities

- Racism
  - Socioeconomic Status
  - Environmental Exposure
  - Stress
  - Health Behaviors
  - Access To Health Services
  - Access to Testing and Screening

Health Outcomes
Social Determinants of Health

http://www.cdc.gov/socialdeterminants/
Wake Forest Baptist Comprehensive Cancer Center

 CCC Strategic Priority: Cancer Disparities
My Current Roles

- **Community Outreach & Engagement**
  - Workforce Diversity – Support faculty recruitment
  - Professional training and mentoring
  - Facilitate research in disparities
  - Catchment area needs assessment
  - Policy and advocacy work

- **Office of Cancer Health Equity (OCHE)**
  - Programs for underserved/vulnerable populations
  - Community outreach and engagement
  - Public education
The Office of Cancer Health Equity

Jimmy Ruiz, MD
Assistant Director, Clinical Trials

Maria Alejandra Combs, JD
Hispanic Patient Navigator

Emily Britt, MSW
Rural Patient Navigator

Camry Wilborn, MA
Community Outreach Coordinator

Carla Strom, MLA
Program Director

Alexis Daniels, MS
African American Patient Navigator

Kelsey Shore, BA, CCRC
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Kathryn Weaver, PhD
Assistant Director, Research

Aeriel Diaz, BS, CHES
NCI NON Community Health Educator

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African American Patient Navigator
WFBCCC Catchment Area

Defined by:

- ≥4 new patients per 10,000 per county
- Access
- Geography

58 Counties
59% rural
71% elevated smoking rates

Total population: 4.1 M
13.3% African Americans
6.5% Hispanics
94% of new patients

Ca Cases/yr: 23,100
Ca Deaths/yr: 9,000
Multi-pronged Investigation

- Understand sociodemographics of each community
- Engage in Community Based Participatory Research (CBPR)
- Research Genetics/Biology of tumors (diseases) by race
  - How??
Underserved Populations

- Racial/Ethnic Minorities
  - African American
  - Hispanic
  - Arab/Muslim population
  - Native American/American Indian
- Rural vs Urban
- Sexual and Gender Minorities
- Adolescent/Young Adult vs Older Adults
- Lower Socioeconomic Status
IMPLEMENTATION SCIENCE

- The study of factors that influence the full and effective use of innovations in practice
- Implement: “to fulfill; perform; carry out: to put into effect according to or by means of a definite plan or procedure
- the study of factors that are action oriented and mission driven

Science to Service
Community Engagement

Community engagement is the art of creating partnerships through the exchange of information and expertise that will empower and strengthen both the internal and the external community

~Nikki Rineer, President, Holleran
Levels of Community-Engaged Research

- **Community education**: Research is communicated to the community in traditional forms of outreach.
- **Community-focused research**: Research is undertaken for the community, to help fill a knowledge gap identified by the community.
- **Community-based research**: Research is undertaken in the community, to improve knowledge of local conditions and local issues.
- **Community-based participatory research**: Research is undertaken with the community; community members are an equal part of the research process.
- **Research is undertaken with the community; community members are an equal part of the research process.**
Patient Support Programs

- Population Health Navigation: Hispanic
  - African American, Rural, AYA (New funding)

$1.2M Programmatic Funds
- $600K – NCI
- $600K - Foundation

- Cancer Support Groups
- Survivorship Clinic
Reducing Cancer Burden

- **Cancer Screening & Prevention**
  - Free mammogram program
  - Skin Cancer Screening
  - HPV vaccination
  - ANCHOR (NCI) – Anal cancer prevention
  - GYRIG – Colorectal cancer awareness

- **Tobacco Cessation**
  - Action Learning Program – DHP (OCHE)

- **Policy: Tobacco Control Center**
Stakeholder Involvement in Research

- Patient Experience Protocol
- American Indian Roundtable
- Community Assessment & African American Townhall
- Mixed methods study in Rural Populations (RSVP)
- Advocates for Research in Medicine (ARM)
- Patient Family Advisory Council (PFAC)
- Community Advisory Boards
Research, Policy & Patient Advocacy

- **Local**
  - Colon Cancer Coalition; American Cancer Society (OCHE)

- **Regional**
  - Tobacco Control Center (Donny/Sutfin)
  - N.C. Advisory Committee on Cancer Coordination and Control (Winkfield; appointment by Gov. Cooper)
  - North Carolina Oncology Association (Ruiz, President-Elect)

- **National**
  - VA Oncology Field Advisory Committee (Ruiz)
  - WF NCORP Research Base Executive Steering Committee (Weaver/Strom/Winkfield)
  - NCI Symptom Management/Quality of Life Steering Committee (Strom)
  - NCI Geographic Management of Cancer Health Disparities Program (Weaver/Strom)
  - NCI Disparities Integration Working Group (Winkfield)
  - Biden Cancer Initiative (Winkfield)
Abstracts/Posters/Publications


Promotion of Cancer Equity & Workforce Diversity

**Office of Cancer Health Equity**

Cancer can affect anyone, at any time.

**THE OCHE ECHO**

January 2019
Newsletter

**DIRECTOR’S CORNER**

Identifying Underserved Populations

At the Office of Cancer Health Equity (OCHE), our primary goal is to improve cancer outcomes for everyone in our community. But how do we define “community” and what metrics can we use to determine success? These are two of the toughest questions that we struggle with on a daily basis in our work at the Wake Forest Baptist Comprehensive Cancer Center (WFBCCC). A person’s ability to prevent cancer, obtain screening, get treatment, enroll in a clinical trial, or survive cancer and live well should not be dependent on race, ethnicity, geography, or socioeconomic status. However, these characteristics and more, often impact care along the cancer continuum. In order to address these disparities in health care, it is critical to know where the deficits are and then to partner with communities most affected to seek out sustainable solutions. In this OCHE ECHO, we share some high-level data about some of the steps we take to identify the needs of the diverse communities we serve. And we welcome your thoughts about how we can be even more inclusive in our work.

Defining the Population we Serve

WFBCCC Catchment Area

Defined by:
- 24 new patients per 10,000 per county
- Access
- Geography

**The Anchor Study**

HIV-infected men and women are disproportionately affected by anal cancer. The ANCHOR study is a multicenter clinical trial funded by the National Cancer Institute focused on finding the best way to prevent anal cancer among HIV positive men and women 35 years of age and older. This landmark trial screens this high-risk population for high grade anal dysplasia (HISL) and randomizes patients with HISL to receive treatment or active monitoring for their dysplasia. Patients are followed to see if treatment of anal HISL will prevent development of anal cancer. ANCHOR will be enrolling for approximately two more years and continuing for five years of follow-up.

For more information on the ANCHOR study visit [https://anchorstudy.org](https://anchorstudy.org) or call 336-716-5685.

OCHE is partnering with Dr. Barroso’s study team to expand recruitment efforts for the ANCHOR study and to raise awareness for anal cancer screening and prevention in our community. If you can assist with recruitment and outreach efforts, please contact Kelsey Shore, Community Research Coordinator, at 336-713-6910 or kshore@wakehealth.edu.

**Dr. Barroso & the High Risk Anal (HRA) Clinic**

Dr. Luis Barroso oversees the HRA clinic at Wake Forest Baptist Health and is the Primary Investigator for the local site of the ANCHOR study. He trained in Internal Medicine and Infectious Diseases at the University of Virginia and came to Wake Forest in 2008. He initially began anal cancer screening as part of the Ryan White HIV Clinic in 2011 and made anal dysplasia screening and treatment his area of academic focus. Dr. Barroso has since expanded anal dysplasia screening to the Veteran’s Administration where he also sees patients.

For more info on the HRA clinic email HRAClinic@wakehealth.edu or call 336-716-WAKE.
INVITED ARTICLES WORKFORCE DIVERSITY

Making the Case for Improving Oncology Workforce Diversity
Karen M. Winkfield, MD, PhD, Christopher R. Flowers, MD, MS, and Edith P. Mitchell, MD, FACP


Viewpoint
January 4, 2018

The Hidden Costs of Medical Education and the Impact on Oncology Workforce Diversity
Neha Vapiwala, MD1; Karen M. Winkfield, MD, PhD2

Workforce Diversity

Diversity, Inclusion, and Representation: It Is Time to Act

Johnson B. Lightsfoote, MD, MBA, FACP, Curtiland Deville, MD, Loralie D. Ma, MD, PhD, Karen M. Winkfield, MD, PhD, Katarzyna J. Macura, MD, PhD, FACP

American Society of Clinical Oncology Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce

What Does Your Program Look Like?
What Does Your Program Look Like?
What Does Your Program Feel Like?

Friendly, Team Oriented, Professional, Hardworking, Innovative, Committed, People, Respect, Fair, Driven, Dynamic, Encouraging, Collegial, Entrepreneurial, Client Centric, Passionate, Friendly, Open, Changing, Active, Client Centric, Fun, Team Oriented, Professional, Hardworking, Innovative, Committed, People, Respect, Fair, Driven, Dynamic, Encouraging, Collegial, Entrepreneurial, Client Centric, Passionate, Friendly, Open, Changing, Active, Client Centric, Fun.
Which Best Describes Your Program?

- **Inclusion**
- **Exclusion**
- **Segregation**
- **Integration**
Your plan

Reality
Thank you
Questions?

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