

M Northwestern Medicine[®]

Feinberg School of Medicine



Robert H. Lurie Comprehensive Cancer Center
of Northwestern University

Achieving Health Equity through Prevention and Implementation Science of Patient Navigation in Underserved Populations

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Founder/Director Center for Health Equity Transformation

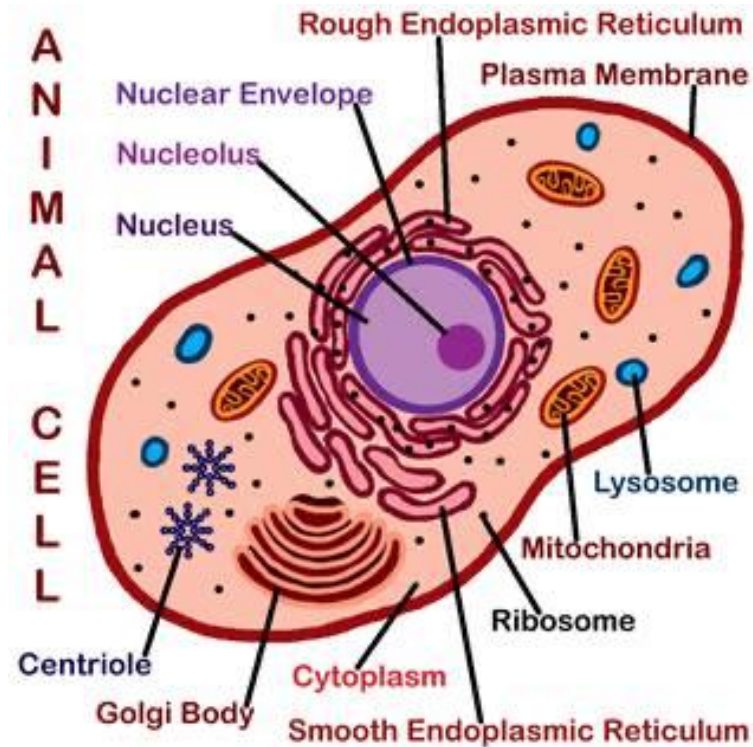
Founder/Director Chicago Cancer Health Equity Collaborative

Northwestern University Feinberg School of Medicine



I have nothing to disclose

Architecture and Design Matter



Structure and Design and Inputs Dictate Output

You have to ask the right questions and involve the right people at the table to get the output that is most representative of the issue you are trying to improve.

Asking the right questions is CRITICAL to developing the right solutions.

MODEL CALCULATIONS

”Garbage In-garbage Out” Paradigm



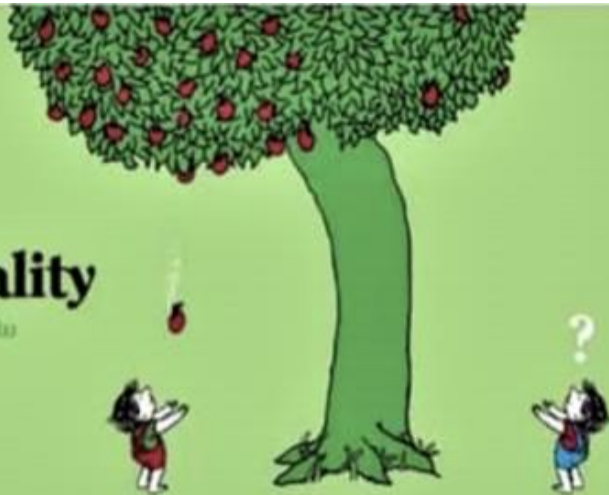
Look under the hood of the car

In order to truly embed equity into cancer care delivery- to ensure every person in the US receives consistent high quality cancer care, we have to scrutinize all related processes and structures



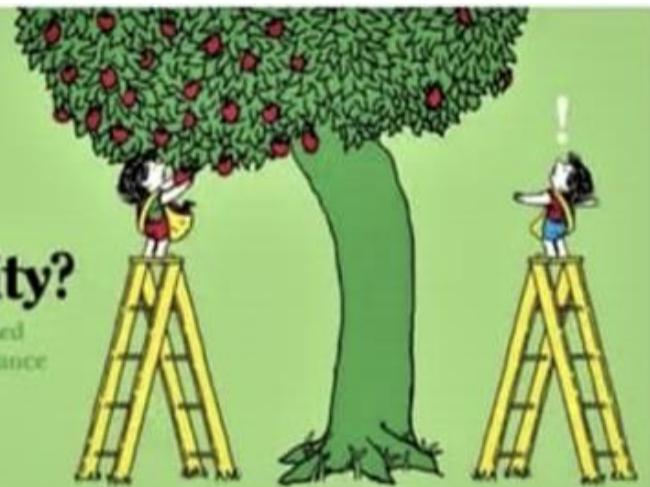
Inequality

Unequal access to opportunities



Equality?

Evenly distributed tools and assistance



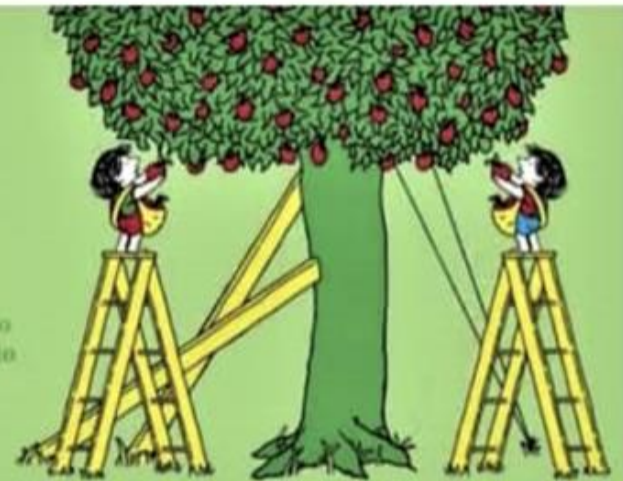
Equity

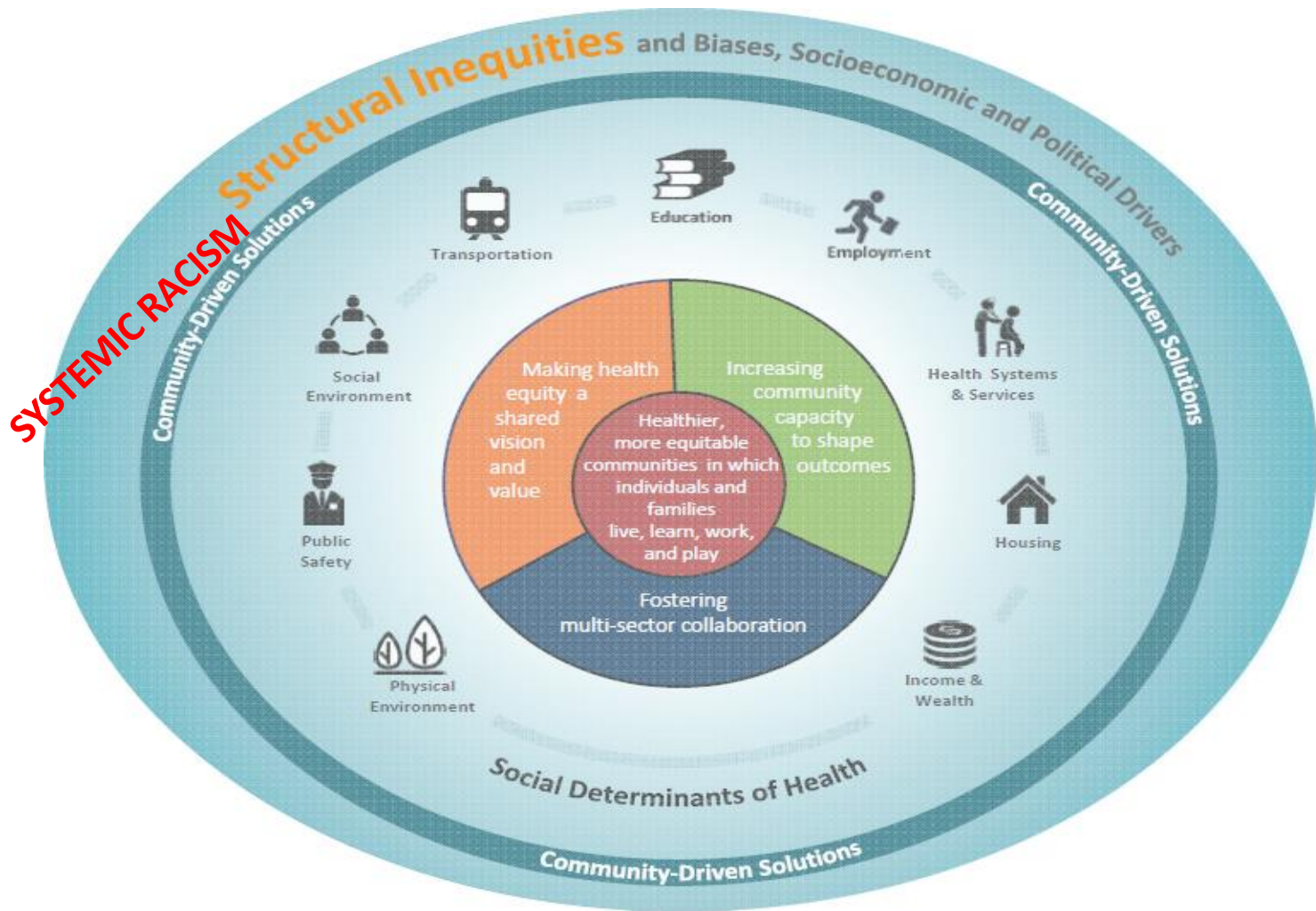
Custom tools that identify and address inequality



Justice

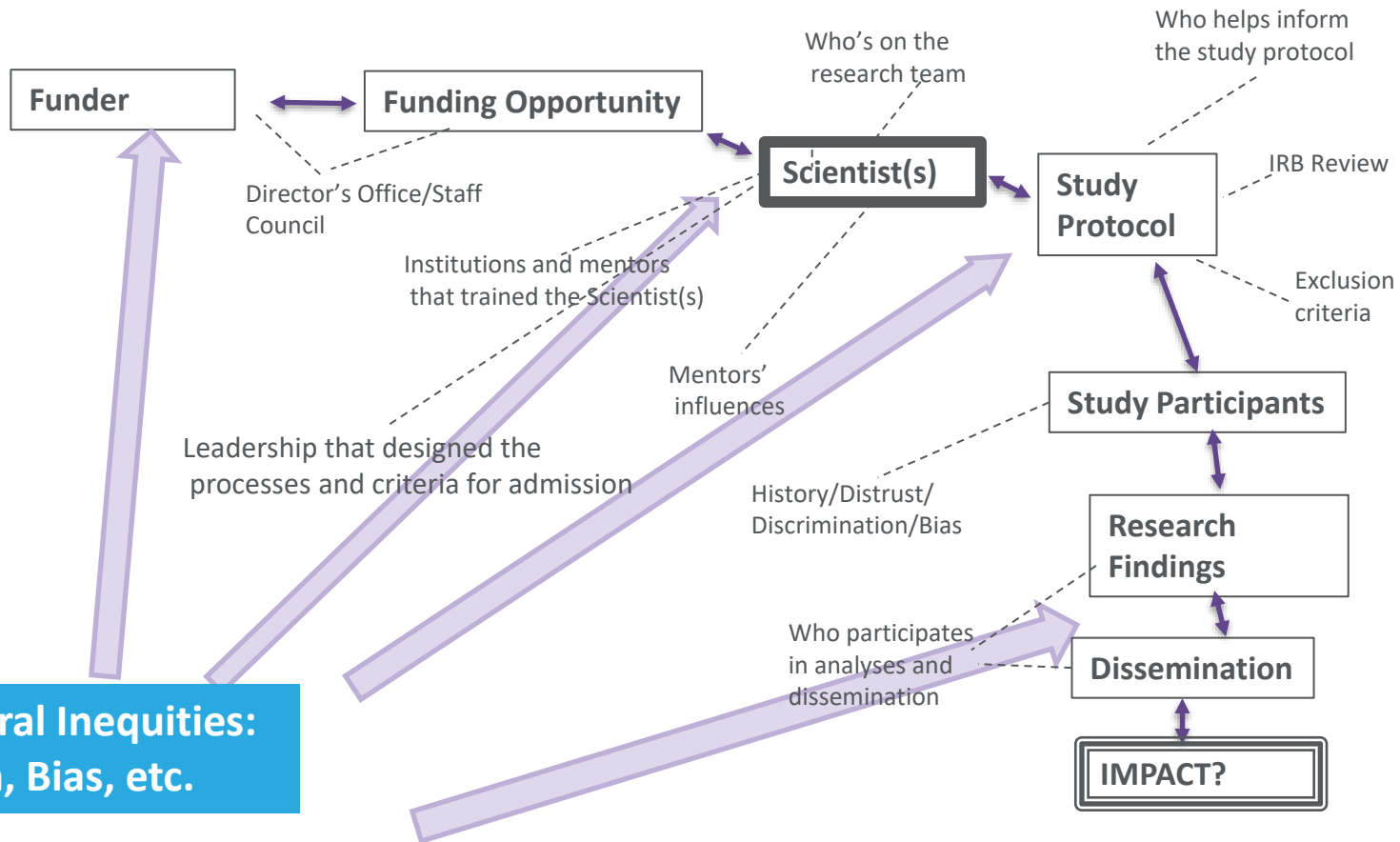
Fixing the system to offer equal access to both tools and opportunities





The Evolving Demography in about 20 years

The Structure/Design of the Research Pipeline



The USPSTF and Health Equity

2021 JAMA View Point (Feb 17)

Opinion

VIEWPOINT

Addressing Systemic Racism Through Clinical Preventive Service Recommendations From the US Preventive Services Task Force

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Northwestern University, Chicago, Illinois.

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Virginia Commonwealth University, Richmond.



Viewpoint



Supplemental content

Wellness and disease prevention are the foundations of health. The US Preventive Services Task Force (USPSTF) is congressionally mandated to make evidence-based recommendations about clinical preventive services, which, if delivered equitably to the intended population, can prevent many premature deaths. All USPSTF recommendations are based on a rigorous and objective methodology that has been continually refined since 1982. This methodology was cited by the Institute of Medicine as a gold standard for making guidelines.¹ In addition, the Patient Protection and Affordable Care Act mandated coverage by private insurers without cost sharing for USPSTF grade A and B recommended clinical preventive services, reflecting the importance of these recommendations.

However, when making recommendations, the USPSTF often finds overwhelming data that potential life-saving benefits of recommended services are not equitably available to Black, Indigenous, and Hispanic/Latino people. For instance, the 2020 systematic review to inform modeling for the USPSTF colorectal cancer screening recommendation found consistent evidence of inequities across the screening-to-treatment continuum that encompassed access to screening, quality

in turn is associated with worse health care access, affordability, and quality of care.

The 2018 Quality and Disparities Report from the Agency for Healthcare Research and Quality, which included measures on healthy living (eg, receipt of smoking cessation counseling), patient-centeredness of care, care coordination (eg, for diabetes and asthma care), and effective treatment (eg, outcomes of cancer care), showed an improvement in the quality of health care from 2000 through 2017 on most, but not all, measures.⁴ Also, while there were some improvements, disparities persisted across many priority areas. Overall, compared with White people, Black people received worse care on 76 of 190 measures (40%) and Hispanic/Latino people on 58 of 167 measures (35%). The influence of these disparities is reflected in life expectancy data. For 2016-2018, estimated life expectancies were 75.5 years for Black people, 76.9 years for American Indian/Native American people, 78.8 years for White people, 83.7 years for Hispanic/Latino people, and 87.7 years for Asian people.⁵ These disparities are likely further exacerbated by the disproportionate effect of the COVID-19 pandemic in Black, Indigenous, and Hispanic/Latino communities.⁶

Screening for Colorectal Cancer- Final May 2021

Population	Recommendation	Grade
Adults ages 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults ages 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults ages 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults ages 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults ages 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults ages 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health and prior screening history.	C

Prior to this statement, there was no recommendation for ages 45-49

May 2021

Lung Cancer Screening-Final March 2021

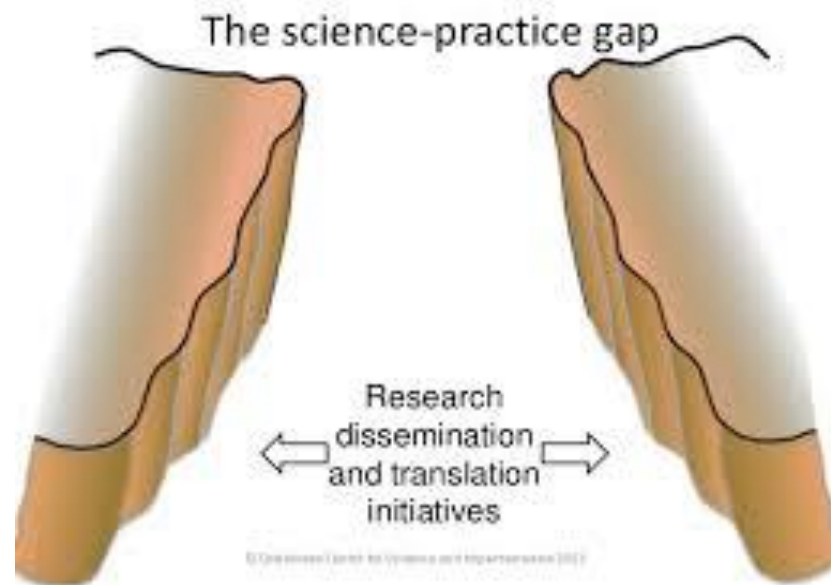
Population	Recommendation	Grade
Adults ages 50 to 80 years who have a 20 pack-year smoking history, currently smoke, or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B

NOTE: The 2014 recommendation was for ages: 55-80 and 30 pack year history

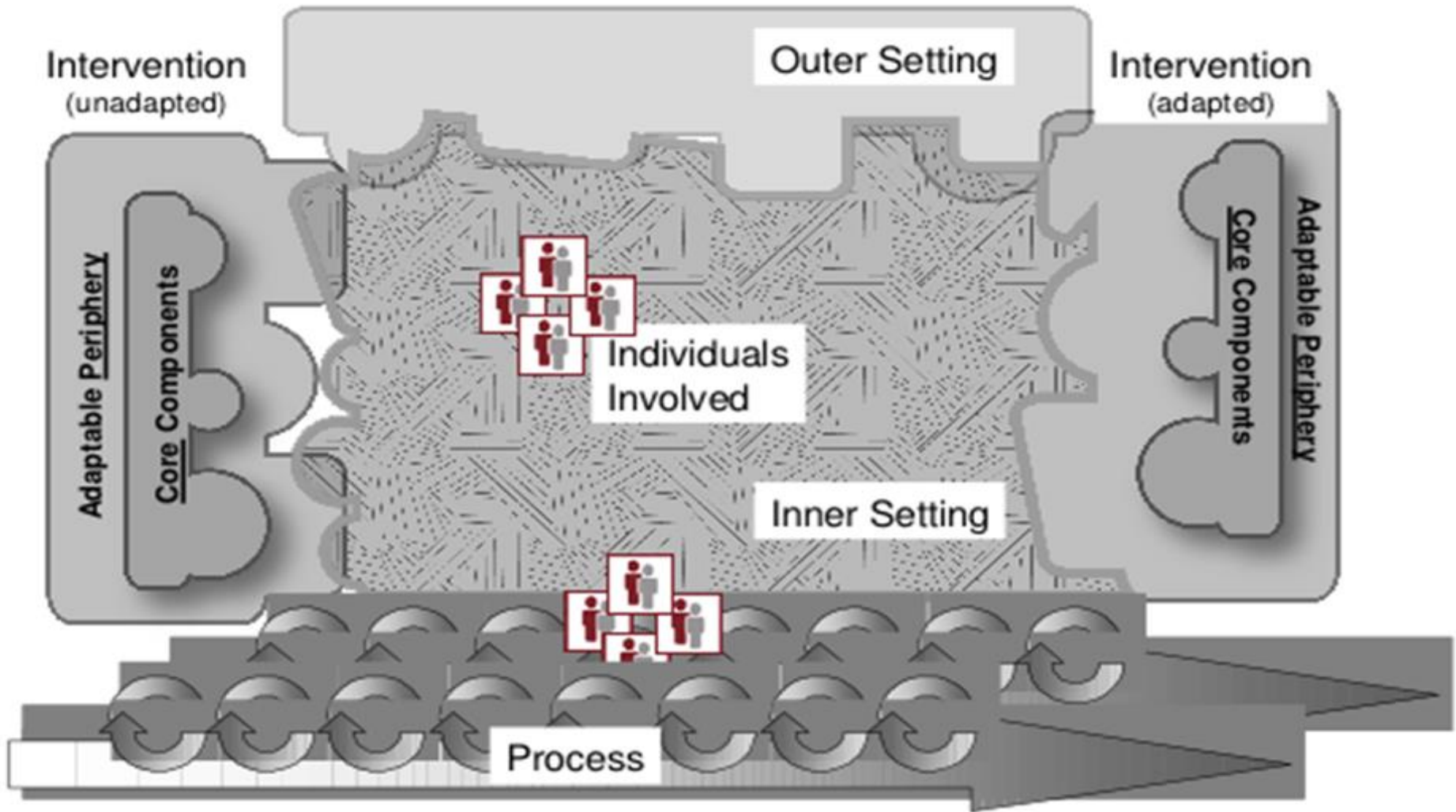
Prior to this statement it was age 55-80 and 30 pack year smoking history

March 2021

The Promise of Implementation Science



Consolidated Framework for Implementation Research (CFIR)

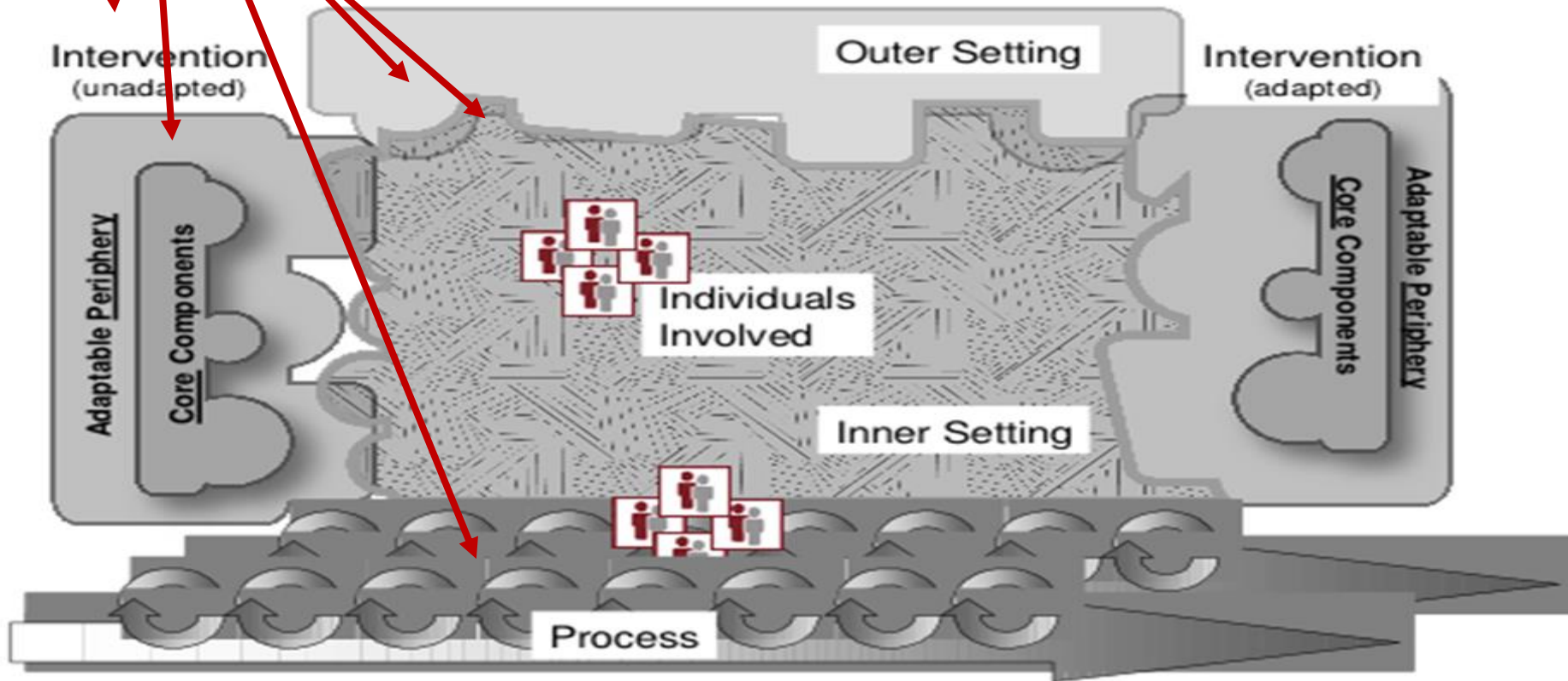


Dramschoder LJ, Aron DC, Keith RE, Kirsch SR, Alexander JA, Lowery JC. Fostering Implementation of Health Services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science* 2009;4:50.

Consolidated Framework for Implementation Research (CFIR)

SYSTEMIC RACISM

- Society
- Sociopolitical Structures
- Policies/Practices
- Organizational Culture
- Expectations/"Norms"



Who is on the research team? Who is funding the research team?

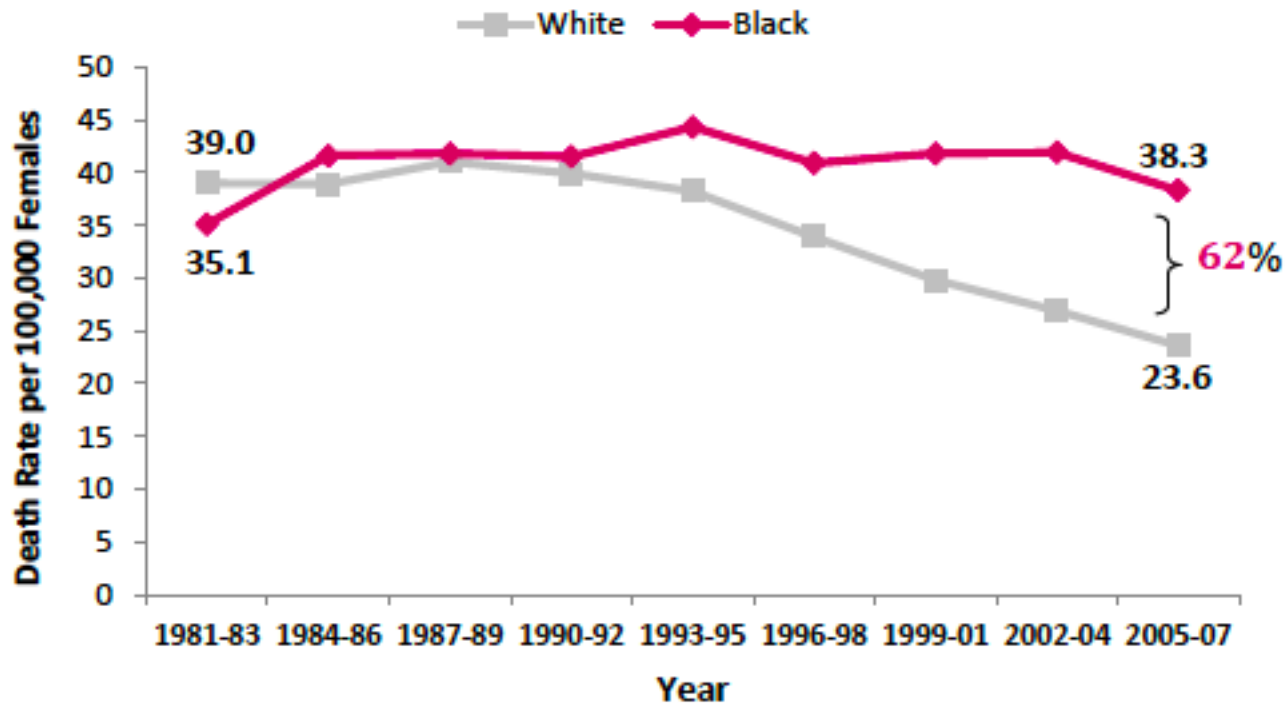
Which journals are publishing the research?



Applying Implementation Science to Move the Needle in Women's Health Equity in Chicago

Breast Cancer Disparities in Chicago

Figure 1. Black: White 3 Year Age-Adjusted Aggregate Breast Cancer Mortality Rates in Chicago, 1981-2007

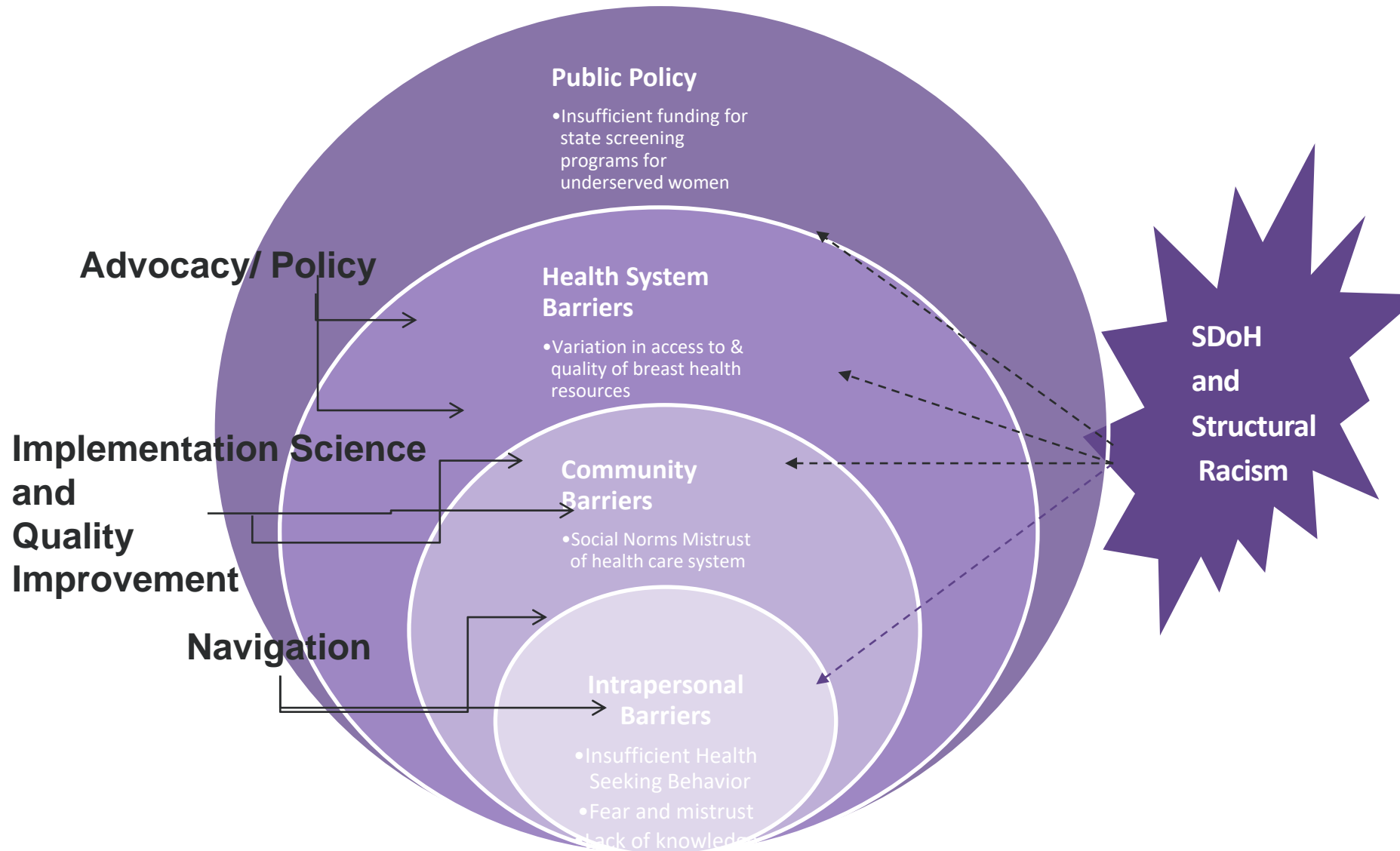


By 2007, Black Women in Chicago were dying at a rate 62% greater than White women.

Data Source: Illinois Department of Public Health Vital Statistics

Data Prepared By: Sinai Urban Health Institute

Structural Elements of the Ecology of Cancer Disparities and Strategies to Address Disparities



Patient Navigation

Navigation is not “one-size-fits-all”. It is more than just one individual navigator. It is an Intervention strategy where adaptation and the study of its implementation is required.

CORE PRINCIPLES:

*Patient-centered and Community-centered health care delivery,
evidence based intervention

*The core function is to eliminate barriers to timely care across all phases of the healthcare continuum.

*Helps integrate a fragmented health care system for the individual patient often across disconnected systems of care

*Patient navigation systems require coordination but can be leveraged as a learning health system

***Can embed anti-racism approaches into health care delivery**

Implementation Science is Vital to the SCALE UP of PATIENT NAVIGATION APPROACHES that embed equity and anti-racism principles

Create a learning health system from studying the implementation of patient navigation.



Example of 4R Sequence - Breast Cancer, Surgery first

Front Page

Sequence of Care Surgery before Therapy v8.02.17		Northwestern Medicine	Robert H. Lurie Comprehensive Cancer Center of Northwestern University
Name _____ DOB _____ MRN _____ Today's Date _____			
Breast Cancer Type _____ Clinical Stage _____ Hormone Receptor Status: ER _____ PgR _____ HER2 _____			
Size of breast tumor _____ # and size of Positive Lymph Nodes _____			
Initial Goal of Care <u>CURATIVE</u> Quarterback physician and nurse _____			
Care Plan	Order / Sequence of Care (arrows show required order)		Immediate Next Steps: Make Appt; Note Date/Time
<input checked="" type="checkbox"/> Checked care is in your care plan			<input checked="" type="checkbox"/> Today
	Approximate timeline		
	w1	w2 w3 w4 w5 w6 w7 w8 m3 m4 m5 ... m9	
Breast Surgery and Care			
<input checked="" type="checkbox"/> Breast surgeon consult; care planning			<input checked="" type="checkbox"/> Today
<input type="checkbox"/> Additional imaging and/or biopsies (call Radiology / Mammography)	[Bar from w2 to w4]		<input type="checkbox"/>
<input type="checkbox"/> Address emotional, practical/family and/or financial needs	[Bar from w2 to w4], [Bar from w5 to w7], [Bar from w8 to m3]		<input type="checkbox"/> Social Worker <input type="checkbox"/> Navigator
<input type="checkbox"/> Reconstructive surgeon consult	[Bar at w2]		<input type="checkbox"/>
<input type="checkbox"/> Fertility consult; fertility preservation	[Bar from w2 to w7]		<input type="checkbox"/> If checked, schedule ASAP
<input type="checkbox"/> PCP or GYN visit: Immunization, Checkup, PAP test, other	[Bar at w2]		<input type="checkbox"/>
<input type="checkbox"/> Dental consult and indicated care	[Bar from w3 to w4]		<input type="checkbox"/>
<input type="checkbox"/> Genetic counseling & testing: <i>Prior auth for test; Lab runs test. Genetic Counseling visit to discuss results</i>	[Bar from w3 to w4]		<input type="checkbox"/> If checked, schedule ASAP
<input type="checkbox"/> Surgical decision with breast surgeon (with genetic results, if tested)	[Bar at w5]		<input type="checkbox"/>
<input type="checkbox"/> Schedule medical oncologist consult for one week after surgery	[Bar at w6]		<input type="checkbox"/> If checked, schedule as soon as you know surgery date
<input type="checkbox"/> Medical clearance prior to surgery:	[Bar at w6]		<input type="checkbox"/> Pre-Operative Clinic <input type="checkbox"/> PCP
<input type="checkbox"/> Surgery; recovery (per discharge instructions)	[Bar from w7 to w8]		<input type="checkbox"/>
<input type="checkbox"/> Post-surgical breast imaging (before post-surgical, med oncology, radiation oncology consults)	[Bar at w8]		<input type="checkbox"/>
<input type="checkbox"/> Post-surgical consult	[Bar at w8]		<input type="checkbox"/>
<input type="checkbox"/> Physical therapy evaluation	[Bar at w8]		<input type="checkbox"/>
Medical Oncology Therapy, Care			
<input type="checkbox"/> Medical oncologist consult and care; symptom management	[Bar from m3 to m4]		<input type="checkbox"/>
<input type="checkbox"/> Additional tests, imaging as indicated	[Bar at m4]		<input type="checkbox"/>
Radiation Therapy			
<input type="checkbox"/> Radiation oncologist consult and care	[Bar at m5]		<input type="checkbox"/>
Transition to Survivorship Care			
<input checked="" type="checkbox"/> Survivorship visit to plan survivor care	[Bar at m9]		<input checked="" type="checkbox"/>
<input type="checkbox"/> Breast imaging, per survivor plan	[Bar at m9]		<input type="checkbox"/>
<input type="checkbox"/> Med oncology visits, per survivor plan	[Bar at m9]		<input type="checkbox"/>
<input type="checkbox"/> Other visits and care, per survivor plan	[Bar at m9]		<input type="checkbox"/>



Example of 4R Sequence - Breast Cancer, Surgery first

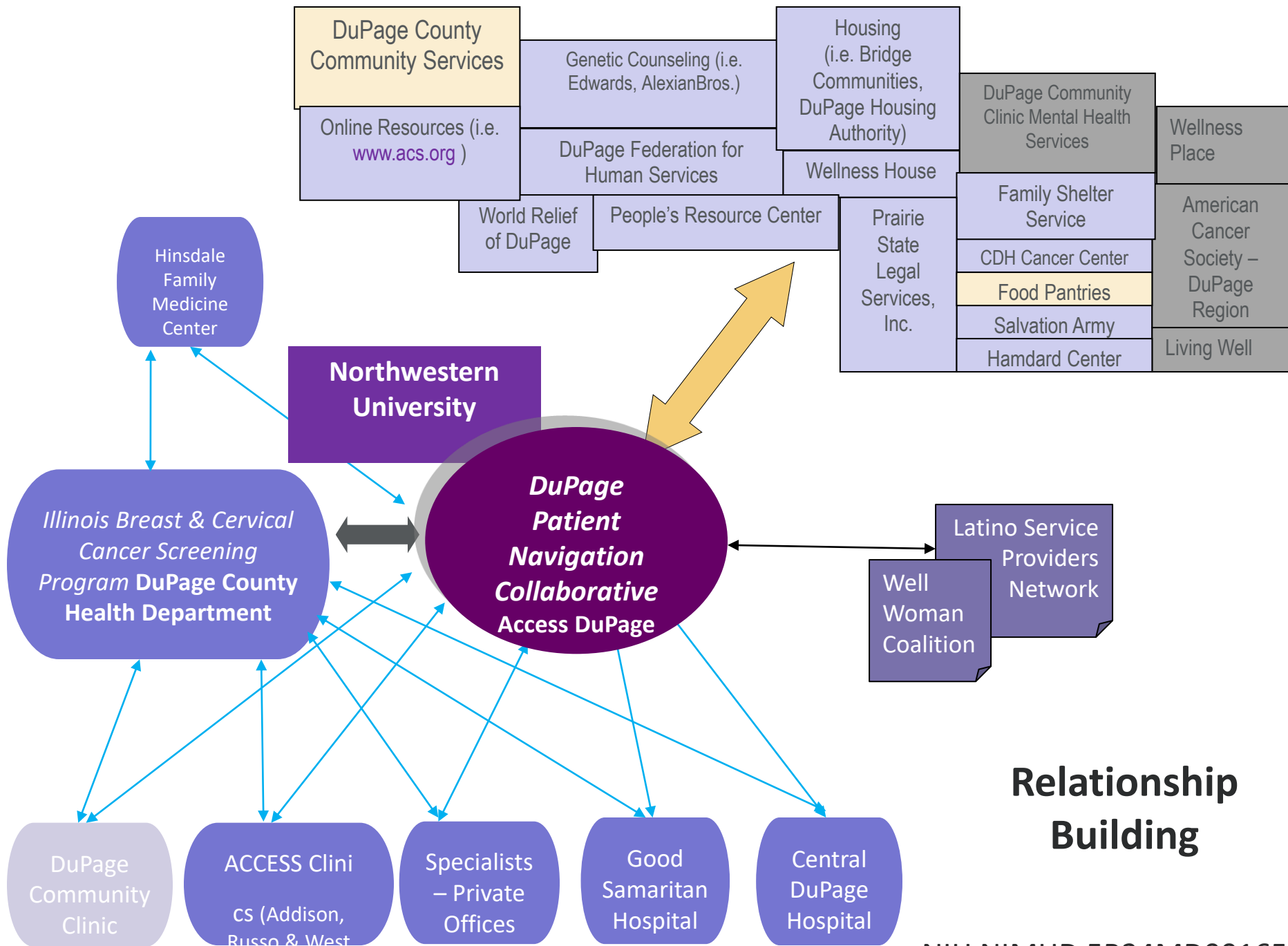
Back Page

THE CANCER CENTER'S MAIN NUMBER IS (312) 695-0990 or (866) LURIE-CC (587-4322)		
	Contacts (check-mark your doctor/clinician)	More information about this care
Medical Oncology	Call 312.695.0990 for: <input type="checkbox"/> William Gradishar, MD <input type="checkbox"/> Massimo Cristofanilli, MD <input type="checkbox"/> Lisa Flaum, MD <input type="checkbox"/> Regina Stein, MD <input type="checkbox"/> Claudia Tellez, MD	¹ https://www.nccn.org/patients/ "Guidelines for Patients" -Chemotherapy and HER2 inhibitors; Hormone therapy sections ² Breast Cancer Treatment Handbook, chapter 10
Breast Surgery	Call (312) 695-0990 for doctors (ask for their nurse): <input type="checkbox"/> Seema Khan, MD <input type="checkbox"/> Nora Hansen, MD <input type="checkbox"/> Swati Kulkarni, MD <input type="checkbox"/> Kevin Bethke, MD	¹ https://www.nccn.org/patients/ "Guidelines for Patients": Breast surgery and reconstruction section ² Breast Cancer Treatment Handbook, Ch. 6, 8
Radiology / Mammography	<input type="checkbox"/> For imaging, call 312.926.5522 <input type="checkbox"/> For biopsy, call 312.472.4237 <input type="checkbox"/> For MRI, call 312-928-9000	¹ https://www.nccn.org/patients/ "Guidelines for Patients". PP 18, 21.
Plastic Surgery /Reconstruction	Call 312.695.6022 for a plastic surgeon. <input type="checkbox"/> Note the name of plastic surgeon	¹ https://www.nccn.org/patients/ "Guidelines for Patients" - Breast surgery and reconstruction ² Breast Cancer Treatment Handbook, Ch. 7,8
Pre-Operative Clearance	<input type="checkbox"/> Call 312.926.4566	To receive medical clearance to proceed with surgery
Financial / Insurance	<input type="checkbox"/> Call Social Workers: 312.472.5820	http://www.cancer.net/navigating-cancer-care/financial-considerations
Practical/family, emotional	<input type="checkbox"/> Social Workers: 312.472.5820, <input type="checkbox"/> Spiritual care 312.926.2028	² Breast Cancer Treatment Handbook, Ch. 1-4,14 http://www.cancer.gov/about-cancer/coping
Navigator	<input type="checkbox"/> Call Lynn Galuska Eisen, RN BSN at 312.472.5821 or lygalusk@nm.org	Nurse navigators serve as educators, advocates and guides for patients and their families.
Fertility Clinic	<input type="checkbox"/> Call Kristin Smith, Fertility navigator 312.503.3378 or 866.708.FERT. preservefertility.northwestern.edu	¹ https://www.nccn.org/patients/ "Guidelines for Patients" – Treatment Planning, Fertility ² Breast Cancer Treatment Handbook, chapter 17
Primary Care; Gynecologist	<input type="checkbox"/> Contact your PCP, or ask for a referral <input type="checkbox"/> Contact your Gynecologist, or ask for a referral	http://www.cancer.org/ at How can we help you? Type vaccination during cancer treatment; search
Dental Care	<input type="checkbox"/> Contact your dentist, or Naz at 312.926.4804. Northwestern Dental (private practice)	http://www.nidcr.nih.gov/oralhealth/Topics/CancerTreatment/ThreeGoodReasons.htm
Cancer Genetics	<input type="checkbox"/> Call 312.695.0320. Mention that you need a timely appointment for a surgical or treatment decision	¹ https://www.nccn.org/patients/ "Guidelines for Patients" – Treatment Planning, Genetics ² Breast Cancer Treatment Handbook, appendix A – Breast Cancer Genetic Testing
Radiation Oncology	Call Sharlotte Jones 312.472.4640 for: <input type="checkbox"/> Jonathan B Strauss, MD or <input type="checkbox"/> Eric Donnelly, MD or <input type="checkbox"/> John Hayes, MD or <input type="checkbox"/> David Gius, MD For treatment in Lake Forest: 847.535.6135 <input type="checkbox"/> Joy Coleman or <input type="checkbox"/> Marc Posner	¹ https://www.nccn.org/patients/ and select "Guidelines for Patients" - Radiation Therapy section ² Breast Cancer Treatment Handbook, chapter 11
Nutrition	<input type="checkbox"/> Call 312.472.5823 - Mary Reher, MS, RDN, LD	² Breast Cancer Treatment Handbook, chapter 21 http://www.cancer.org/ at How can we help you? type nutrition during treatment and click search
Symptom Care	Call 312.695.0990 <input type="checkbox"/> For chemo side effects, ask your chemo nurse <input type="checkbox"/> For chronic pain or neuropathy, ask for an appointment with Judith Paice, PhD, RN	² Breast Cancer Treatment Handbook, chapters 10, 11
Look Good... Feel Better	<input type="checkbox"/> Call 800-227-2345 to schedule American Cancer Society session.	https://cancer.northwestern.edu/pdfs/lookgood_feelbetter.pdf
Survivorship Clinic	<input type="checkbox"/> Email Megan Oden Slocum, PA-C moden@nm.org	http://cancer.northwestern.edu/public/why_northwestern/specialty_programs/programs/womens.cfm
Gilda's Club	<input type="checkbox"/> Gosha Thornton, 312.464.9900	http://www.gildasclubchicago.org/

¹NCCN Guidelines for Patients * <https://www.nccn.org/patients/>; ²Breast Cancer Treatment Handbook by Judy C. Kneec (Hardcopy), 8th edition

For a glossary of breast cancer words go to: <http://www.lbbc.org/learn/basic/words-to-know>

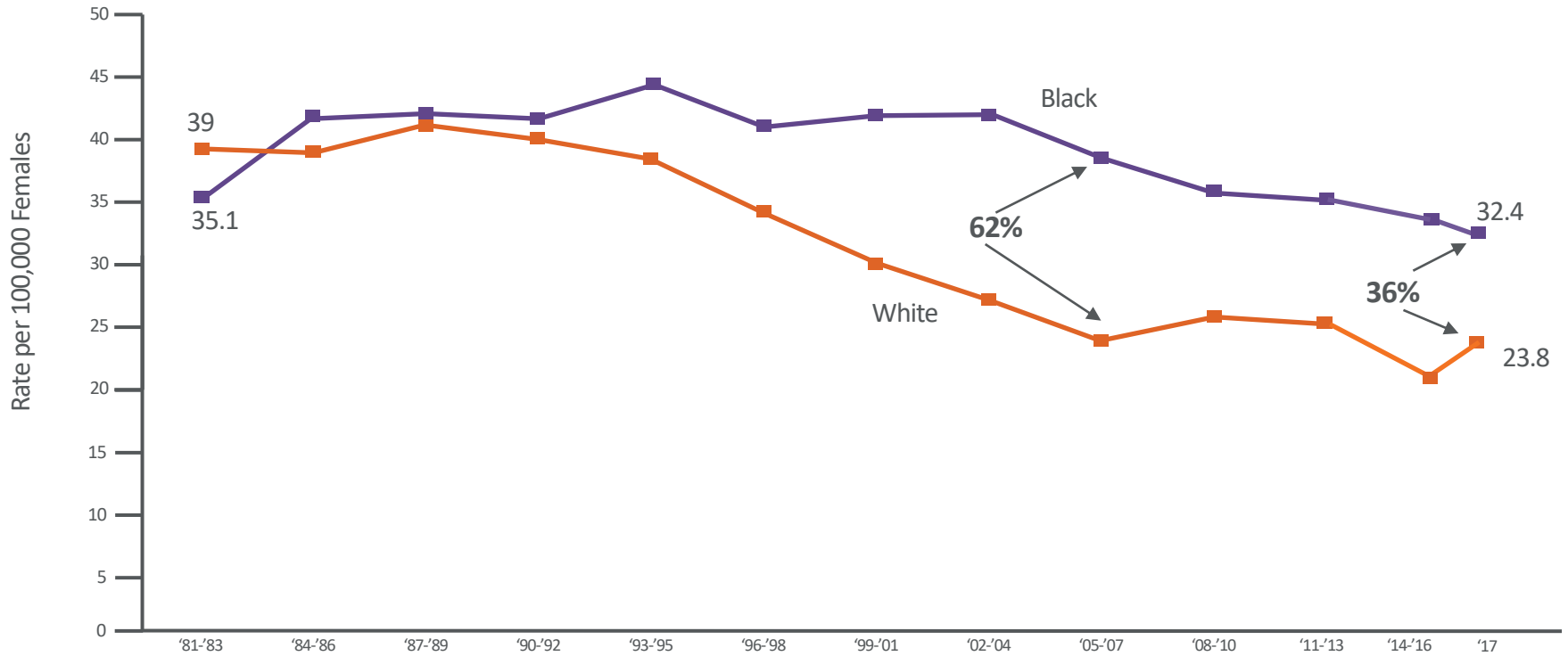
Sign up at www.mychart.mynm.org to access some of your medical records



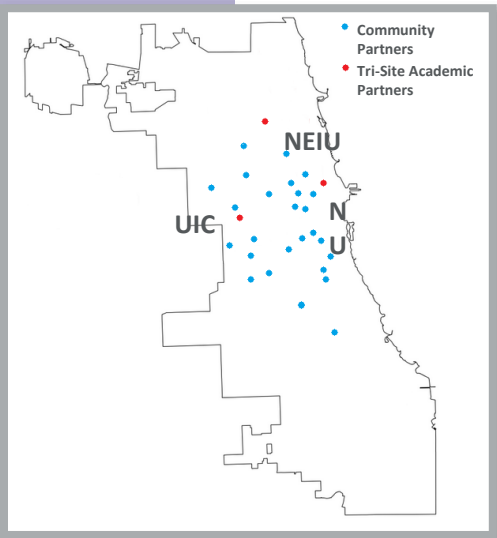
Relationship Building

So... through a very collaborative and iterative effort...and multiple types of navigation across many Chicago area communities

Black and White Breast Cancer Mortality Chicago 1981-2017



Sinai Urban Health Institute, 2010 and Metropolitan Chicago Breast Cancer Task Force, 2016



*Advancing cancer health equity through
 scientific discovery, education, training, and
 community engagement .
 Founded 2015, Renewed 2020-2025*



Chicago Cancer Health Equity Collaborative

<http://chicagohec.org>

- ChicagoCHEC Fellows Program
- ChicagoCHEC Incubator Catalyst Grants



6TH ANNUAL COMMUNITY FORUM

Working Together for Better: New Beginnings & New Normal in the Cancer Support and Survivorship Community

Sept. 23rd & 24th | 11am-1:30pm CST | Virtual

Information will be provided in English, Spanish, & American Sign Language

Cancer Screening & Healthier Outcomes • Cancer Research & Treatment
Cancer & COVID-19 Vaccine • Community Experiences & Real Talk
• Grief, Loss & Healing •

Register at bit.ly/2021CHEC

Questions? Email us at info@chicagohec.org or call (773) 231-7789



RSVP & attendance required to enter raffle & win \$\$\$ prize

Beauty is Me

A photoshoot opportunity for women with medically-induced hair loss to celebrate bald as beautiful




What is beauty to you?

August 29, 2021
Location to be announced

Enter our raffle to win a photoshoot with Yolonda Ross by completing the photo release form.

Winners will be announced on August 21st at the Black Women's Expo 2021 and via email.

Yolonda Ross
Photographer: Malory Talley @malorytalley



UI Health Cancer Center and the Office of the Vice Chancellor for Health Affairs present...

Advancing Trust in Medical Research:
A Community Dialogue with family members of Henrietta Lacks



Virtual Community Forum

Addressing Cancer Together during COVID-19
The ChicagoCHEC Partnership

Sept. 17-18th | 11am-1pm CST | via Zoom & Facebook LIVE

facebook.com/chicagohec

FREE EVENT RAFFLE PRIZES

Topics

- Quality of Life
- Partnership progress
- Telehealth
- Self care for those affected by cancer
- Cancer experience & COVID-19

Celebrating 5 years



Register by clicking [HERE!](#)

Questions? Email us at info@chicagohec.org or call (773) 231-7789. Visit bit.ly/CHECforum2020 for details & updates.

RSVP & attendance required to enter raffle & win \$\$\$ prize



NIH NCI U54 CA203000; CA2022995; CA2022997

Clinical trials are research to find new ways to prevent, detect, or treat disease. These studies help doctors find better medical treatments for all people.



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- [Trusting clinical trials](#)
- [Diversity in clinical trials](#)
- [Pros & cons of clinical trials](#)
- [Healthy people in clinical trials](#)

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Bridging Bench to Community and Back to Bench

NM/LCC Team



M. Simon



A. Murphy



T. Manning



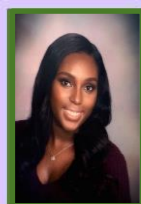
M. Nava



W. Dunne



K. Wamala



K. Holder

Leveraging community scientists to infuse community perspectives within bench and translational science at Lurie Cancer Center

Community Scientist Team



Candace Henley
Blue Hat Foundation
Colorectal Cancer
Survivor



Jorge Girotti, PhD
University of Illinois
at Chicago



Rosemarie Rogers
Patient Advocate
Breast Cancer
Survivor



Carmen Velásquez
Alivio Medical Center



José López
Puerto Rican
Cultural Center



**Joanne Glenn,
RN, MBA**
Women on top
of Their Game
Foundation



Qi Cao, PhD
CEND
PROSTATE
CA



Deyu Fang, PhD
TEAM
BREAST CA



**Yanis Bumber,
MD, PhD**
CEND
LUNG CA

Basic Science Team

Eliminating Cervical Cancer in the Big 10



A. Diaz Pardo*



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W. Tarver*



M. Lewis-Thames*



M. Simon – TC & Administrative Core Co-Leader #



D. Roque**



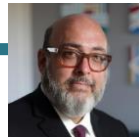
J. Oliveri – Project Manager



M. Lightfoot*



S. Manne – TP & Implementation Science Core Co-Leader



M. Einstein – Clinical Quality Core Leader



E. Cox – TP #



A. Trentham-Dietz – Analytics Core Co-Leader



A. Llanos**



K. Kohler*



A. Novetsky*



V. Champion – TP



M. Zhang – Analytics Core Co-Leader



G. Zimet –



C. Adebamowo – TP



S. Adebamowo*



C. Knott – Implementation Science Core Co-Leader



Vaccination

US Rate: 48%

US Goal: 80%

WHO Goal:



Screening

US Rate: 80%

US Goal: 93%

WHO Goal:

70%



Follow-up and Treatment

US Rate: 60%

US Goal: NA

WHO Goal:

Cervical Cancer Elimination

*Early Career Investigator
From Disadvantaged Background

Other Key Points in Advancing Equity to Improve Cancer Outcomes for Everyone in the US

Optimize Training, Mentorship, Career Development Pathways

Enhance Diversity Inclusion and Equity Optimize Community Engagement and Support

Optimize Collaborative Research Opportunities that Connect with and Impact our Catchment

NIH UNITE Initiative

NIH U54 FIRST Grant

NCI CCSG DEI Component

Conclusions

- Architecture and Design -Applies to many things we do in public health and medicine- to improve our practice processes, care of people, and to be true champions of health
- Bridging Research to Practice- Knowledge translation not just to the bedside but to the community and then knowledge from the community back to the bench- shared learning and understanding.
- **Implementation Science is critical to ensuring evidence based interventions that are grounded in anti-racism principles to improve cancer care and cancer care delivery to people in the US.**

THANK YOU!!!

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<http://labs.feinberg.northwestern.edu/simon/>

Center for Health Equity Transformation

www.feinberg.northwestern.edu/sites/chet/

@HealthEquityNU

Podcast --Skinny Trees

www.skinnytreespodcast.com

