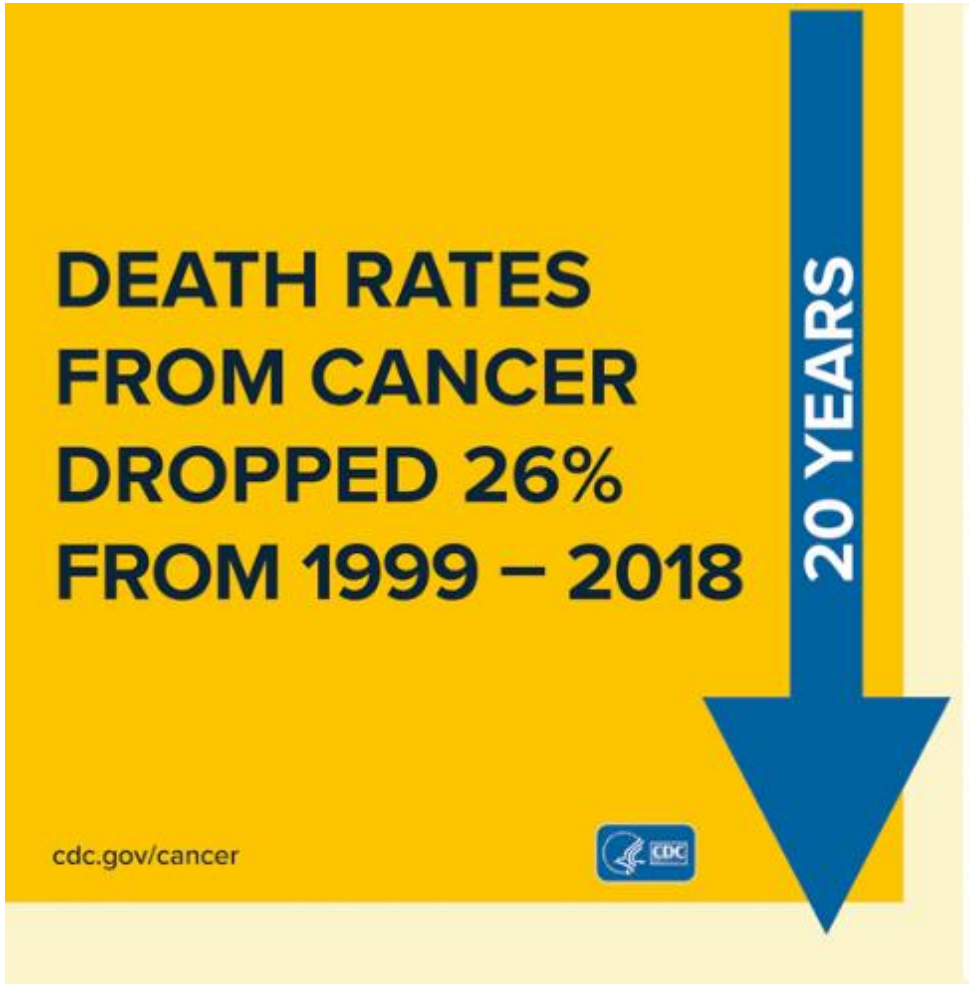
Cancer Prevention Works

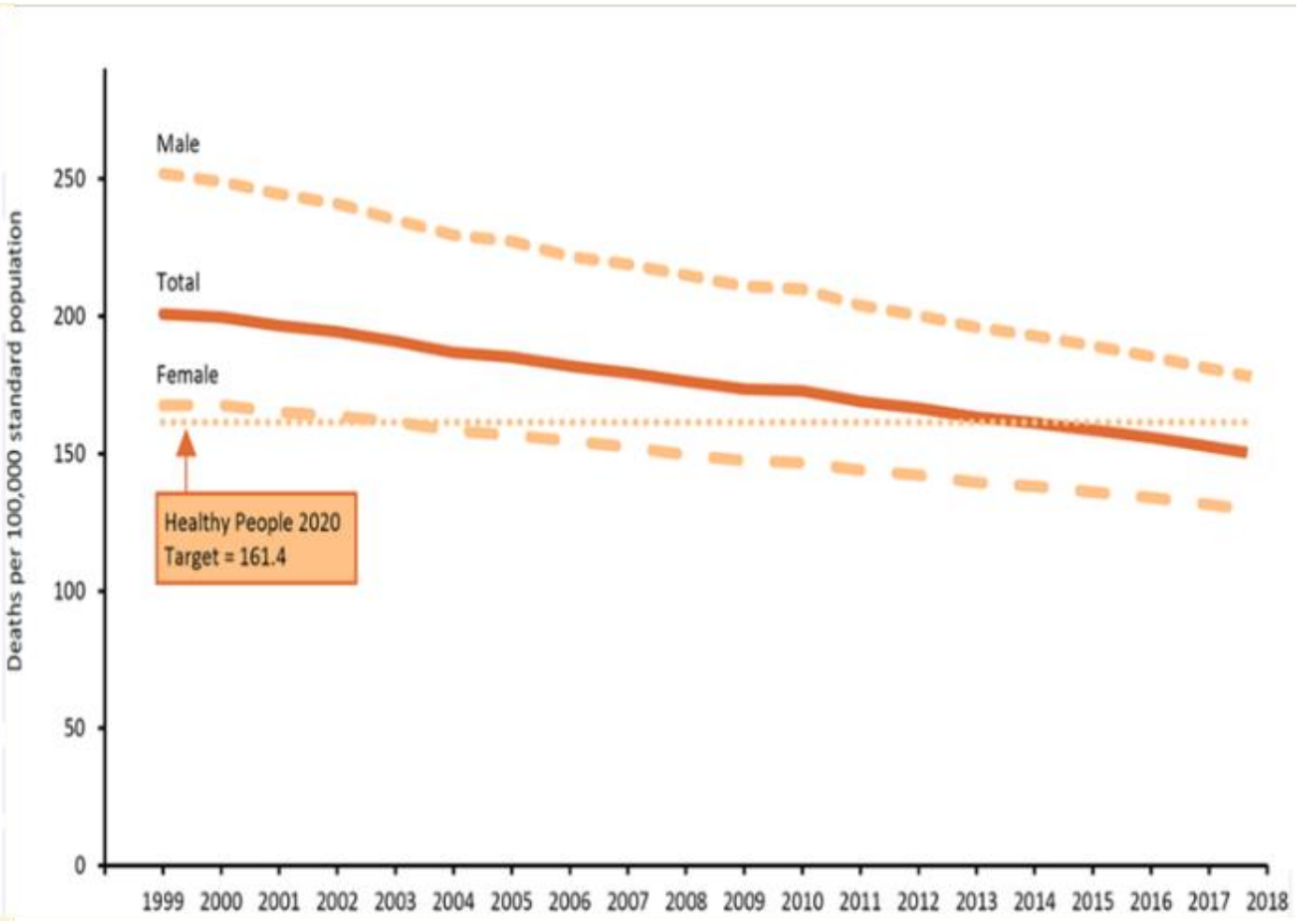
Leading Through Uncertainty

Lisa Richardson, MD, MPH
Director, Division of Caner Prevention and Control

Wisconsin Cancer Summit
October 28, 2020

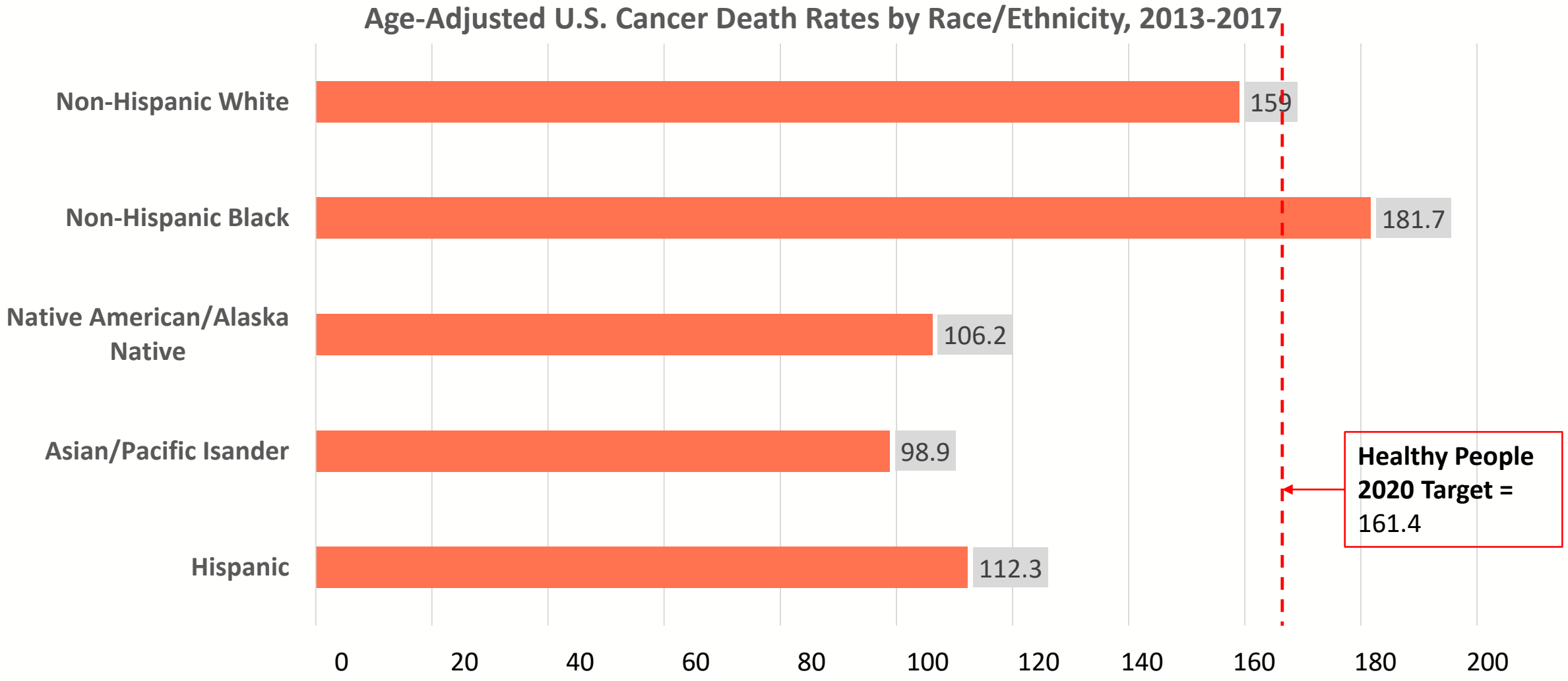
Progress in the Cancer Fight





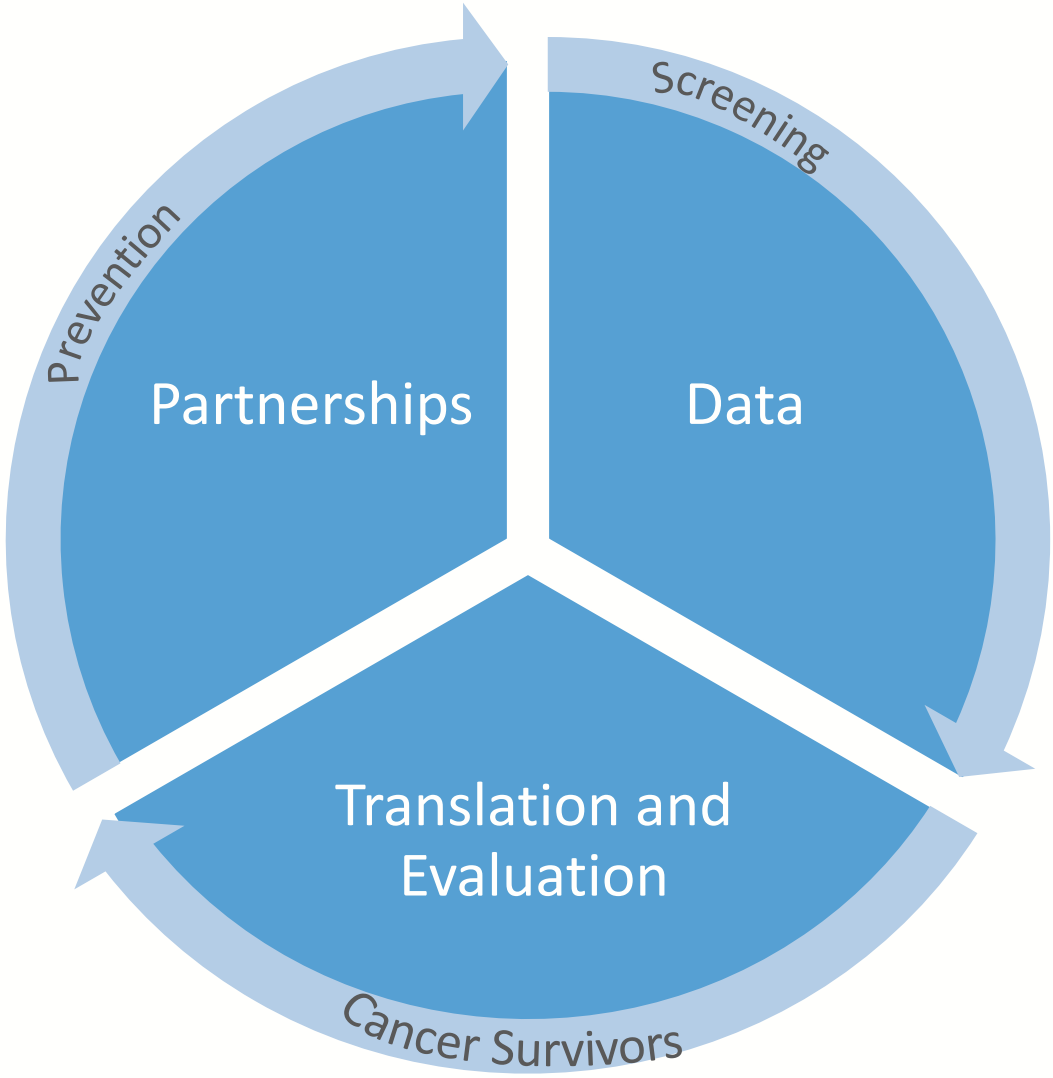
Source: cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm

Cancer Health Disparities



Source: www.cdc.gov/cancer/dataviz

Catalyzing Cancer Prevention and Control



Positioned to Drive Outcomes

Cancer Prevention Works

All People Free of Cancer

Aspirations

PREVENTION	SCREENING	CANCER SURVIVORS
Eliminate preventable cancers	***All people get the right screening at the right time for the best outcome***	***Cancer Survivors live longer, healthier lives***

Strategic Priorities

Reduce risk of cancer	***Scale best practices to increase screening outcomes***	***Improve health and wellbeing for cancer survivors***

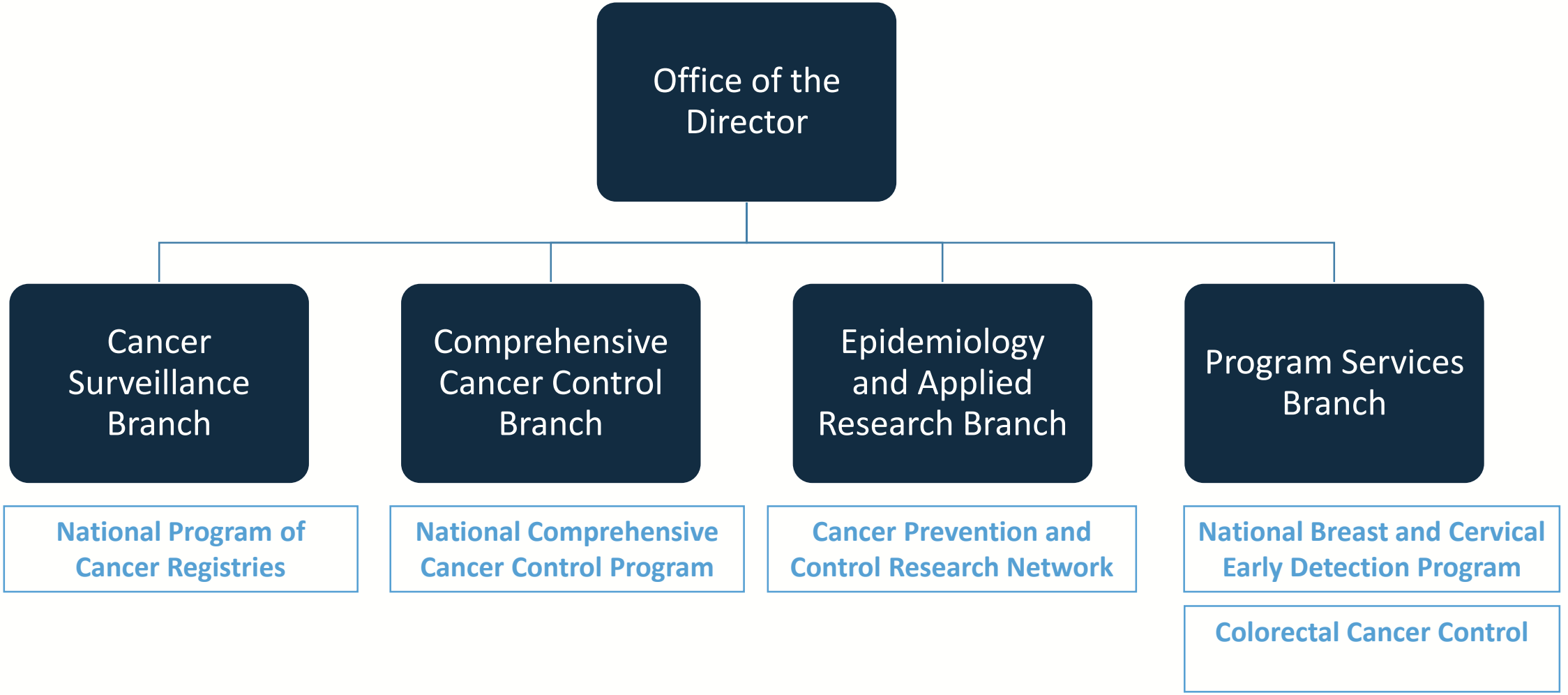
Guiding Principles

Equity	*Begin with the End in Mind*	*Collaboration*	*Targeted Communications*

Strengths

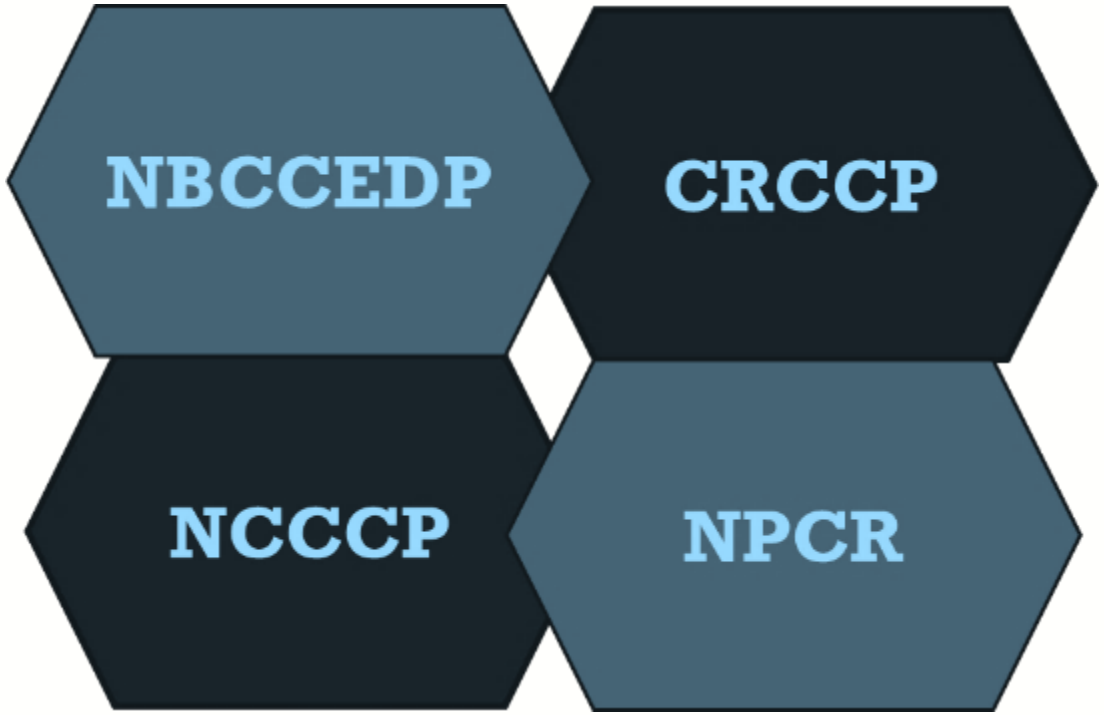
Data	*Translation & Evaluation*	*Partnership*

Division of Cancer Prevention and Control (DCPC)



Foundational Programs

Reducing the Cancer Burden through Multi-disciplinary Collaboration and Coordination



National Breast and Cervical Cancer Early Detection Program **(NBCCEDP)**

Colorectal Cancer Control Program **(CRCCP)**

National Comprehensive Cancer Control Program **(NCCCP)**

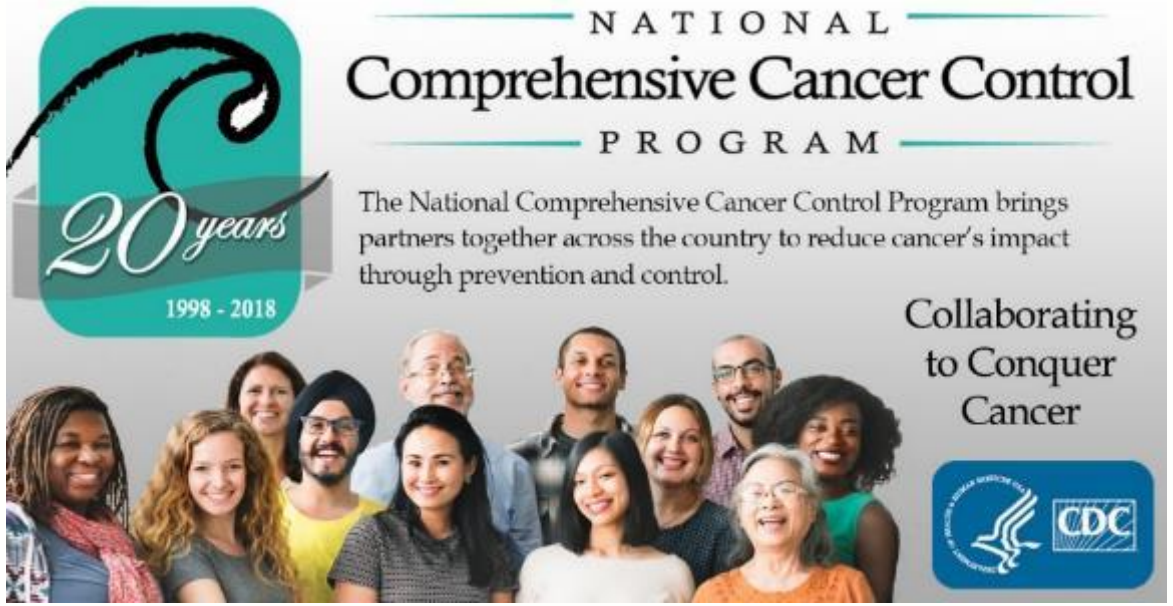
National Program of Cancer Registries **(NPCR)**

National Comprehensive Cancer Control Program

20+ Years of Collaborating to Conquer Cancer

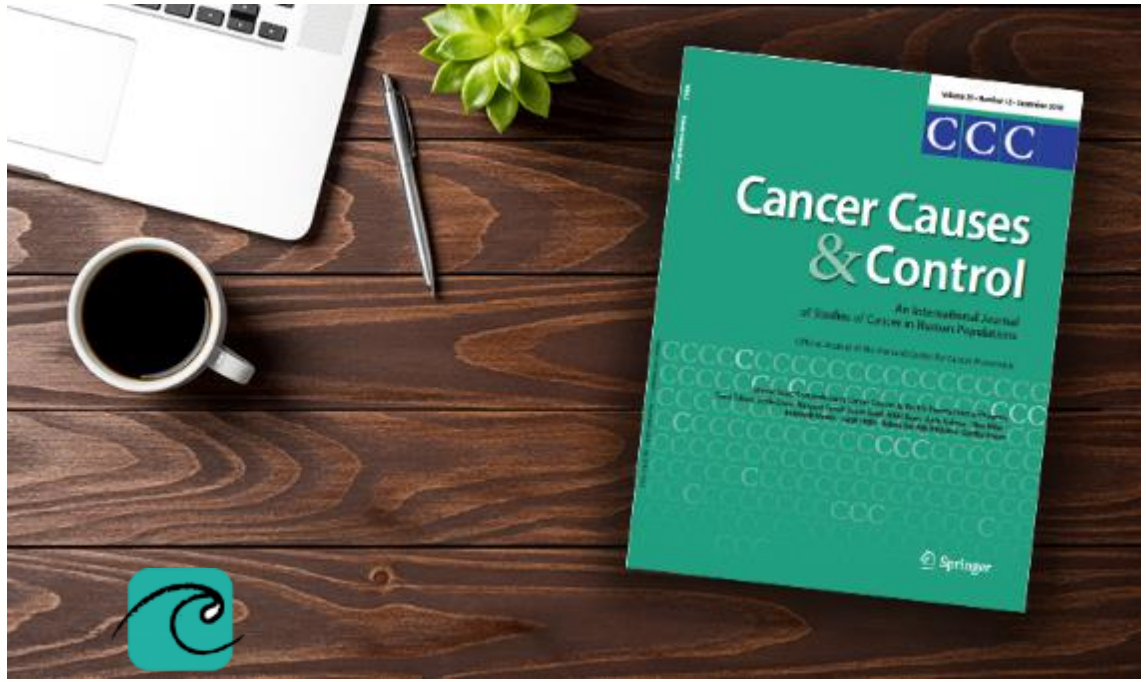
Since 1998

- More than 98,000 people have been involved in cancer coalitions.
- 69 cancer plans have been created and updated.



National Comprehensive Cancer Control

Collaborating to Conquer Cancer



NATIONAL
Comprehensive Cancer Control
PROGRAM
Collaborating to Conquer Cancer

Coalitions in all **50** states, **7** U.S. territories and **8** tribes focused on:

- Risk Reduction
- Early Detection
- Better Treatment
- Improved Quality of Life for Survivors
- Health Equity

Who Are Our Partners?

95% include representatives from academic & medical institutions

85% include representatives from business & industry

94% include members of professional associations

72% include government partners

100% include representatives from public health programs

76% include policy makers

95% include representatives from community-based organizations

New Considerations with COVID-19

Who's at Higher Risk?

- Cancer Survivors more vulnerable to severe complications from COVID-19

Older Adults Ages 65+

- Cancer
- Chronic Kidney Disease
- COPD
- Immunocompromised
- Serious Heart Conditions
- Severe Obesity
- Type 2 Diabetes
- Sickle Cell Disease

People with Chronic Conditions

Source: CDC, cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.htmlvirus/

Job Loss for those with Employer-based Insurance

February through June 2020

https://www.commonwealthfund.org/publications/issue-briefs/2020/oct/how-many-lost-jobs-employer-coverage-pandemic

Critical Partners Struggling: Federally Qualified Health Centers

95% of health centers conducted visits virtually

816 health center sites temporarily closed due to COVID-19

4% of health center staff are unable to report to work due to COVID-19

384 staff tested positive

Health center visit rates remain below normal at **83%**

Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey collected on September 25, 2020
bphc.hrsa.gov/emergency-response/coronavirus-healthcenter-data/

Critical Partners Struggling: Primary Care

41%

Patient's chronic conditions noticeably worse

20%

Fee-for-service volume 1/10 of pre-pandemic levels

54%

Have laid off or furloughed staff

33%

of practice work continues to be unpaid

7%

Unsure if practice will remain open past December

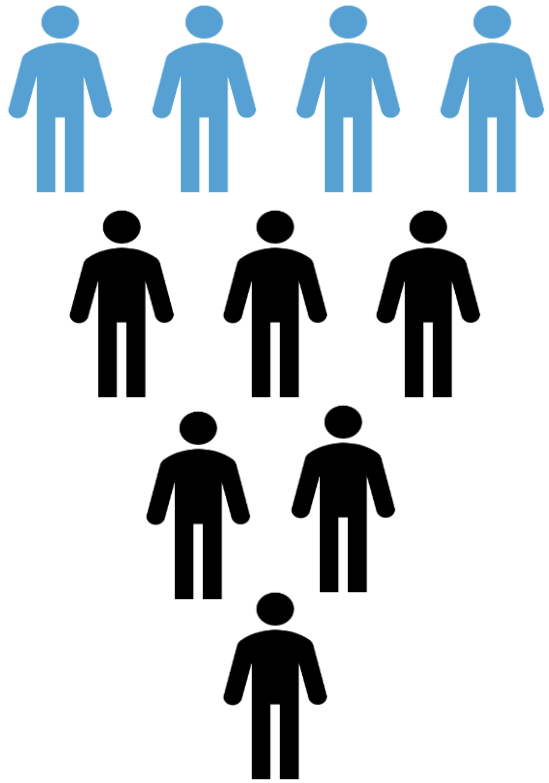
53%

Mentally exhausted

Source: Etz, Rebecca, "Quick COVID-19 Primary Care Survey, September -18-21, 2020."
green-center.org/covid-survey-info/

Delays and Avoidance of Medical Care

As of June 30, 2020



4 in 10 U.S Adults (41%)

Delayed or avoided medical care because of concerns around COVID-19

- **12%** avoided urgent or emergency care
- **32%** avoided routine care
- Delays most common in people with **disabilities**, those with at least one **underlying medical condition**, and **Black/Hispanic adults**

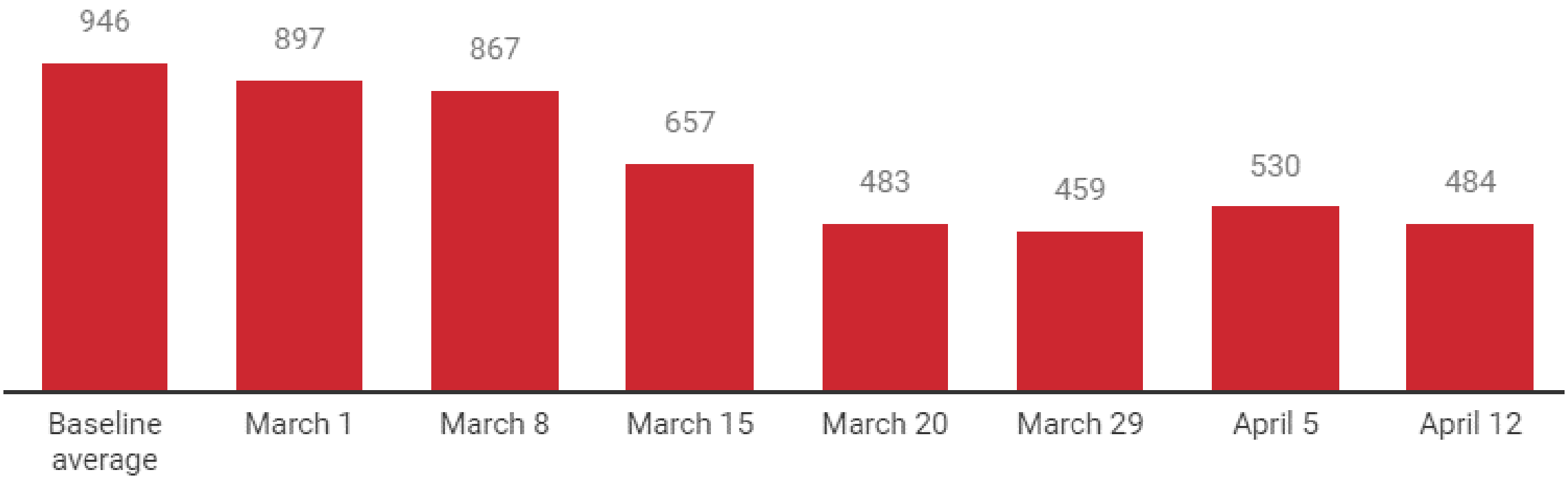
Source: Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250–1257. DOI: http://dx.doi.org/10.15585/mmwr.mm6936a

Missed Screenings

Source: Epic Health Research Network, Mast, Christopher; del Rio, Alejandro Munoz, July 17, 2020.

Newly Identified Cancer Patients

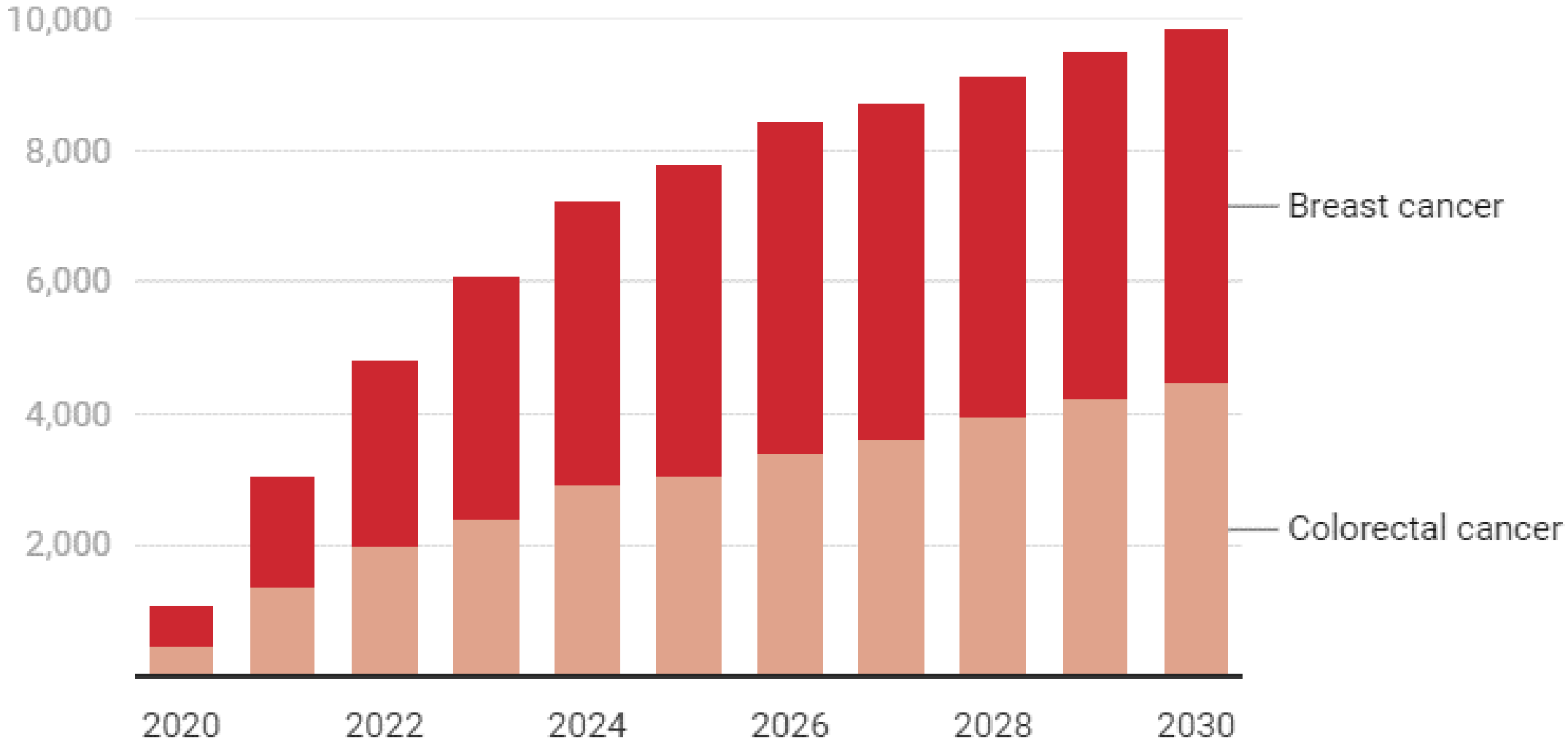
Colorectal Cancer



Baseline is a 60-week average prior to March 1. Subsequent tallies are for the week starting on the date shown.

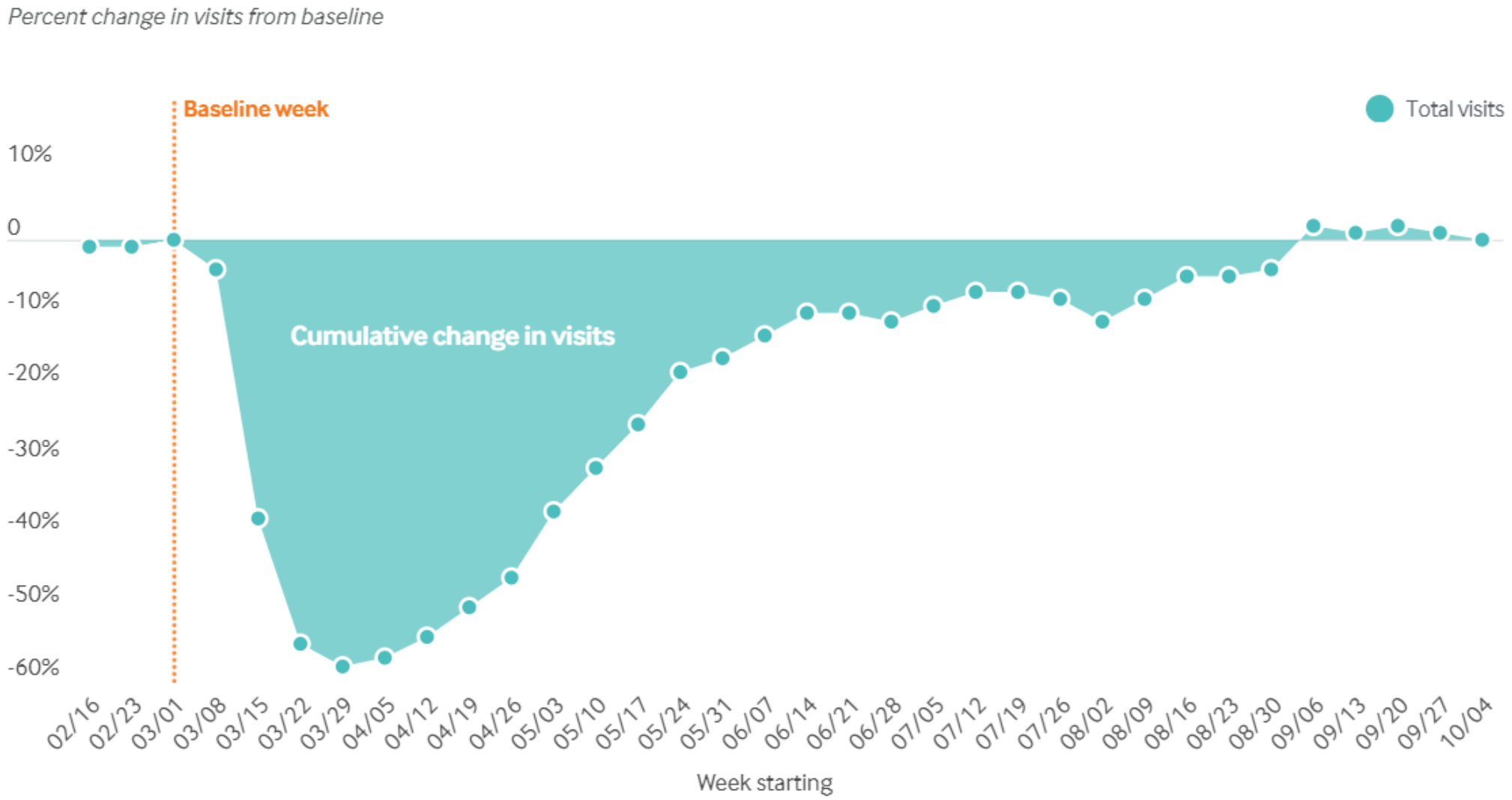
Source: From Quest Diagnostics and *JAMA* data. Ducharme, Jamie; Baronne, Emily, How the COVID-19 Pandemic Has Changed Cancer Care, Time, August 28, 2020.

Cumulative excess CRC deaths due to COVID-19



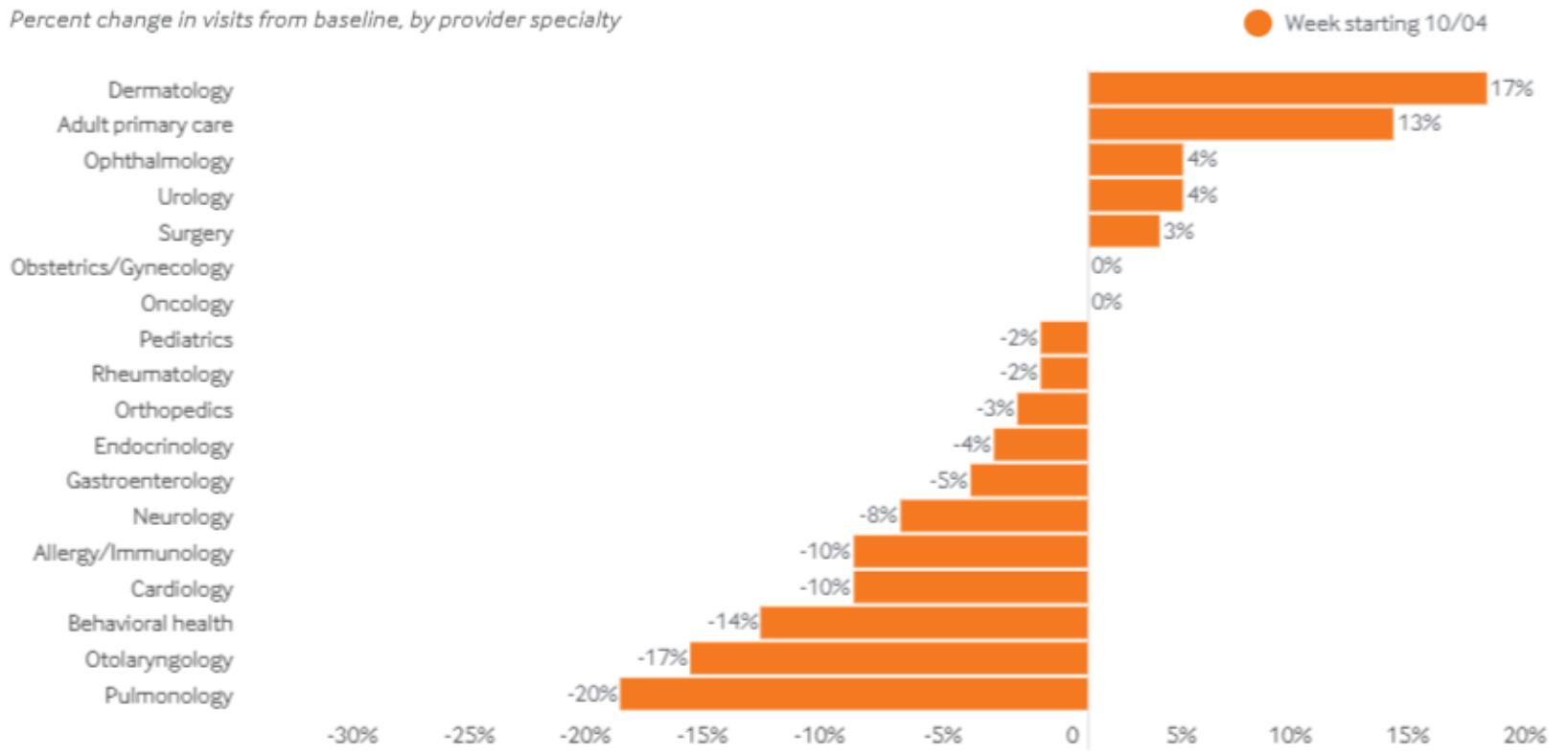
Source: JAMIE Ducharme, Jamie; Baronne, Emily, How the COVID-19 Pandemic Has Changed Cancer Care, Time, August 28, 2020.

Outpatient Care Rebounds



Source: Mehrotra, Ateev et all, he Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients, October 15, 2020, The Commonwealth Fund.

Weekly visits to dermatologists, urologists, and adult primary care physicians, among other specialists, are exceeding the prepandemic baseline. But weekly visits to certain other specialists, including pulmonologists and behavioral health providers, remain substantially below their baseline.



Data are for the week of October 4–10 compared to the baseline week (March 1–7). Data are for only the selected specialties shown. The decline in visits is reflective of all visit types — in-person and telemedicine. Visits from nurse practitioners and physician assistants are not included. Urgent care center visits are not included in adult primary care or pediatrics.

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57

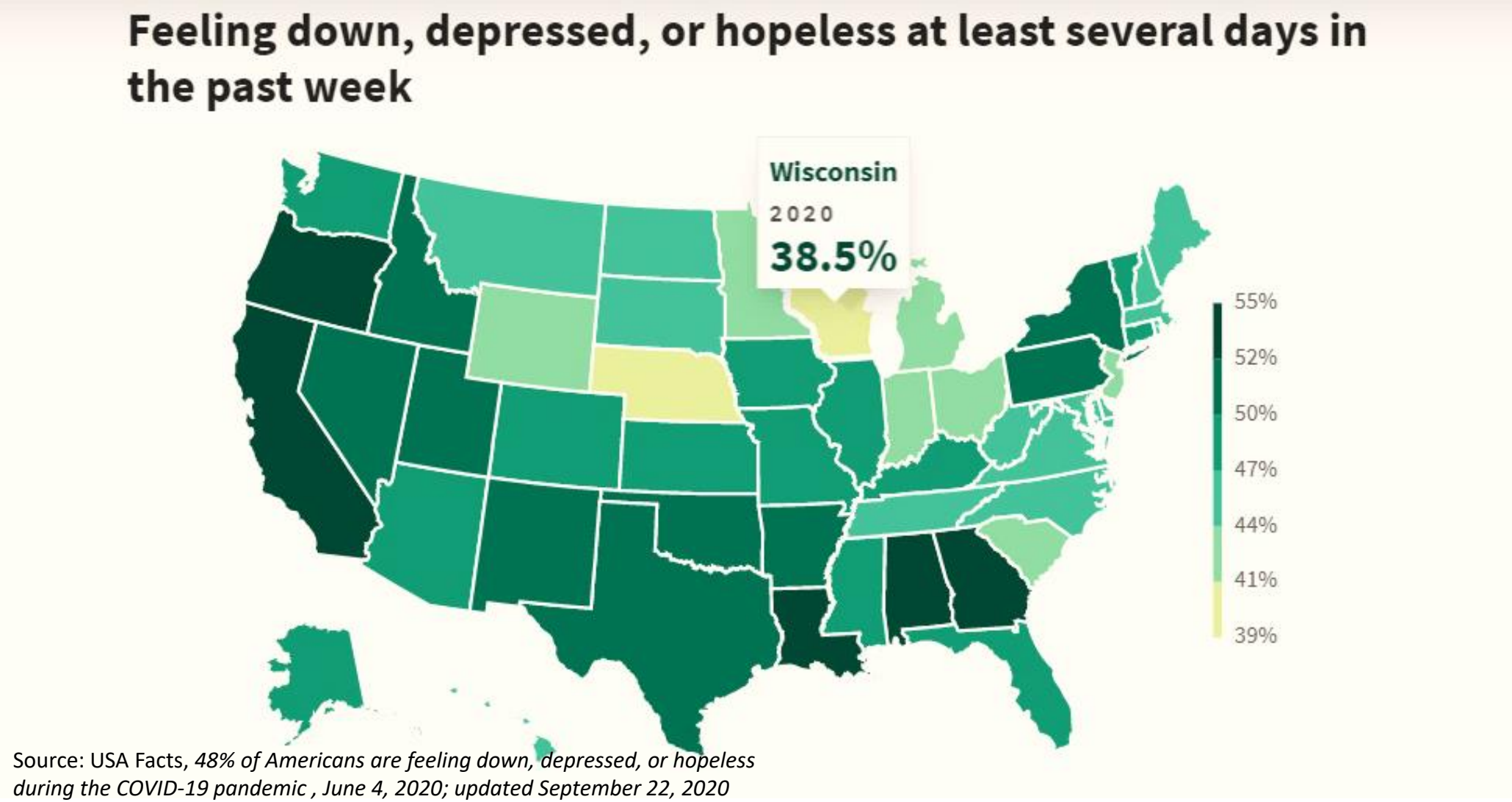
Mental Health During COVID-19

Table 2. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic

	% (95% CI)[b]		Difference	
Depression symptoms[a]	Before COVID-19[c]	During COVID-19[d]	Absolute, %	Relative
None	75.3 (73.3-77.1)	47.5 (44.2-50.9)	−27.7	0.6
Mild	16.2 (15.1-17.4)	24.6 (21.8-27.7)	8.4	1.5
Moderate	5.7 (4.8-6.9)	14.8 (12.6-17.4)	9.1	2.6
Moderately severe	2.1 (1.6-2.8)	7.9 (6.3-9.8)	5.7	3.7
Severe	0.7 (0.5-0.9)	5.1 (3.8-6.9)	4.4	7.5

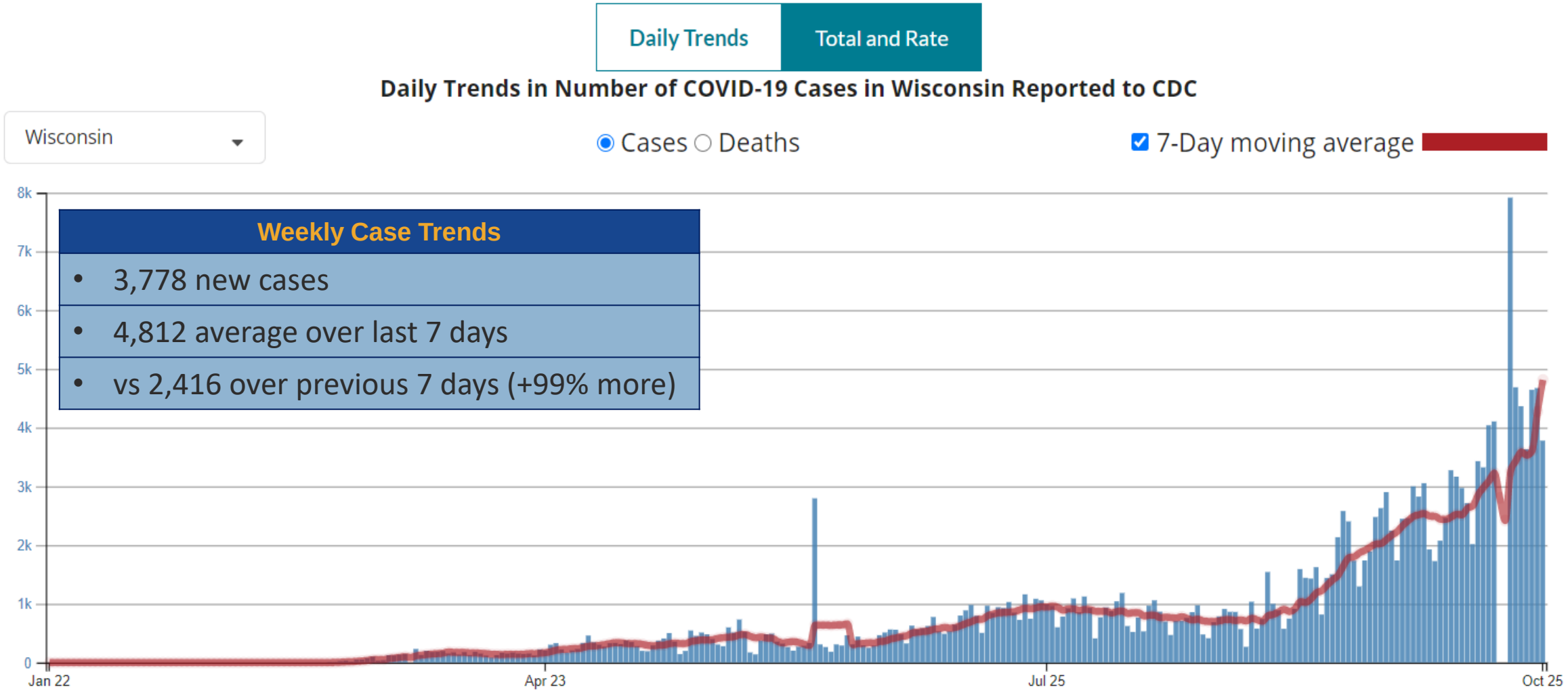
Source: Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. JAMA Netw Open.2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686

High Levels of Anxiety and Depression Nationwide



Source: USA Facts, *48% of Americans are feeling down, depressed, or hopeless during the COVID-19 pandemic , June 4, 2020; updated September 22, 2020*

Surge in New Cases in Wisconsin*



*as of October 25, 2020

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrends

Stay Home Wisconsin

Governor Tony Evers

- Stay home as much as possible;
- Wear a mask;
- Wash your hands frequently;
- Get your flu shot;
- Avoid nonessential travel and gatherings with people outside of your household;
- If you have symptoms or have been exposed to COVID-19, get tested and quarantine yourself;
- If you test positive for COVID-19, let your close contacts know they have been exposed and they should get tested and quarantine for 14 days.

NBC NEWS
COVID-19 deaths among young and working age Latinos skyrocket in California, study finds
nature
The coronavirus is most deadly if you are older and male – new data reveal the risks
TIME
HEALTH • COVID-19
Black and Asian People Are 2 to 3 Times More Likely to Die of COVID-19, U.K. Study Finds
THE LANCET
Sex differential in COVID-19 mortality varies markedly by age
REUTERS
Hispanics, African Americans hit hard in U.S. COVID-19 hotspot counties, says CDC
Health
BBC
Coronavirus: Ethnic minorities 'over-exposed' to Covid-19
By Anna Collinson
U.S.News & WORLD REPORT
State, Local Officials Highlight Racial Disparities in Coronavirus Deaths
Maryland and Michigan are among the states that have released race-specific COVID-19 data.

Why Disparities Matter

Minority and Underserved Populations are significantly more likely to:

- Die from preventable cancers;
- Be diagnosed with late-stage disease for cancers detectable through screening at earlier stages
- Receive either no treatment or treatment that does not meet currently accepted standards of care;
- Die of cancers that are generally curable; and
- Suffer from cancer without the benefit of pain control and other palliative care

Source: Trans-HHS Cancer Health Disparities Progress Review Group (2004) Making Cancer Health Disparities History. Submitted to the Secretary, U.S. Department of Health and Human Services, March 2004. Washington, DC: US Department of Health and Human Services

Cancer Disparities Significant Before Pandemic

Breast Cancer

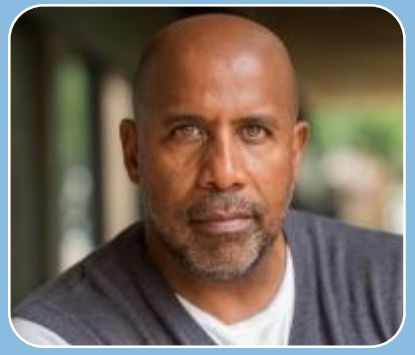
African American women **2x** as likely as white women to be diagnosed with and die from triple negative breast cancer

Cervical Cancer

Women in rural areas have higher incidence and death from cervical cancer than women in metro areas

Liver Cancer

American Indian/Alaska Natives rates of liver cancer are higher than any other racial/ethnic group

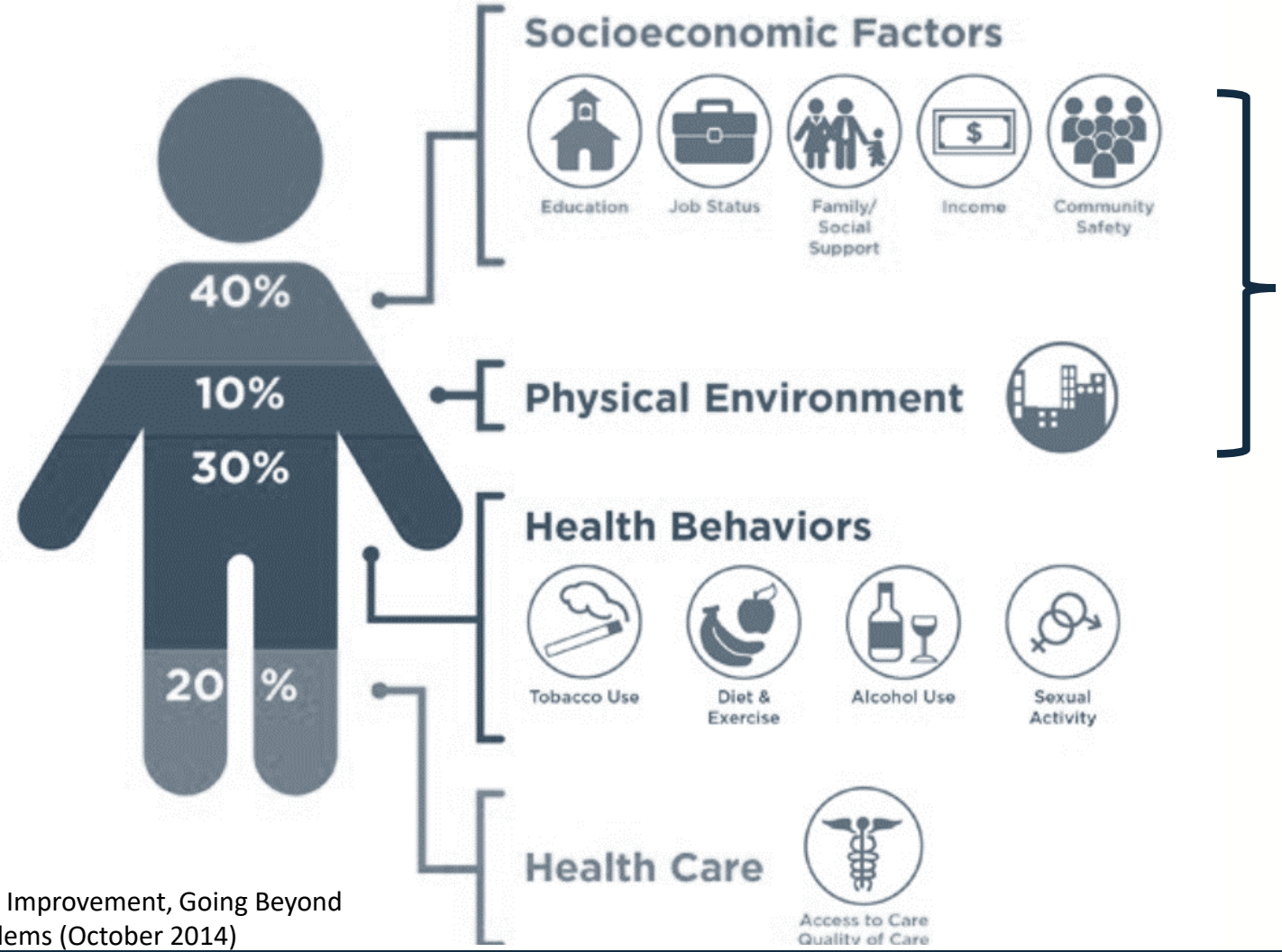


Prostate Cancer

American Indian/Alaska Natives rates of liver cancer are higher than any other racial/ethnic group

Risk Factors Associated with Cancer Disparities

Social Determinants of Health



50%
Can be traced back to your zip code

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Cancer Disparities in Focus

- Span the full cancer continuum, across the life course
- Involve inequities in:
  - Prevention,
  - Incidence,
  - Prevalence,
  - Detection and treatment,
  - Survival,
  - Mortality,
  - Burden of cancer, and
  - Other related health conditions and behaviors.

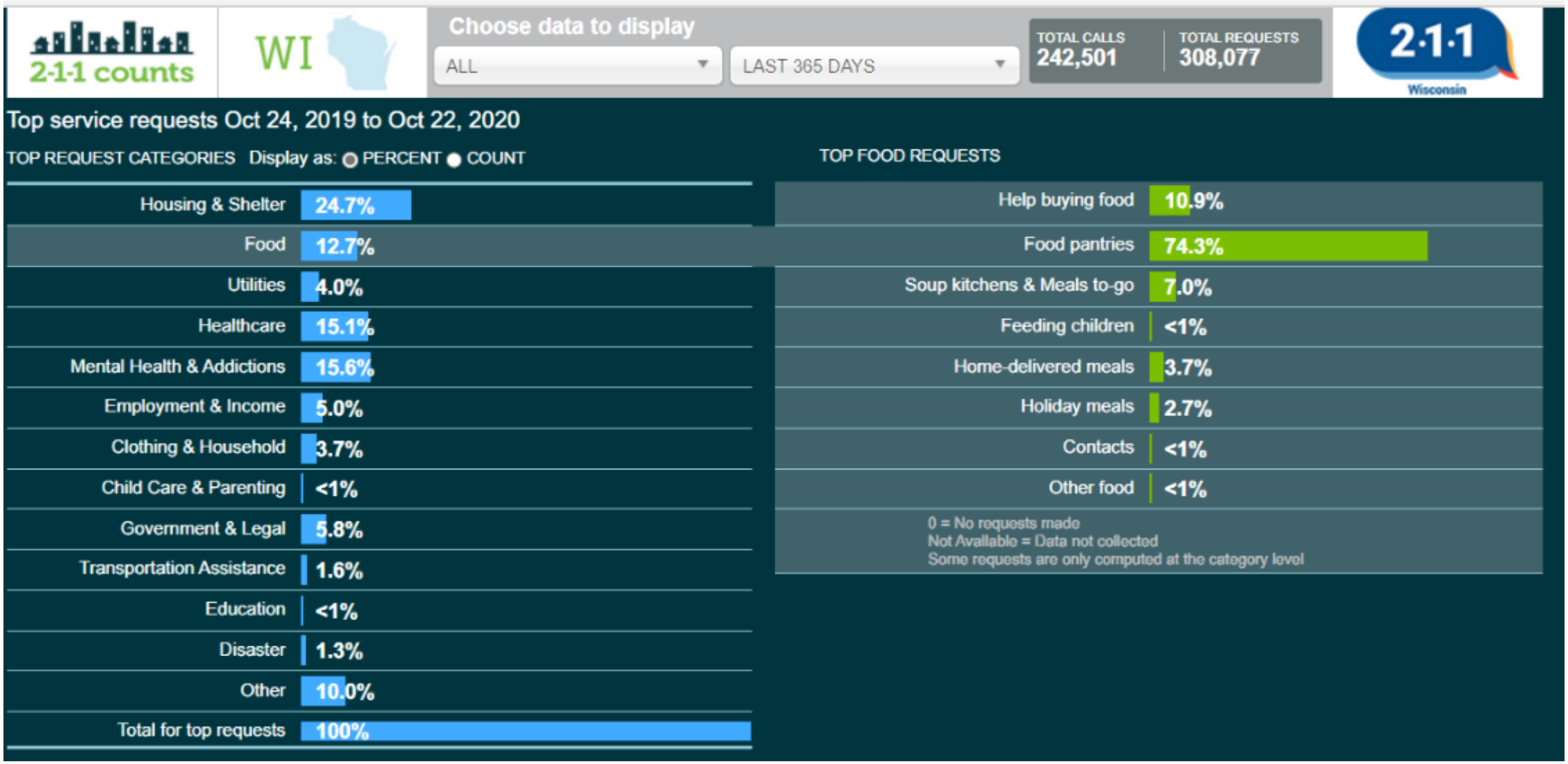
Source: Krieger, N. Defining and investigating social disparities in cancer: critical issues. Cancer Causes Control 16, 5–14 (2005). https://doi.org/10.1007/s10552-004-1251-5

COVID-19 Deaths and Hospitalizations by Race and Ethnicity

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization[2]	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death[3]	1.4x higher	No Increase	2.1x higher	1.1x higher

Source: cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Understanding Community Needs



Comprehensive Cancer Approach to addressing Today's Challenges

Overarching Priorities

1. Stressing **primary prevention**, or making healthy choices to stop cancer before it starts

2. Helping people **find cancer early** by getting screened at the right time

3. Supporting people diagnosed with cancer **(survivors)** through their treatment and beyond

Cross-Cutting Objectives

4. Providing **proven strategies** for states, health care networks, and others to put into place, making sure cancer control efforts are effective for everyone who needs them

5. Promoting **access** to good health care for **everyone**

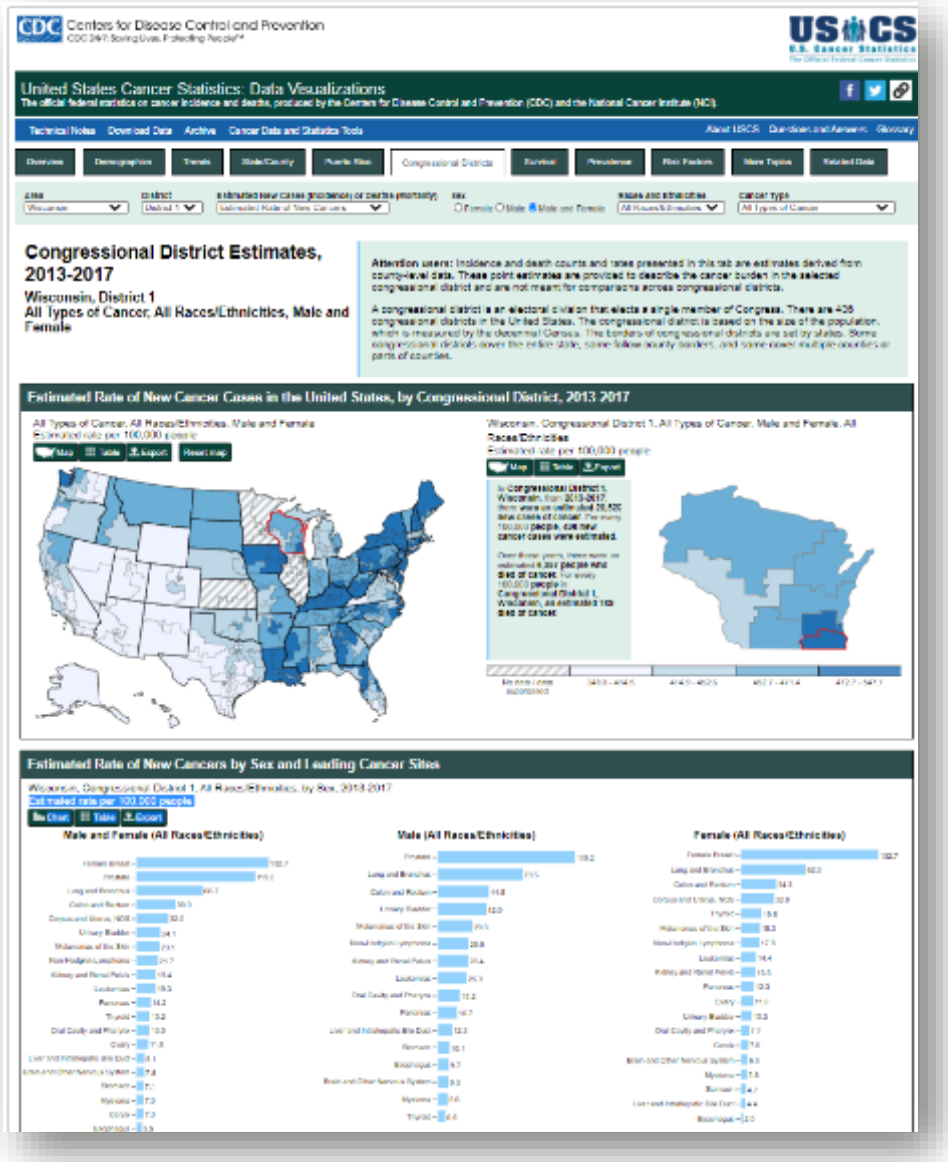
6. Studying policies and programs to **make sure they work**

Utilizing Data

Recent data release | June 2020

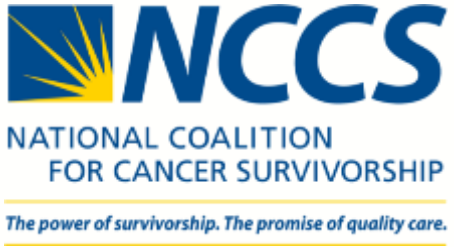
Sections –

- Overview
- Demographics
- Trends
- State/County
- Puerto Rico
- Congressional Districts
- Survival
- Prevalence
- Risk Factors
- More Topics



www.cdc.gov/cancer/dataviz

Comprehensive Cancer Control National Partnership



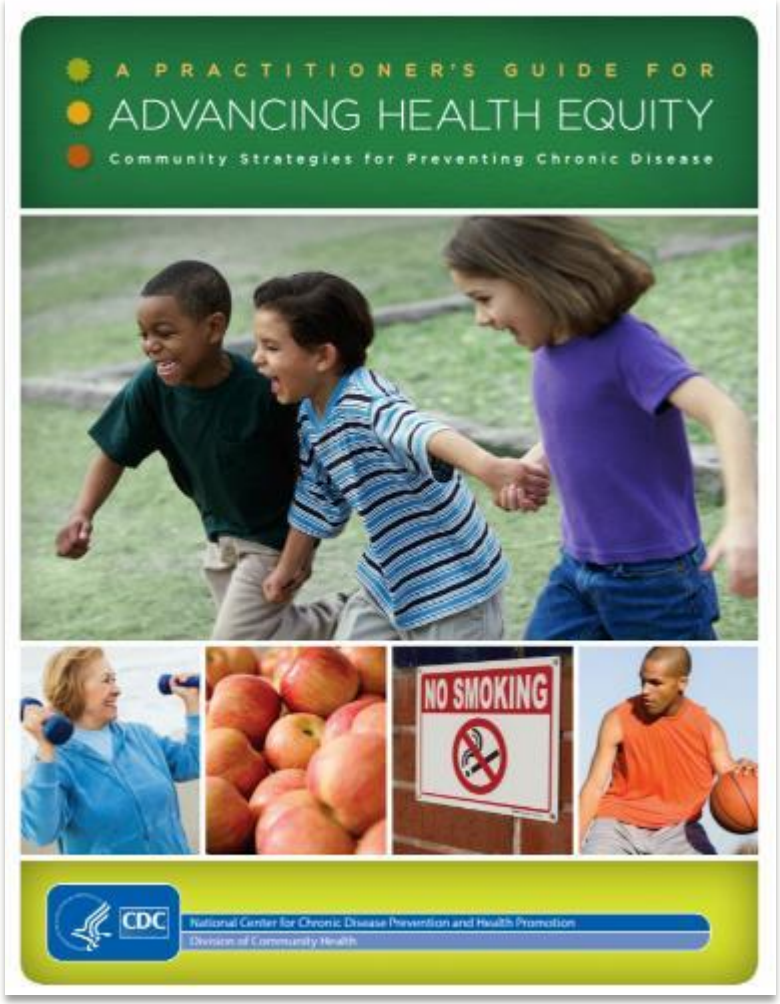
Advancing Health Equity

Building Equity into Program Development

A Practitioner's Guide for Advancing Health Equity

Effective strategies learned from the field to address:

- Policy, systems, environmental improvement
- Partnerships and capacity-building
- Behavioral factors like tobacco use, diet and physical activity



Source cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf

Expanding Navigation Systems

Helping Survivors Transition from Specialty Care to Community-based Primary Care

Project ECHO®

Picture: echo.umn.edu

ECHO (Extension for Community Healthcare Outcomes) Model®

People need access to specialty care for their complex health conditions.

There aren't enough specialists to treat everyone who needs care, especially in rural and underserved

ECHO trains primary care clinicians to provide specialty care services. This means more people can get

Patients get the right care, in the right place at the right time. This improves outcomes and reduces costs.

- Focused on improving quality survivorship in rural areas
- Pilot with NCCCP grantees
- Tele-mentoring/Care Coordination Communication
- Project Launched September 2019

Tobacco Control in Underserved Communities

Networking2Save Network
cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm

- Eight funded awardees in network
- Focused on reducing tobacco-and-cancer-related health disparities
- Provides support, training and resources for providers, caregivers and survivors
- Each awardee works a different subpopulation at high risk for cancer

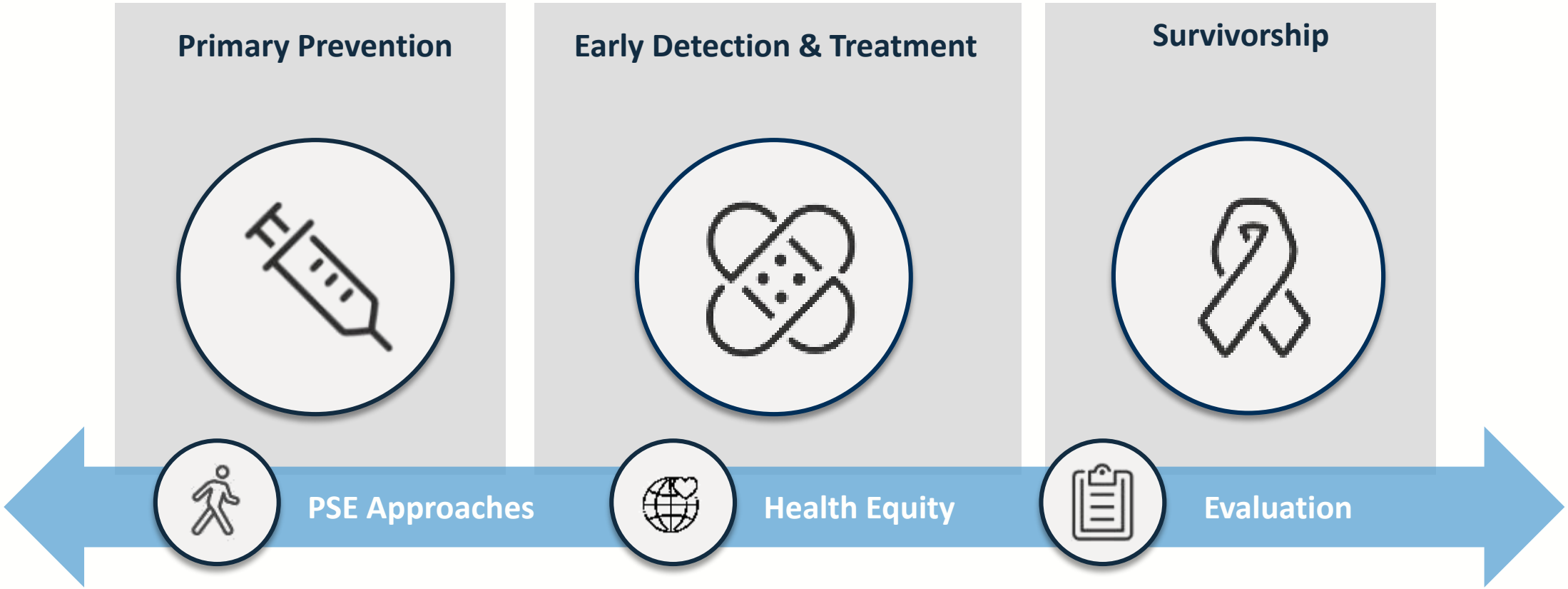
From the National African American Tobacco Prevention Network

Geographic Health Equity Alliance (GHEA)

(FY18-FY23) Goals:

- Comprehensive tobacco-free laws
- Increase comprehensive tobacco control policies in multi-unit housing complexes
- Retail strategies for target populations
- Increase the number of adults attempting to quit tobacco using the state quit-line
- Decrease in incidence of advanced stage disease in target population

NCCCP Priorities

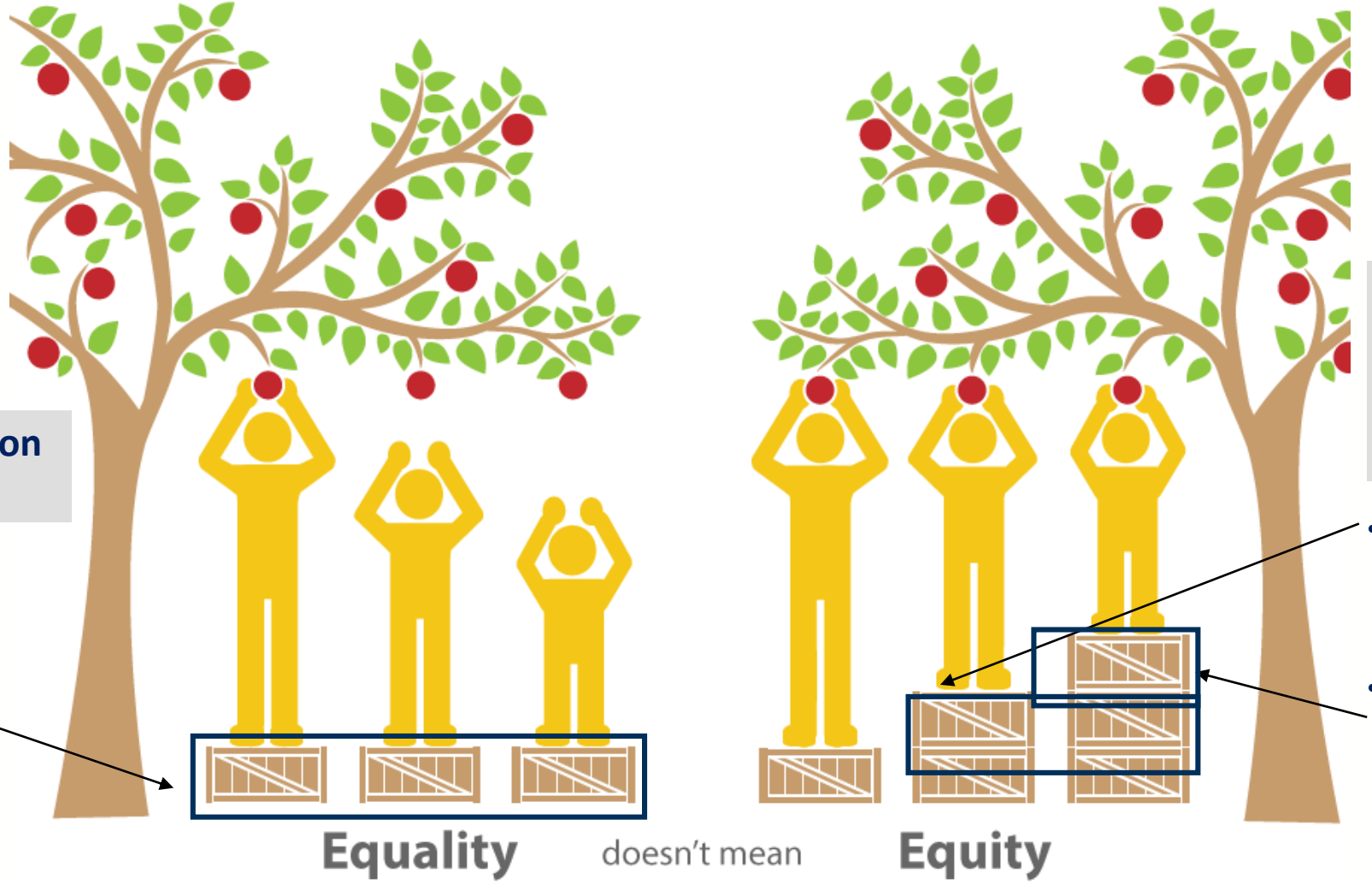


Health Equity Dual Approach

The dual approach is the simultaneous implementation of :

General population strategies

- i.e., Breast cancer screening messages during October



Tailored strategies to populations experiencing the greatest disparities

- i.e., free or low cost mammography programs
- i.e., mammobus that delivers mobile screening

Dual Approach Incorporates Four Key Steps to Advance Health Equity

Data

Identify Variables to Track Population Inequities

Strategies

Select effective, evidence-based strategies

Partners

Engage Partners in the Process

Evaluation

Review evaluation and monitoring plans

Expanding Partnerships

Partners

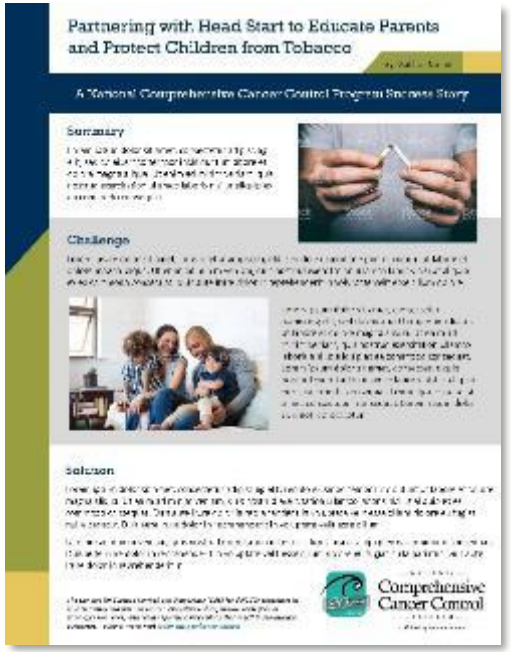
Engage Partners in the Process

Benefits of Partnering with the Priority Population(s)

- Bring together different skills and perspectives that may lead to breakthroughs when problems occur
- Enhance credibility of cancer control policies
- Increase the likelihood that community members will hear and respond to campaign messages
- Strengthen the community's ownership of policy efforts

Health Equity in Action

cdc.gov/cancer/ncccp/state.htm



Arkansas
Head Start Families

Health Equity | Primary Prevention | Evaluation

Oregon
CRC Screening Campaign

Health Equity | Early Detection and Treatment

Minnesota
Cancer Legal Care

Health Equity | Survivorship | Policy, Systems, and Environmental Approaches

Other Prevention and Early Detection Resources

NATIONAL Breast & Cervical Cancer Early Detection Program
SCREENING WOMEN, SAVING LIVES

NATIONAL Comprehensive Cancer Control PROGRAM
Collaborating to Conquer Cancer

NPCR NATIONAL PROGRAM of CANCER REGISTRIES

Colorectal Cancer Control Program

Foundational Programs

Screen for life
National Colorectal Cancer Action Campaign

BRING YOUR brave.

Inside Knowledge
Get the Facts About Gynecologic Cancer

Campaigns

Twitter

Social

Simulated Humans

Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer

Cancer Prevention Works

Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.