



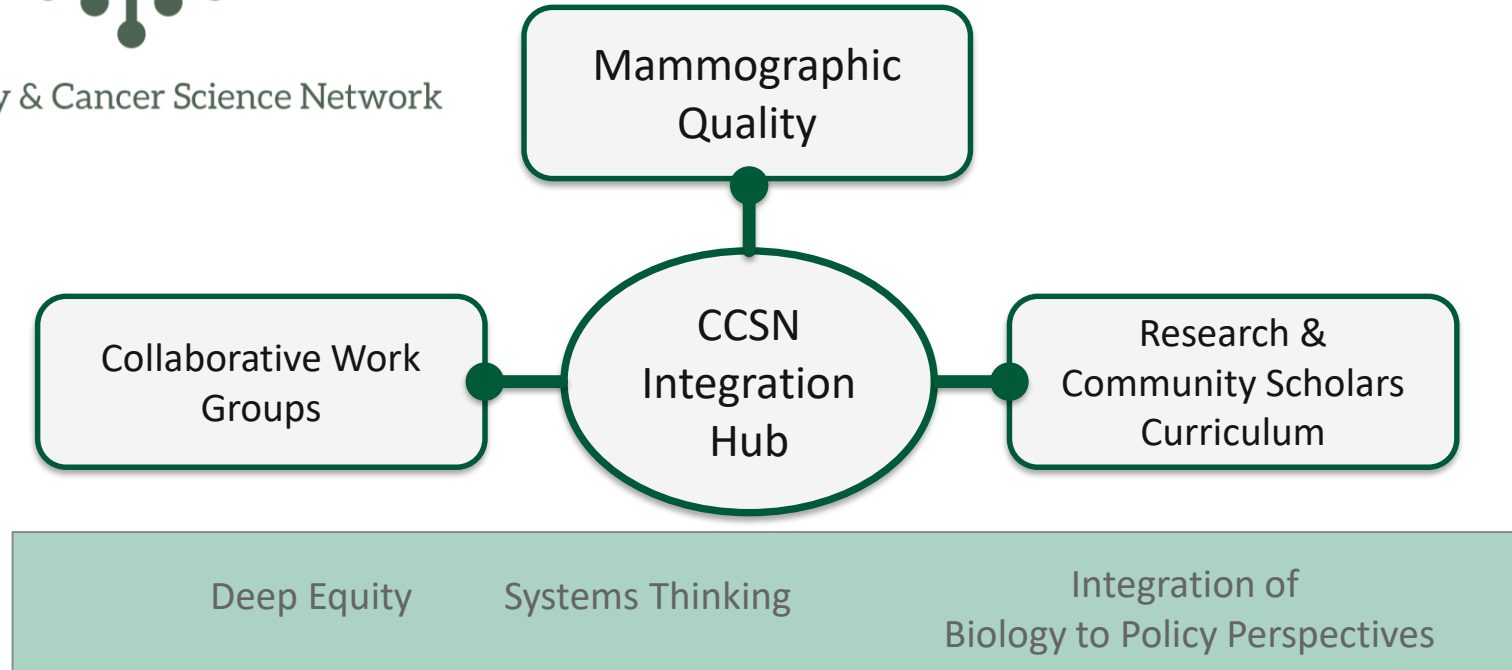
BUILDING PARTNERSHIPS TO ACHIEVE EQUITY IN WISCONSIN'S CANCER OUTCOMES

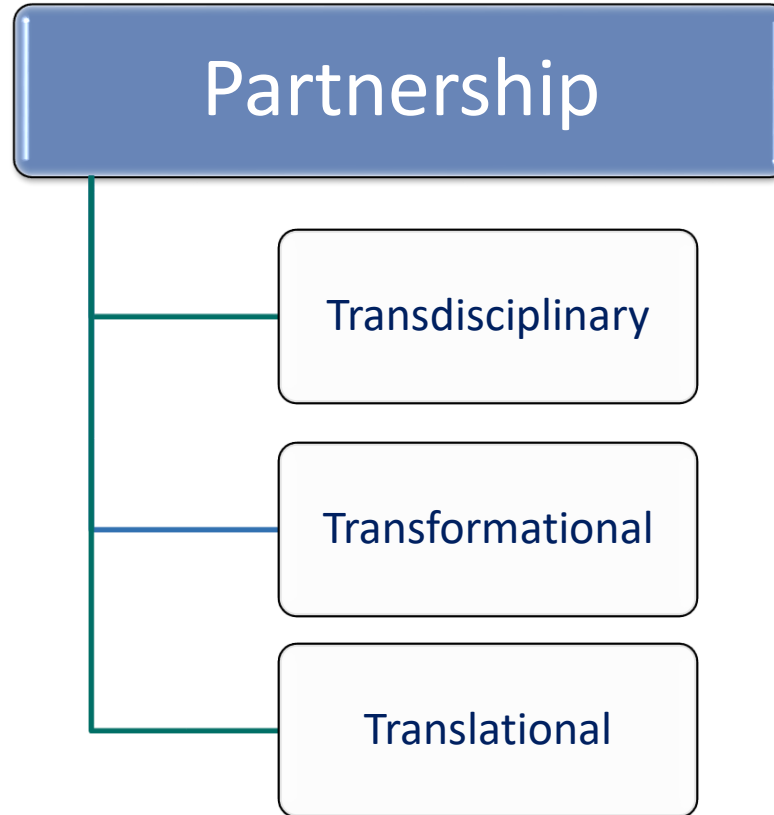
October 21, 2021





Community & Cancer Science Network





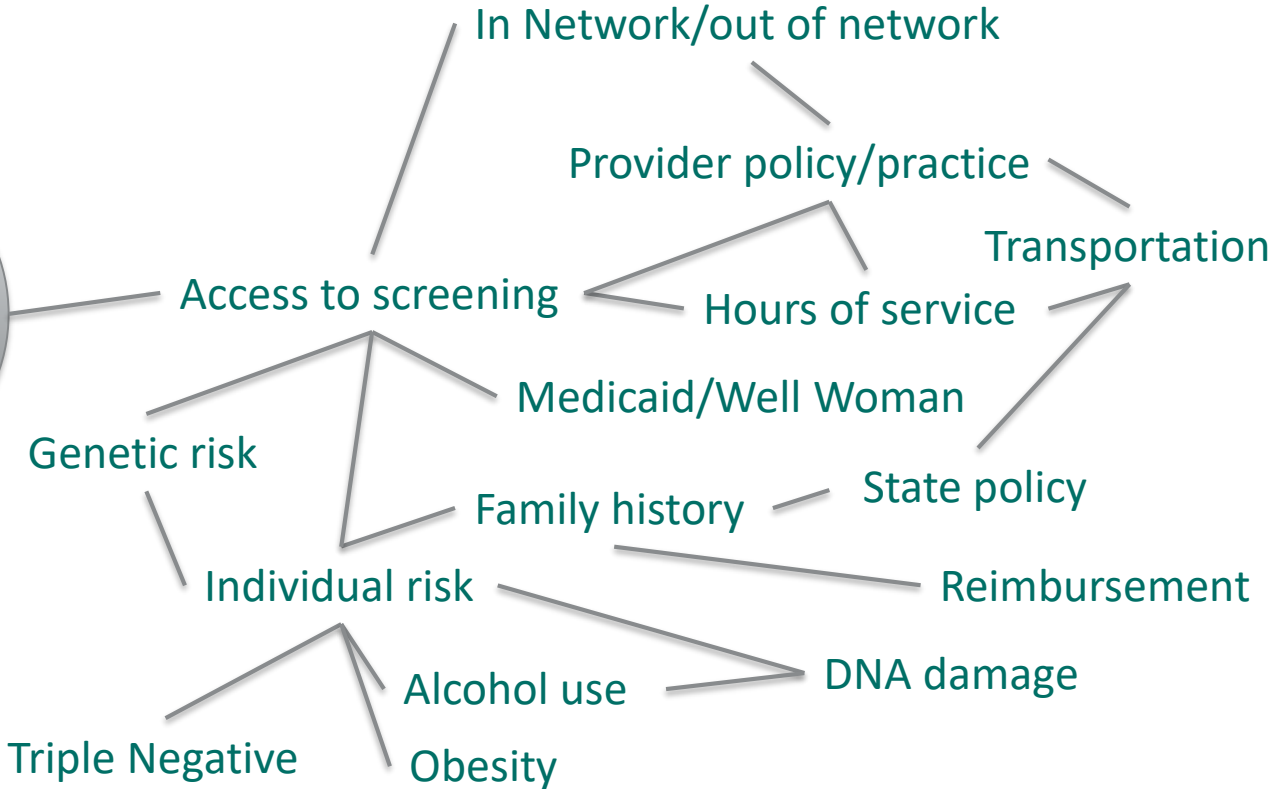


METHODS

A team of community stakeholders and researchers (lab science, clinical and population health) were charged with developing a deeper understanding of Wisconsin's breast and lung cancer disparities and propose new ways of working together

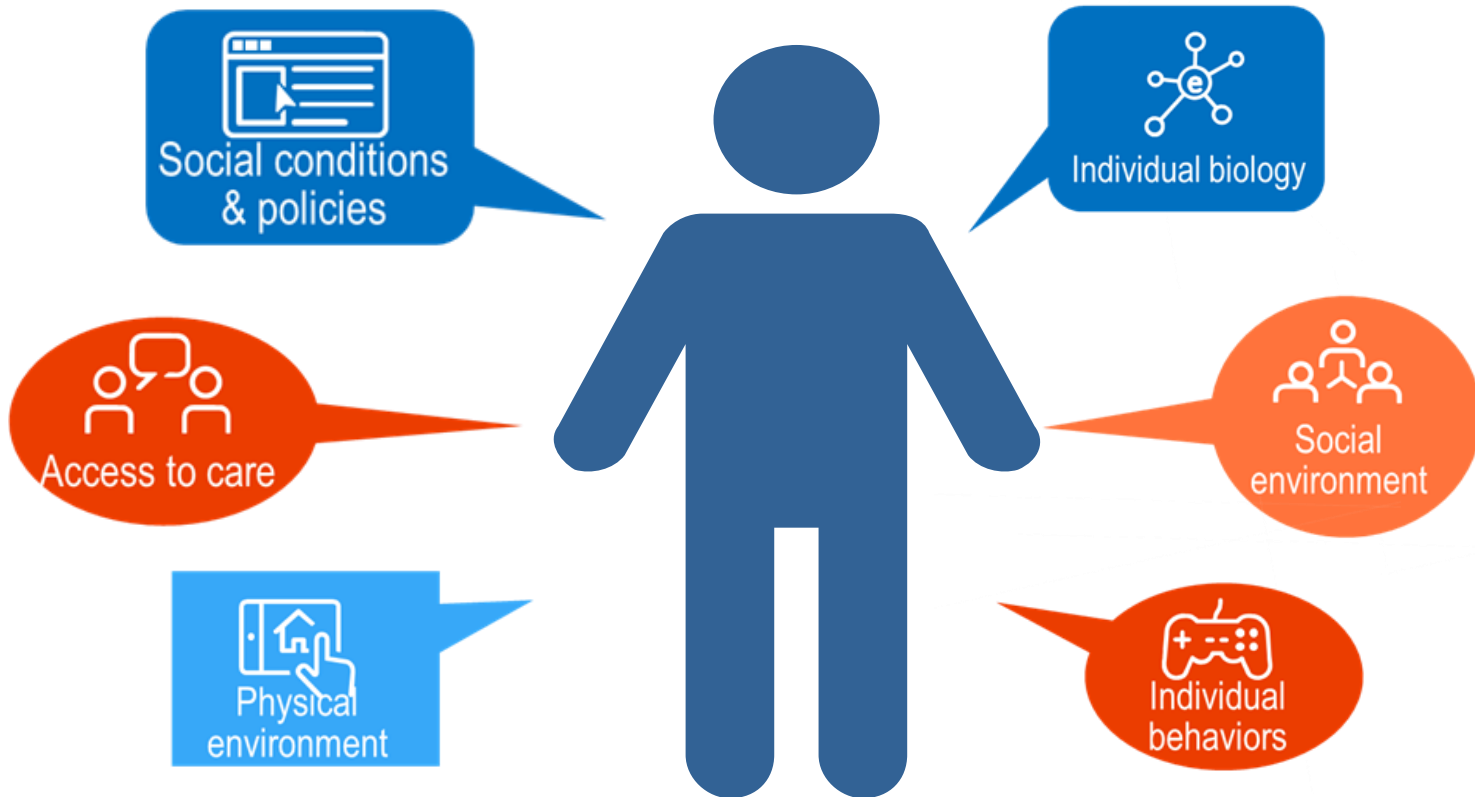
A deeper understanding:

- Conduct a literature review
- Conduct analysis of the root causes of cancer disparities
- Review available data
- Conduct statewide discussion sessions





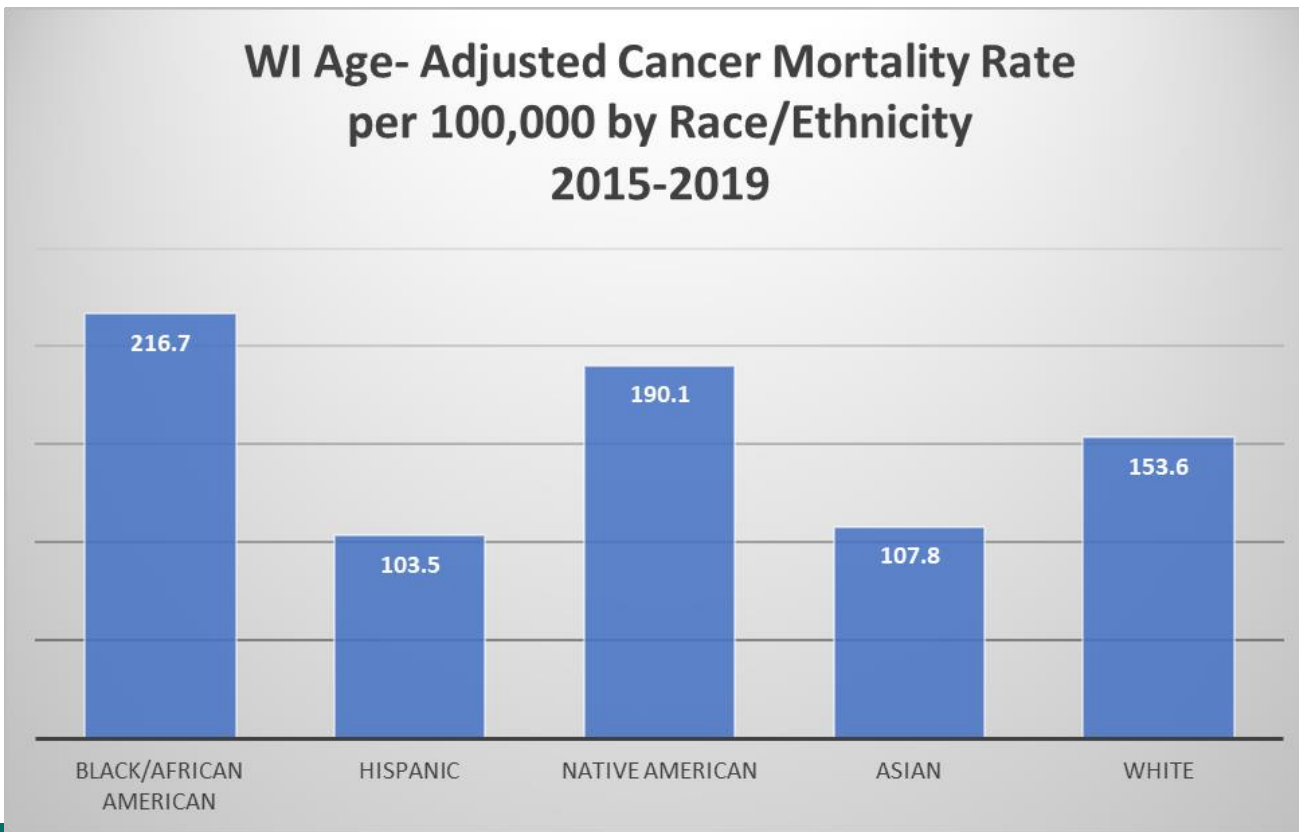
CANCER DISPARITIES PERSIST FOR MANY REASONS





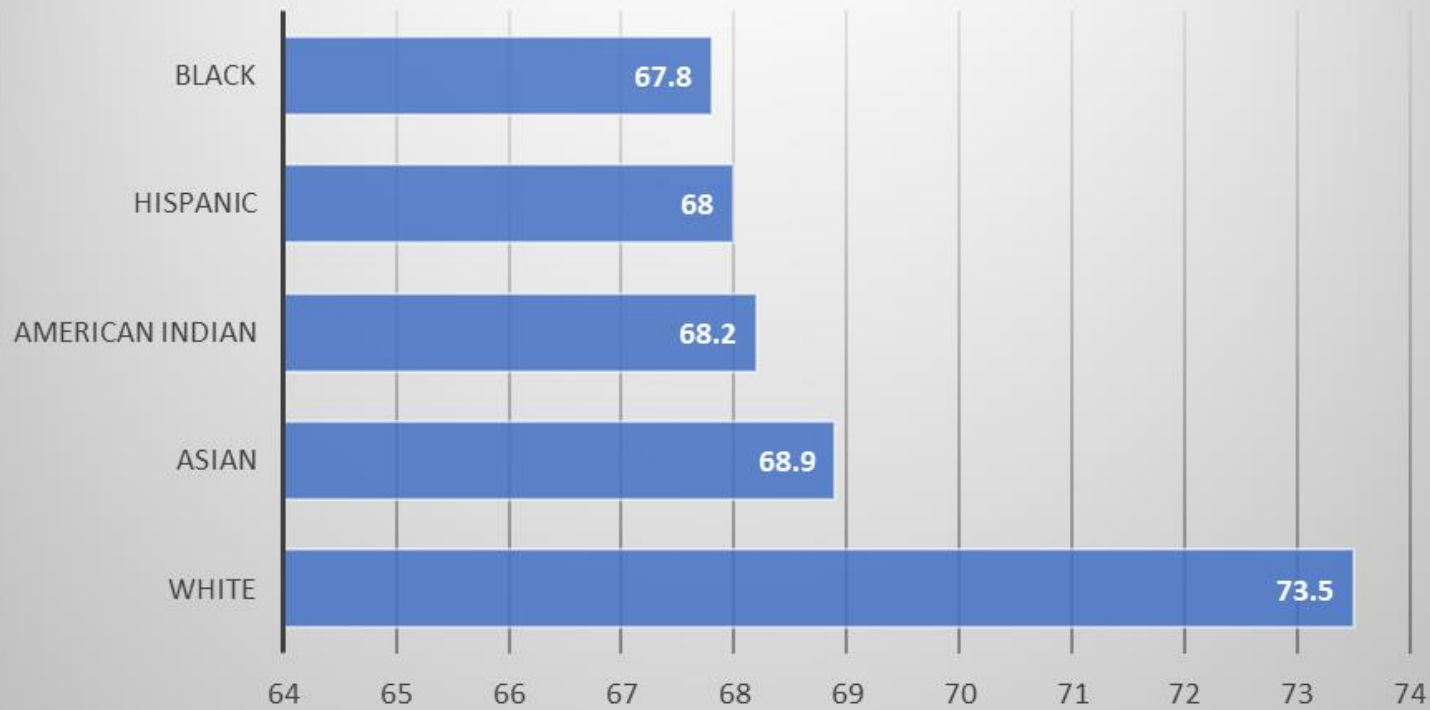
WISCONSIN'S CANCER DISPARITIES

WI Age- Adjusted Cancer Mortality Rate
per 100,000 by Race/Ethnicity
2015-2019



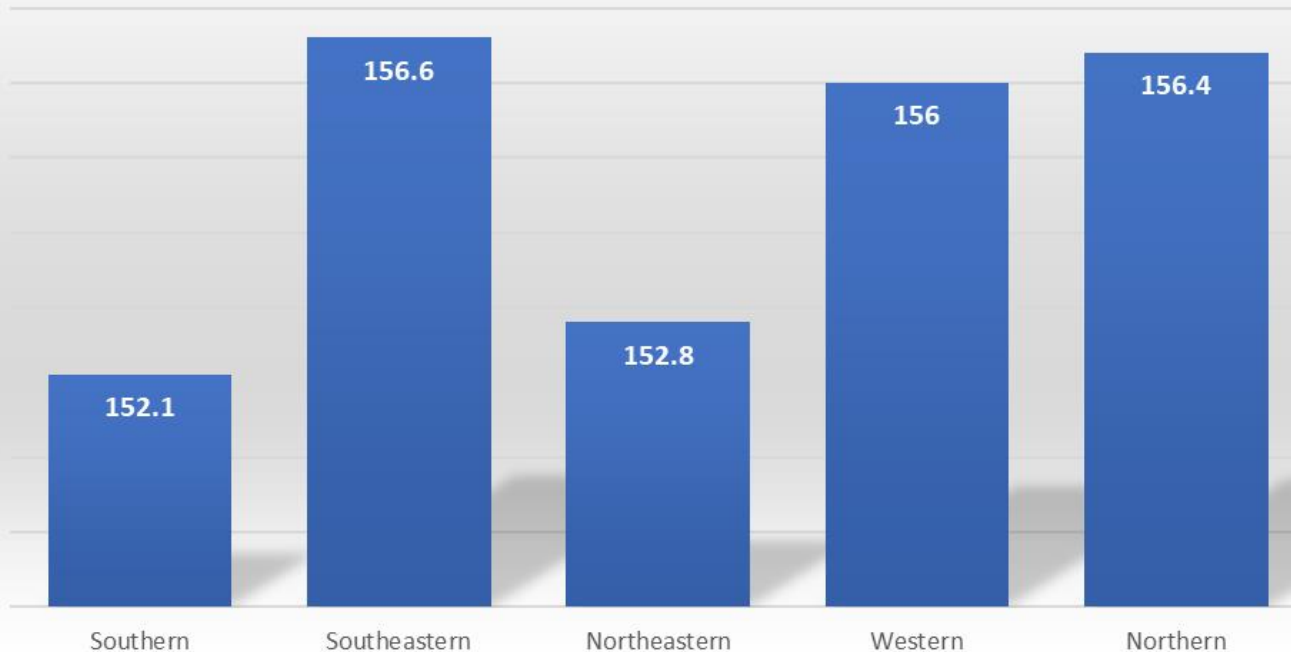


2016-2020 Average age of death in top four occurring cancers by race/ethnicity





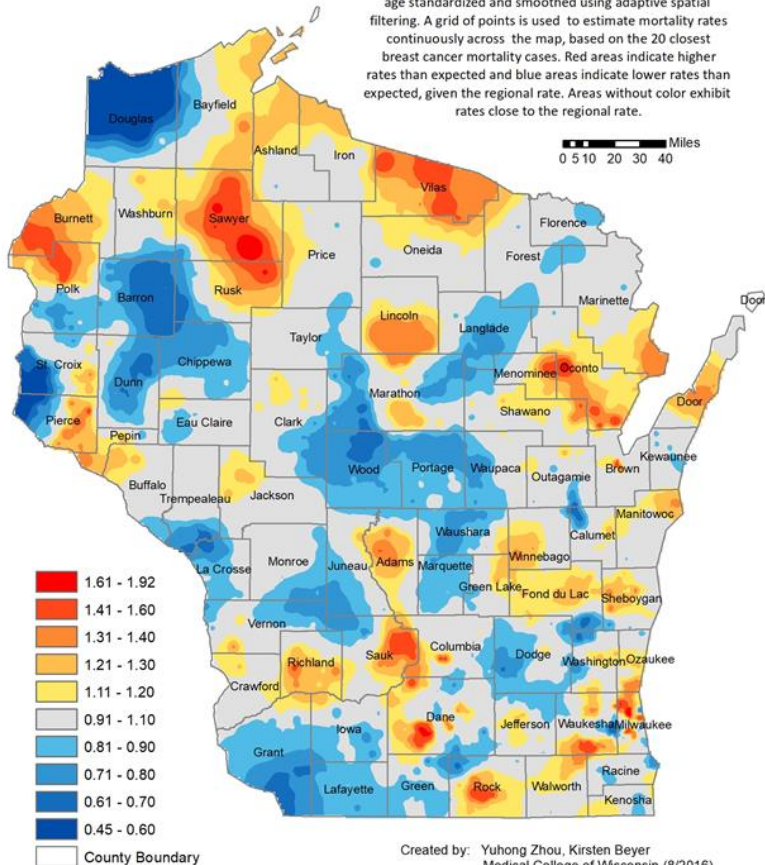
WI Age-Adjusted Cancer Mortality Rate per 100,000 by Region 2015-2019





Female Breast Cancer Mortality Rate Wisconsin, 2008-2013

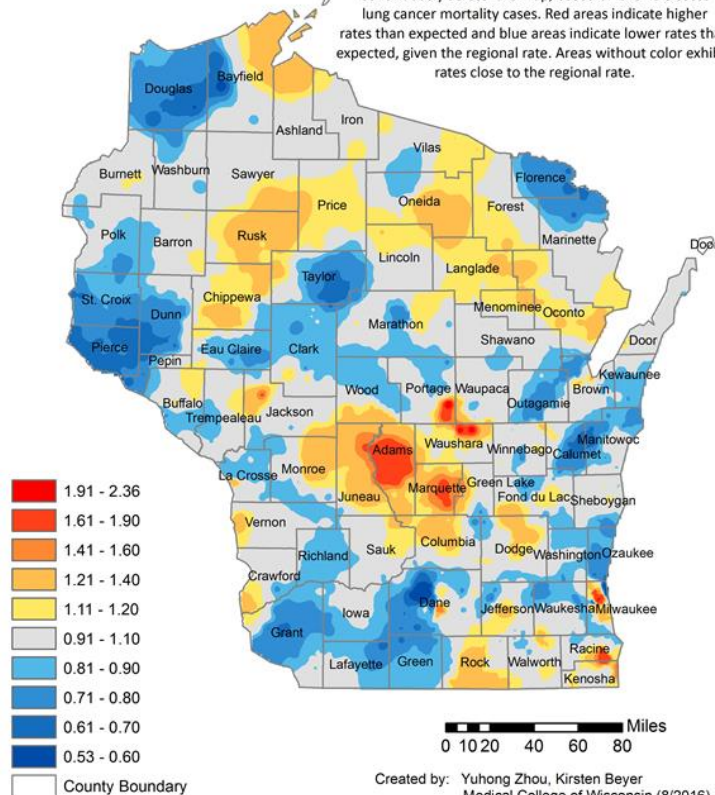
The female, breast cancer mortality rate is indirectly age standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 20 closest breast cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.



Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)
Data Source: State Vital Records Office,
Department of Health Services 2008-2013

Lung Cancer Mortality Rate Wisconsin, 2008-2013

The lung cancer mortality rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 40 closest lung cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.

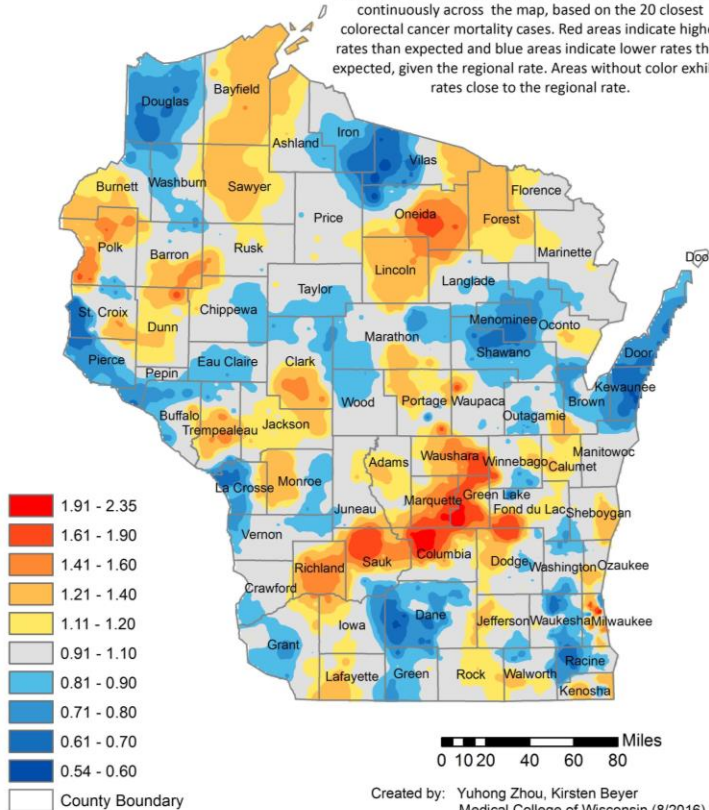


Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)
Data Source: State Vital Records Office,
Department of Health Services 2008-2013



Colorectal Cancer Mortality Rate Wisconsin, 2008-2013

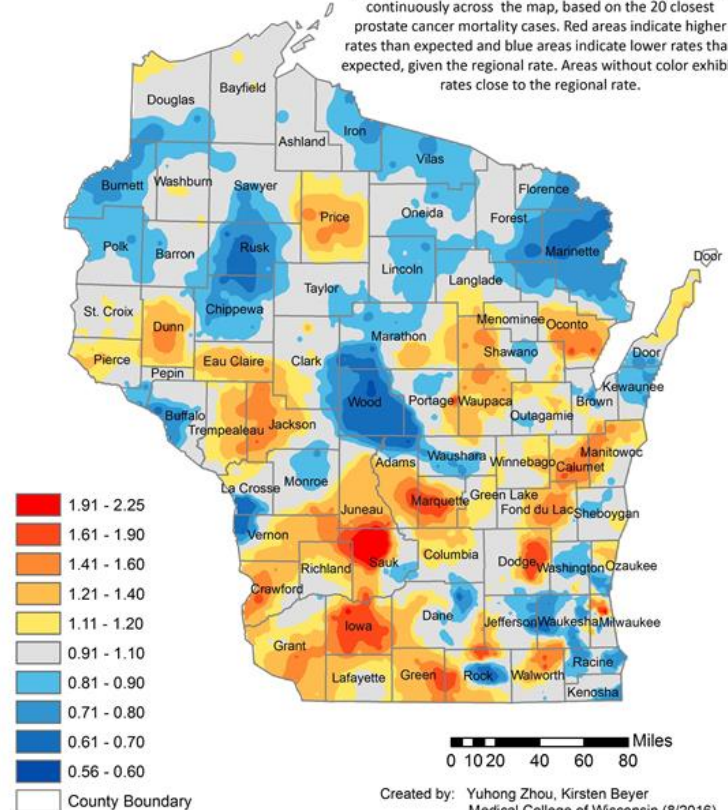
The colorectal cancer mortality rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 20 closest colorectal cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.



Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)
Data Source: State Vital Records Office,
Department of Health Services 2008-2013

Prostate Cancer Mortality Rate Wisconsin, 2008-2013

The prostate cancer mortality rate is indirectly age-sex standardized and smoothed using adaptive spatial filtering. A grid of points is used to estimate mortality rates continuously across the map, based on the 20 closest prostate cancer mortality cases. Red areas indicate higher rates than expected and blue areas indicate lower rates than expected, given the regional rate. Areas without color exhibit rates close to the regional rate.



Created by: Yuhong Zhou, Kirsten Beyer
Medical College of Wisconsin (8/2016)
Data Source: State Vital Records Office,
Department of Health Services 2008-2013



DISCUSSION SESSIONS

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Legend:

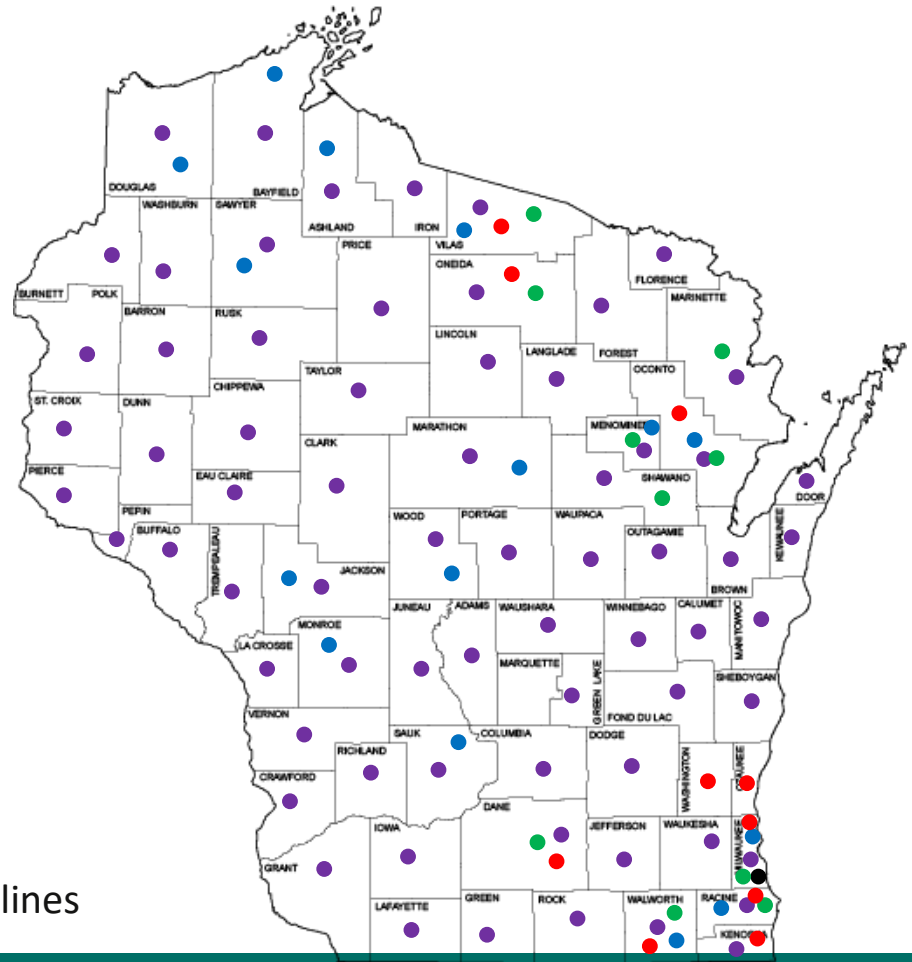
Healthcare & Allied Health ●

Public Health Officials ●

Community Members ●

Basic and Population Health Researchers ●

Key Informants ●



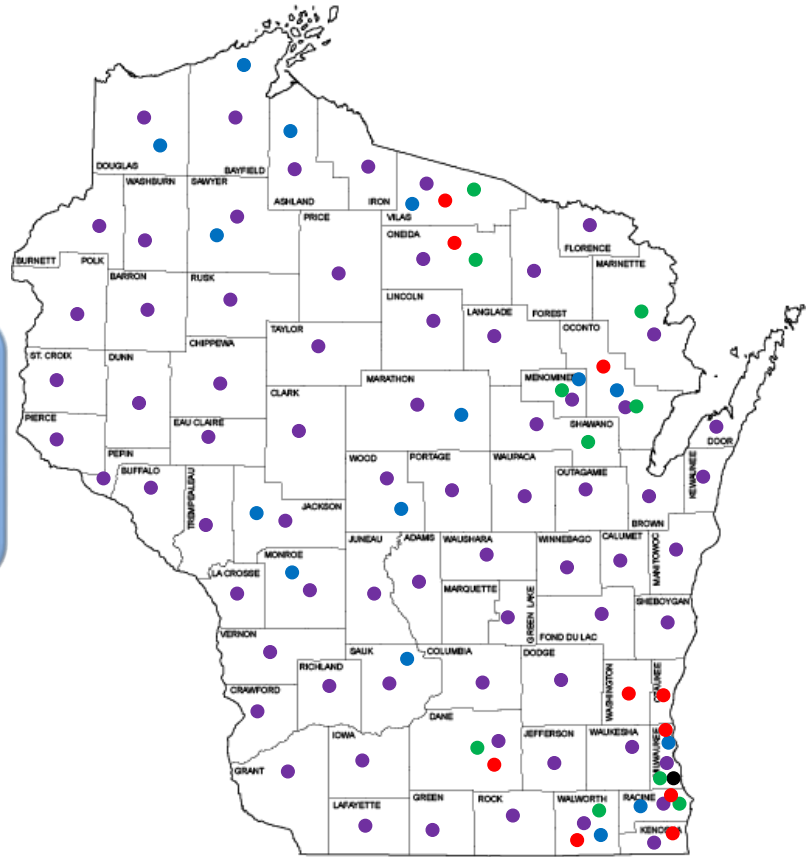
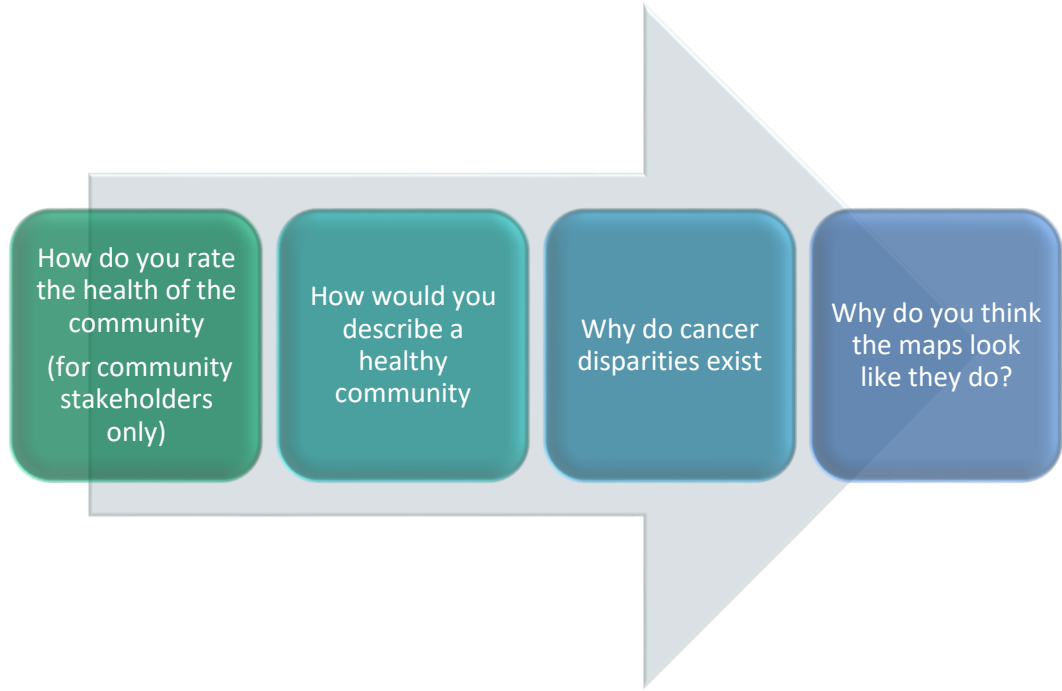
Total participants = 205

67% from community; 33% from research disciplines



DISCUSSION SESSIONS

Community & Cancer Science Network



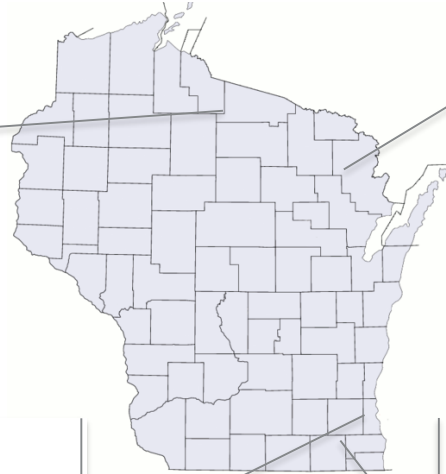


THEMES ACROSS REGIONS

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Themes from North Central sessions

Poverty/Low wage work/Uninsured
Limited access to physical activity opportunities
Poor diet/limited access to healthy foods



Themes from North Eastern sessions

Poor diet/limited access to healthy foods
Stoicism/Don't want to know
Poverty/Low wage work/uninsured

Themes from Researchers sessions

Environmental impact on gene expression
Social inequities/poverty/racism
Healthcare quality & access

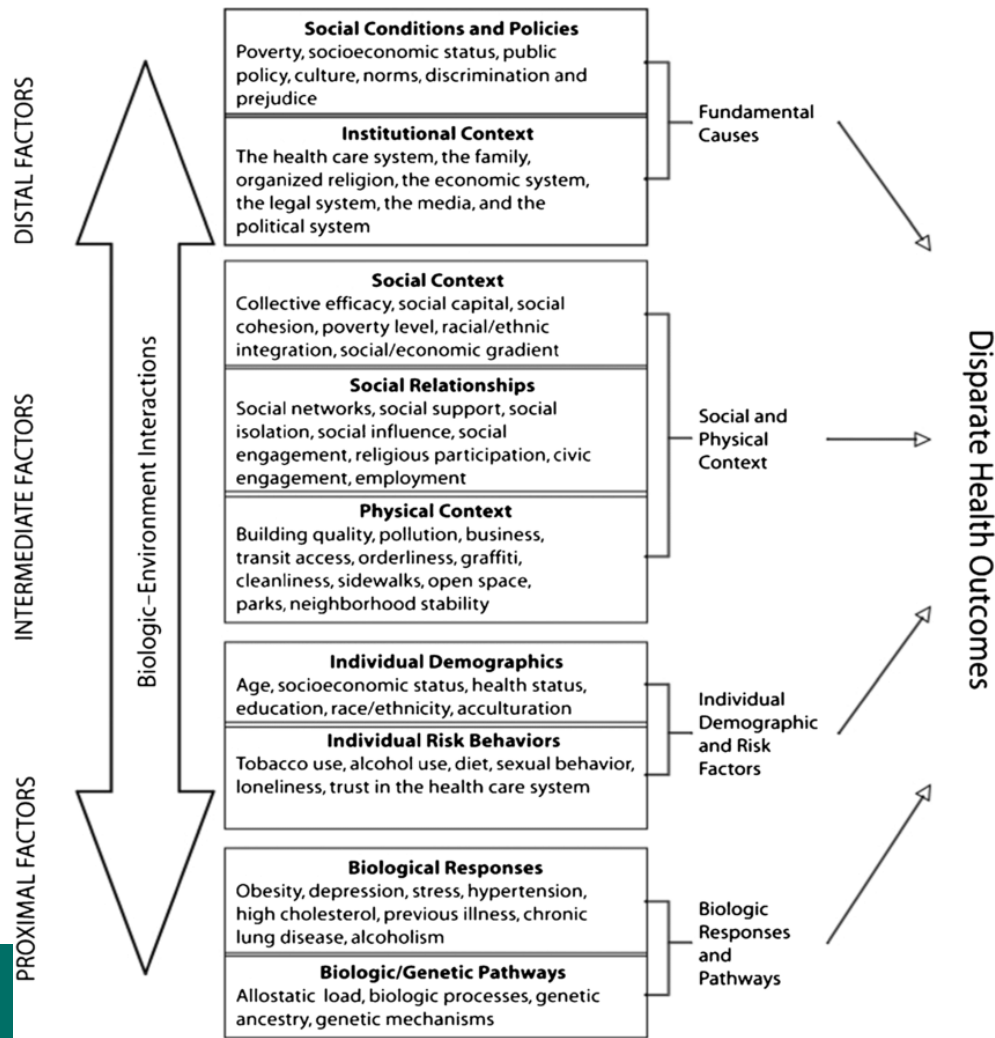
Themes from South Eastern sessions

Mistrust/Misinformation
Poverty/Low wage work/uninsured
Poor diet/limited access to healthy foods



MODEL FOR ANALYSIS OF POPULATION HEALTH AND HEALTH DISPARITIES.

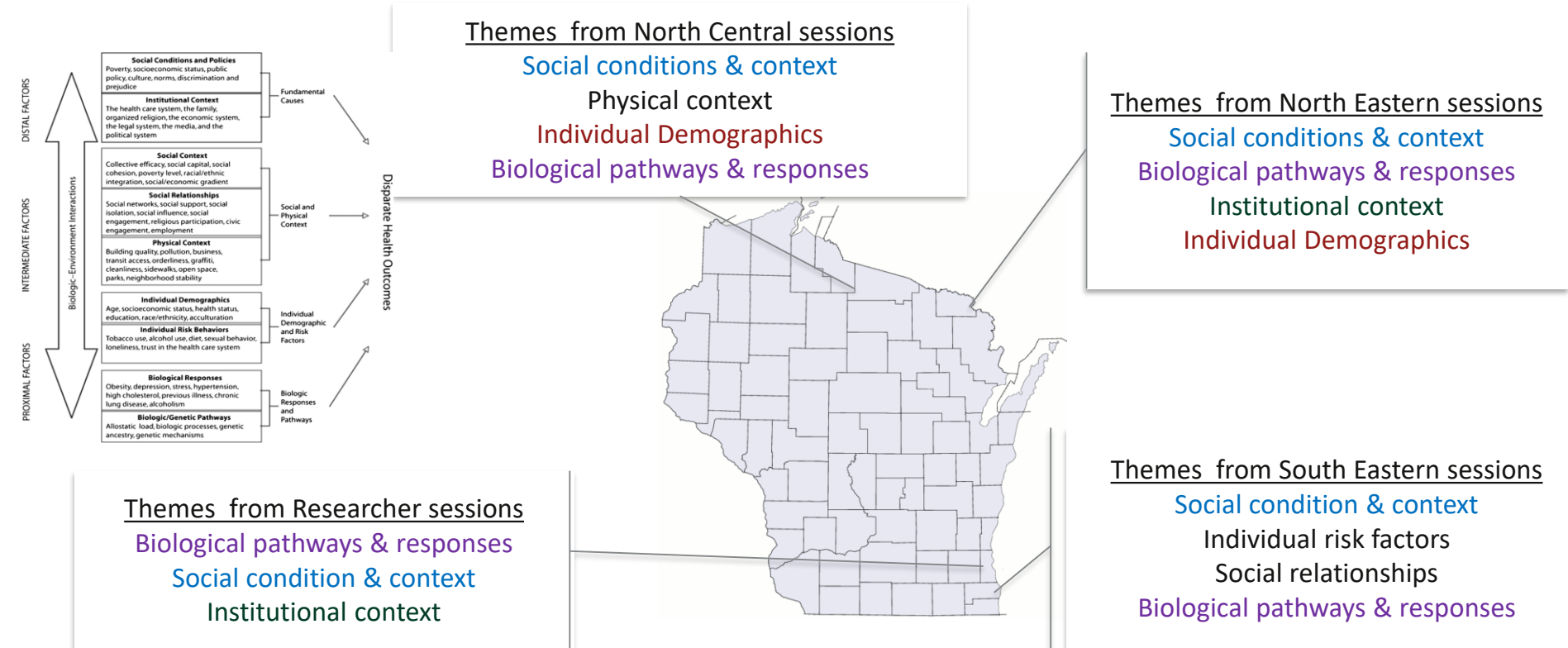
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2509592/>

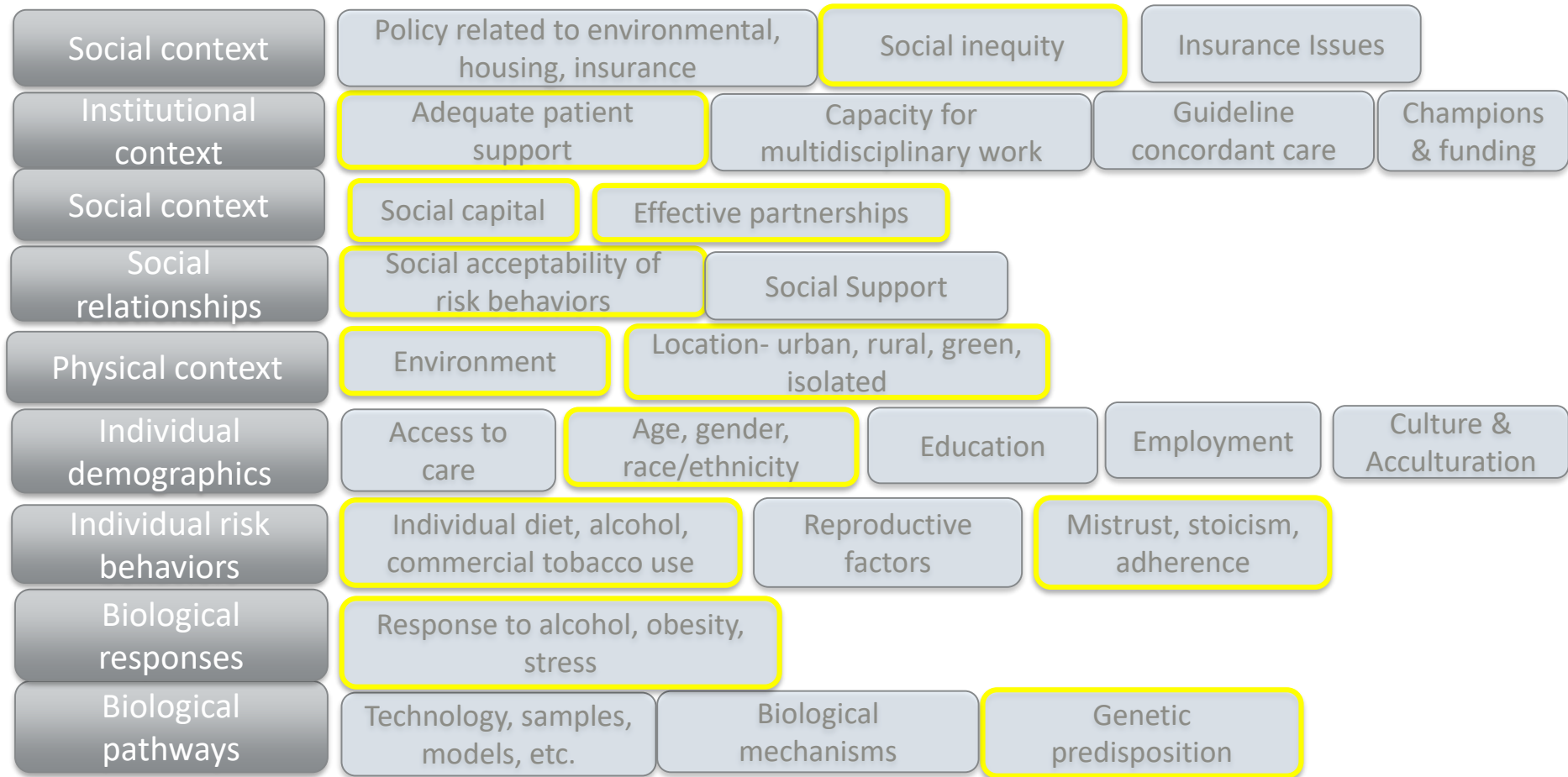




REFINED THEMES ACROSS REGIONS

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ORIGINAL RESEARCH

Community and Research Perspectives on Cancer Disparities in Wisconsin

Jessica Olson, PhD, MPH¹; Tobi Cawthra, MPH¹; Kirsten Beyer, PhD, MPH, MS¹;

David Frazer, MPH²; Lyle Ignace, MD³; Cheryl Maurana, PhD¹;

Sandra Millon-Underwood, RN, PhD, FAAN⁴; Laura Pinsoneault, PhD⁵; Jose Salazar, BS⁶;

Alonzo Walker, MD¹; Carol Williams, PhD¹; Melinda Stolley, PhD¹

Accessible Version: www.cdc.gov/pcd/issues/2020/20_0183.htm

Suggested citation for this article: Olson J, Cawthra T, Beyer K, Frazer D, Ignace L, Maurana C, et al. Community and Research Perspectives on Cancer Disparities in Wisconsin. *Prev Chronic Dis* 2020;17:200183. DOI: <https://doi.org/10.5888/pcd17.200183>.

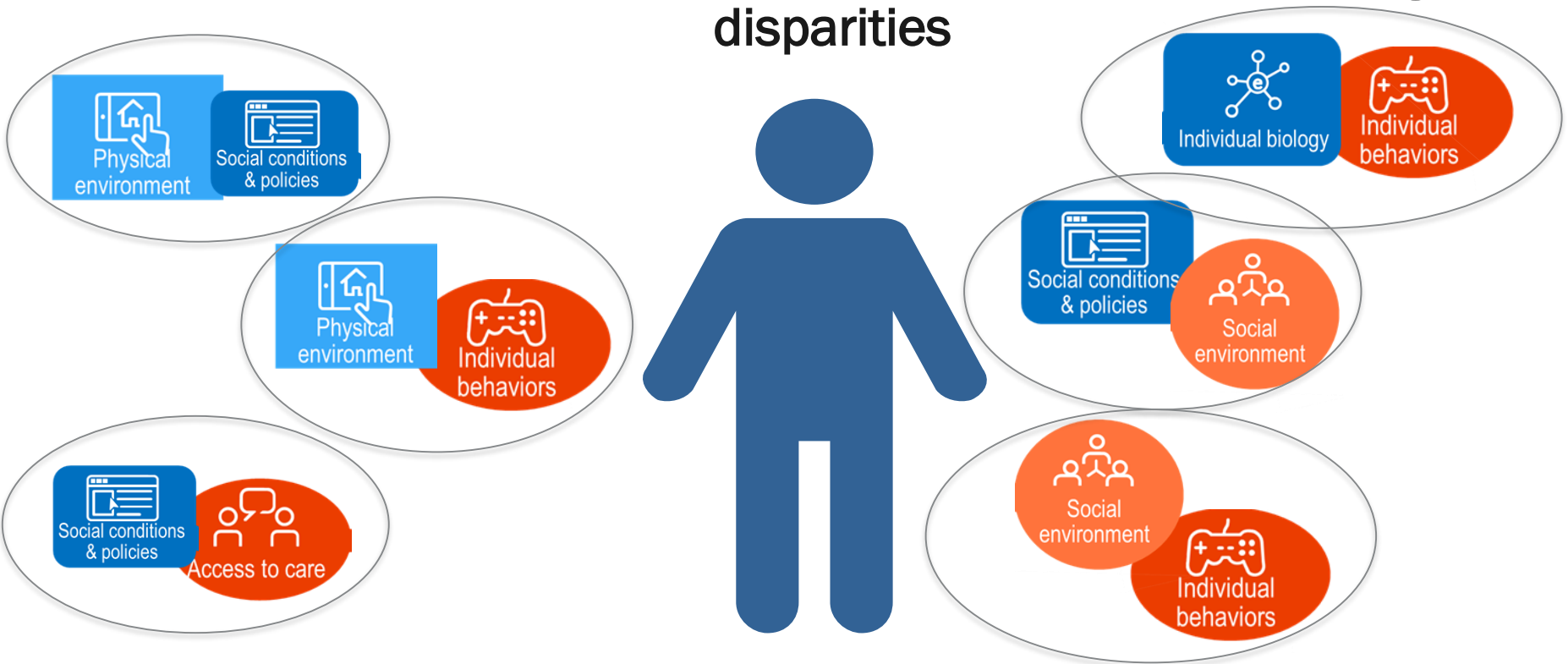
Methods

From May 2017 through October 2018, we assembled groups of community members and researchers and conducted 10 listening sessions and 29 interviews with a total of 205 participants from diverse backgrounds. Listening sessions and interviews were scheduled on the basis of participant preference and consisted of a brief

https://www.cdc.gov/pcd/issues/2020/20_0183.htm

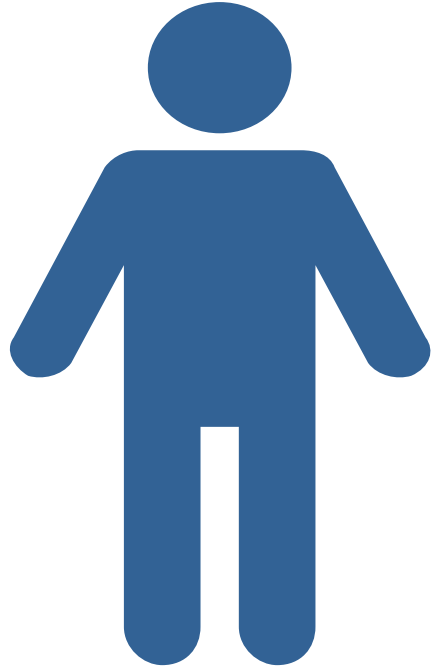


For many years, we have known that building partnerships is an important element for addressing disparities

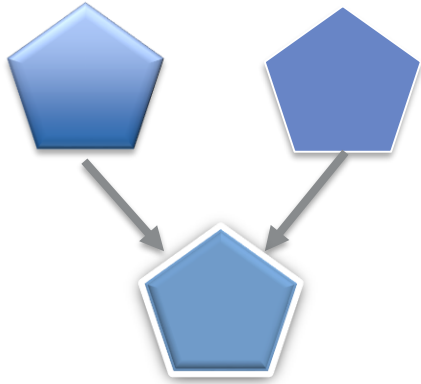




Effectively addressing cancer disparities will require an approach that encompasses all of these elements

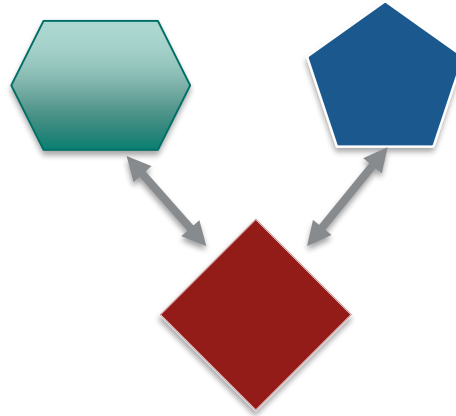


MULTIDISCIPLINARY



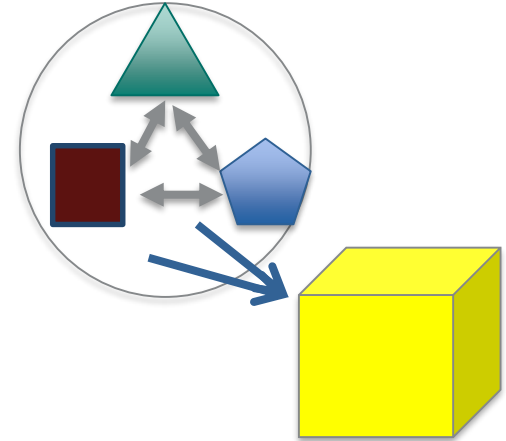
Teams with similar organizations or areas of expertise work together on a project that is primarily led by one member or organization

INTERDISCIPLINARY



Teams of dissimilar organizations or areas of expertise work together on a project that is primarily dictated by one member or organization

TRANSDISCIPLINARY

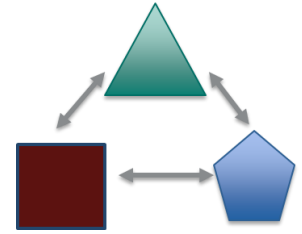


Teams of dissimilar organizations or areas of expertise collaboratively develop new knowledge, determine direction of project, create equitable processes and outcomes



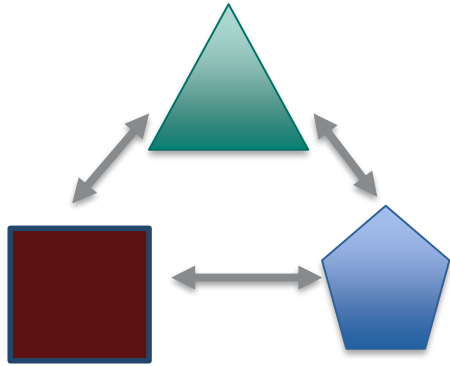
CREATING TRANSDISCIPLINARY TEAMS

- 1) Establish a shared understanding of the problem and mission of the group
 - Understand what falls outside of the groups work
 - Develop shared goals
- 2) Develop approaches and/or research questions that integrate perspectives and strengths from multiple disciplines and fields
 - Shared language
- 3) Implement planned work research
 - Continue meeting to address issues, problem solve and manage conflict
- 4) Evaluate and share the outcomes of work
 - Ensure credit is shared equally





CREATING TRANSDISCIPLINARY TEAMS



- Comprise teams of members from diverse fields/priorities within academic medicine, community-based organizations and policy makers
- Include representation from non-traditional groups
- Establish regular meeting schedule
- Structure meetings to allow time to build trust and relationships within the group
- Build agendas to share and discuss ideas
- Ensure equal voices and contributions through facilitation (and time!)
- Question assumptions



EARLY OUTCOMES OF TRANSDISCIPLINARY TEAM DEVELOPMENT:

TRANSFORMED RELATIONSHIPS:

Project teams report:

- Sense of being part of something bigger
- Growth from understanding different perspectives
- Strong, trusting, equitable relationships
- Increased knowledge
- Creation of lasting connections
- Increase tolerance of confusion and frustration at times but ultimately worth time investment

SUMMARY

Solving complex problems like cancer disparities requires innovation.

Diverse perspectives lead to innovative and comprehensive approaches.

Teams that include members from different backgrounds, experiences and expertise offer diversity in thought.

Transdisciplinary teams do not occur organically and need to be facilitated and nurtured with adequate time allowed.

Such efforts result in personal growth, extended networks that include non-traditional partners, greater tolerance for interpersonal challenges, and ultimately systems change.



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THANK YOU!

