Goal 1: Promote, Advance, and Improve Health Equity

Priority Areas:

1. Health care access and quality
2. Community-clinical linkages
3. Workforce and education

G-1, Priority Area 1: Health Care Access and Quality

WHY THIS IS IMPORTANT

"Reducing the uninsured population is not possible without targeting the subpopulations with the largest groups of uninsured. Only 5.9% of Connecticut's population is uninsured, but this relatively small number hides significant disparities…

"Hispanics in Connecticut are almost 4 times more likely to be uninsured than Non-Hispanic Whites; Blacks are 3 times more likely than Whites. Blacks and Hispanics have also lost health insurance coverage at a greater rate during the pandemic.

"While most Connecticut neighborhoods cluster in a range with 2% to 6% uninsured residents, many neighborhoods across the state have 20% or more uninsured residents, several exceed 30%.

"Invariably, the latter neighborhoods are disproportionately composed of Hispanics or Blacks, as are the cities and towns where the neighborhoods are located." Health Disparities and Social Determinants of Health in Connecticut February 2021. AccessHealth CT.[34]

DISPARITIES ALERT

- According to the CDC, gay men are at the highest risk of and have increased incidences of gonorrhea, chlamydia, herpes, human papilloma virus (HPV), and HIV. Lesbians and bisexual women are less likely to get preventive cancer screenings such as pap smears and mammograms; have higher incidences of HIV, hepatitis C, and self-reported gonorrhea; and are more likely to be overweight or obese. In addition, LGBT populations have high rates of use of tobacco, alcohol, and other drugs
- The National Transgender Discrimination Survey of 6,450 transgender and nonconforming participants also provides extensive data on the challenges faced by transgender individuals. Discrimination was frequently experienced in accessing health care. Due to their transgender status, 19% were denied care and 28% postponed care due to perceived harassment and violence within a health care setting"[35]

Health Care Access and Quality Objectives

- Decrease the percentage of Connecticut residents under the age of 65 without health insurance from 5.9% (2019) to 4.7% (U.S. Census Small Area Health Insurance Estimates and KFF)[36]
- Increase number of health systems employing community health workers and/or lay navigators (data source-developmental)[37]

STRATEGIES

- Analyze results of 2020 BRFSS optional Health Care Access module to identify needs[38]
- Advocate for continued inclusion of optional Health Care Access module in state BRFSS
- Advocate for full affordable health care insurance coverage
- Ensure health outcomes are measured and tracked by race and ethnicity to inform interventions
- Work with state partners and business and industry organizations to build support for paid leave policies for cancer screenings
- Simplify patient access by offering "one stop shopping," such as "FLU-FIT" clinics that offer colorectal screening tests at the same time as the flu vaccine, ensuring that recipients of FIT kits are linked with providers for follow-up
- Support training of community health workers or lay patient navigators within populations of focus
- Reduce barriers to accessing screening by offering non-clinical settings for screening (i.e., community locations, worksites) and modifying clinic hours to offer evening screening options
- Systematize client reminders for cancer screenings, ensuring that information provided to the patients is culturally and linguistically appropriate

Connecticut Spotlight

YALE'S CANCER DISPARITIES FIREWALL

The Yale Cancer Center's Cancer Disparities Firewall pilot project is a community-facing program that brings together the resources and expertise of local communities with those of an NCI-funded Cancer Center to address cancer prevention and cancer screening in the community. Using a health equity lens, a team of health navigators screen for Social Determinants of Health (SDoH) barriers, identify health goals, and navigate community residents towards cancer risk reduction services such as cancer screening and tobacco treatment, while also connecting them to local resources to address SDoH and related barriers such as food insecurity and transportation to medical appointments. Focusing on high burden cancers, the program has partnered with a local community college to incorporate a cancer curriculum into Navigation and Community Health Worker (CHW) training programs as well as a large Federally Qualified Health Center (FQHC) to develop a multipronged approach to addressing cancer needs in the community. While this pilot has focused on cancer prevention and screening, the larger vision is to include SDoH screenings into expanded health navigation that supports patients throughout the continuum of care. New clinical partnerships between Yale Cancer Center oncologists and community clinicians have been developed to strengthen care collaboration and culturally competent shared decision-making and reduce patient loss to follow-up. The ultimate goal is to improve cancer outcomes, eliminating disparities.[39,40,41]

Resources

- Cancer Disparities Firewall. https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation/our-focus-areas/specialty-care/yale-cancer-center.html#:~:text=Yale%20Cancer%20Center's%20%E2%80%9CCancer%20Disparities,Cancer%20Center's%20neighborhood%20catchment%20area.
- Elevating Cancer Equity: Recommendations to Reduce Racial Disparities in Access to Guideline Adherent Cancer Care. https://www.nccn.org/docs/default-source/oncology-policy-program/2021_recommendations_for_elevating_cancer_equity.pdf?sfvrsn=5d2c0d84_2
- Health Disparities and Social Determinants of Health in Connecticut. February 2021. https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf
- Health Disparities in Connecticut: Causes, Effects, and What We Can Do by Arielle Levin Becker. January 2020. https://www.cthealth.org/publication/health-disparities-in-connecticut-causes-effects-and-what-we-can-do/
- Health Equity Toolkit for Local Health Departments and Other Partners. Health Equity Toolkit LHD - CT.gov
- Health Insurance Coverage of the Total Population. https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location
- Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. Alcaraz et al. 2020. CA A Cancer J Clin, 70: 31-46. Understanding and addressing social determinants to ...

G-1, Priority Area 2: Community-Clinical Linkages

Community-clinical linkages are connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.

Community-clinical linkages objectives[42]

- Establish, maintain, and document at least 5 strategic partnerships within community, research, and clinical sectors
  - Disseminate the results of the connection between community, research, and clinical sectors with sharing of best practices and lessons learned from successful strategic partnerships
- Develop and share best practice guidelines for contributions of capacity support (e.g., content area expertise, evaluation, funding, and staff)
- Inform practitioners and community representatives about the latest evidence-based approaches through annual publications or meetings

First Person Point of View

"Our providers and support staff should be more involved in the community to do outreach and help answer concerns."

–Clinical participant in CCP 2019 annual meeting

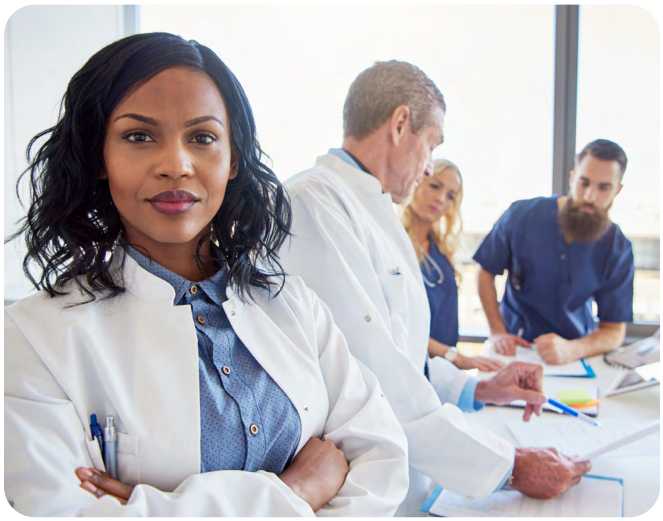
STRATEGIES[43]

- Advocate for funding for linkages with community organizations for cancer screening, diagnosis, and treatment for low-income and uninsured people
- Plan and develop standard operating procedures to maintain cancer prevention and control activities during a state of emergency to ensure timely cancer screenings, diagnosis, and treatment
- Reduce structural barriers to cancer screening and diagnostic work-up, such as modifying hours of service and offering services in alternative settings to better meet patient needs
- Encourage employers to provide employees with paid time off at work for cancer screening appointments or to provide subsidized screenings on-site
- Utilize targeted client reminders to encourage evidence-based screening
- Adopt culturally sensitive patient navigation and/or community health worker programs
- Encourage payers to reimburse for patient navigation, including navigation conducted by community health workers
- Implement innovative methods to identify hard-to-reach, underserved populations
- Increase community engagement in targeted outreach and education about cancer to populations of focus, using champions and leaders from the community to sustain the linkage
- Ensure that healthy information provided is age, literacy, and culturally appropriate
- Collaborate with representatives of populations of focus to help design, implement, and evaluate outreach programs
- Advocate for uniform reporting of race/ethnicity and SDoH data to improve targeted outreach

Resources

- Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide. 2016. https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf
- United State Census. Selected Characteristics of Health Insurance Coverage in the U.S. https://data.census.gov/cedsci/table?t=Health%20Insurance&g=0400000US09&y=2018&tid=ACSST1Y2018.S2701&hidePreview=true
- Community-Clinical Linkages in the Maryland Comprehensive Cancer Control Plan. https://phpa.health.maryland.gov/cancer/cancerplan/SiteAssets/SitePages/publications/MCCCPCompanion_CCL_Final.pdf
- Financial Impact of Racial and Ethnic Health Disparities in Connecticut. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/chronic_dis/DisparityAnalysis/Disparity_Summary_DEC_2018-final.pdf
- Clinical-Community Linkages. https://www.ahrq.gov/ncepcr/tools/community/index.html
- What is MIPS? MIPS Measures for Oncologists (healthinsight.org)
- Connecticut Department of Public Health Strategic Plan 2019-2023. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/State-Health-Planning/Strategic-Planning/CTDPH2019Strategic-Plan-final.pdf?la=en

G-1, Priority Area 3: Workforce and Education



Workforce objective

- Support development of programs to advocate for racial, ethnic, gender identity, and sexual orientation diversity in the cancer workforce

First Person Point of View

"Southwestern AHEC (Area Health Education Center) began building the foundation for introducing Community Health Workers (CHWs) into Connecticut's delivery of health care. This was done by playing a lead role in making a case for the critical role of CHWs in providing quality, culturally appropriate, cost-effective health care, especially for vulnerable and medically underserved communities."

–Program Manager, Southwestern AHEC, Inc.

STRATEGIES

- Disseminate examples of successful approaches to enhance diversity in recruitment and retention practices
- Share best practices of partnerships with minority-serving institutions to provide a pipeline for career development
- Publish examples of loan repayment programs at graduate levels
- Showcase models of success and employer mentorship programs through meeting presentations and/or publications

A lack of racial and ethnic diversity among researchers and in the health care workforce can contribute to cancer health disparities. Diversity-focused training and career development programs have begun to enhance racial and ethnic diversity in cancer training, although gaps remain. Minorities continue to be underrepresented in the cancer research and cancer care workforce.[44]

The National Cancer Institute has created a program to improve diversity in the cancer workforce. The Center for Cancer Training (CCT) Intramural Diversity Workforce Branch (IDWB) has goals of recruiting and supporting scientists from diverse backgrounds through mentoring in a culture of inclusion to develop research leaders. Programs address K-12 students through STEM programs and recruit graduate students for post-doctoral positions at NCI.[45]

Connecticut Spotlight

ADDRESSING DIVERSITY IN THE CANCER WORKFORCE

Engaging Youth in Cancer Research

A program at the Yale Cancer Center called Cancer Research Opportunities for Youth (CROY) introduces promising underserved New Haven high school students to cancer research while providing peer and faculty mentoring. According to Program Director Beth Jones, PhD, "Intervening early in the educational experience with programs such as CROY has enormous potential to diversify the cancer care and research community. Successful implementation requires flexibility and creativity in organizational structure." She points out that it is important to set realistic expectations, since the students often face challenges in their lives, such as the death of parents, dealing with foster care, having to leave the program to help a family business, and financial issues that limit college choice.[46]

Resources

- AACR Cancer Disparities Progress Report. 2020. https://cancerprogressreport.aacr.org/disparities/
- Connecticut State Office of Health Strategy. Community Health Worker Advisory Body (ct.gov)
- NCI. Building a Diverse Workforce. https://www.cancer.gov/grants-training/training/idwb

Recommendations to Enhance Racial and Ethnic Diversity in the Cancer Workforce

ENHANCE DIVERSITY IN RECRUITMENT AND RETENTION PRACTICES.

To increase diversity in academia and industry, it will be important to develop environments where diverse candidates are hired and can advance at the same speed as nondiverse candidates. In academia, the opportunities for promotion must be equal across races and ethnicities; unconscious biases must be addressed systematically across an organization; and hiring committees should be of a diverse makeup, be able to develop a diverse pool of applicants, and utilize objective inputs for candidate selection. Industry should focus on diversity at the board of directors' level, build partnerships with academic institutions, and create or augment hiring policies/practices that are responsive to and accountable for diversity, including encouraging diversity in job candidates and deidentifying resumes in the review process.

INTERINSTITUTIONAL PARTNERSHIPS WITH MINORITY-SERVING INSTITUTIONS TO ENHANCE PIPELINE AND CAREER OPPORTUNITIES.

Many institutions, especially minority-serving institutions (MSIs), lack access to the expertise and facilities necessary to provide training in industry-relevant biotechnology skills. This limits underrepresented minority researchers' participation in the pharmaceutical/biotechnology workforce, hinders minority-led translational research, and reduces opportunities for MSIs to monetize technologies and generate minority-led start-up companies. Facilities are also needed that provide opportunities to learn and implement industry-related skills, understand drug discovery and its role in benefiting society, obtain data for and mentor the writing of Small Business Innovation Research/Small Business Technology Transfer grants, and potentially develop spin-off companies. Additionally, there is a need for more inter-institution level partnership programs, such as the NCI CRCHD Partnerships to Advance Cancer Health Equity (PACHE) program. PACHE promotes the development of partnerships between institutions serving underserved health disparity populations and underrepresented students (ISUPS) and NCI-designated Cancer Centers (CCs). Such partnerships build and strengthen the research infrastructure at ISUPS while expanding cancer health disparities research capacity at CCs, and in the process train diverse students and scientists at both institutions.

PROMOTE CONTINUAL PROFESSIONAL AND LEADERSHIP DEVELOPMENT WITH ACCESS TO MENTORS AND CAREER GROWTH OPPORTUNITIES.

Academic institutions can offer more mentoring and leadership training and/or professional development to prepare students, faculty, and employers for a broad array of careers, including in industry, as some graduates have difficulty identifying opportunities, many are not pursuing tenure-track positions, and others seek a private sector position after an initial foray into academia. It will also be important to support more interprofessional centers of excellence, with shared responsibilities for minority leadership and involvement.

PROVIDE OPPORTUNITY, MENTORSHIP, AND PROTECTED TIME FOR ALL RESEARCHERS.

There is a critical need to attract, train, and retain scientists in the biomedical enterprise. Key training components include exposure to solving a scientific problem, mentorship, and role models. This can be achieved initially at the graduate training level through funding opportunities. Protected time after required postdoctoral training for all researchers, and for physicians after clinical training, is also important, as is continued mentorship on initial publications and how to apply for grants. Additionally, loan repayment programs remain a big need due to the cost of graduate and medical school and the high debt burden. To further support the development of underrepresented minority researchers and leaders, it is necessary to create programs aimed at minorities toward the end of their training that can provide support in terms of research funding and guidance.

SHOWCASE ROLE MODELS AND THE SUCCESS OF CURRENT RESEARCH.

Diverse members of the biomedical workforce need to be visible as potential role models for students and trainees. Additionally, cancer health disparities research can showcase how it positively changes the approach to health care and the success of interventions for individuals and groups.

nerican Association for Cancer Research (AACR) Cancer Disparities Progress Report 2020