

The 18th Annual Maryland State Council on Cancer Control Conference

Cancer Disparities – Solutions for Maryland

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Hunt Valley, MD

Cancer Disparities

- **Overview: What Do We Know About the Problem?**
 - Scope
 - Demographics of disparity
 - Risk factors
 - Populations in peril
- **What We Plan To Do About the Problem?**
 - Maryland Comprehensive Cancer Control Program
 - Maryland Health Quality and Cost Council: *Health Disparities Workgroup*

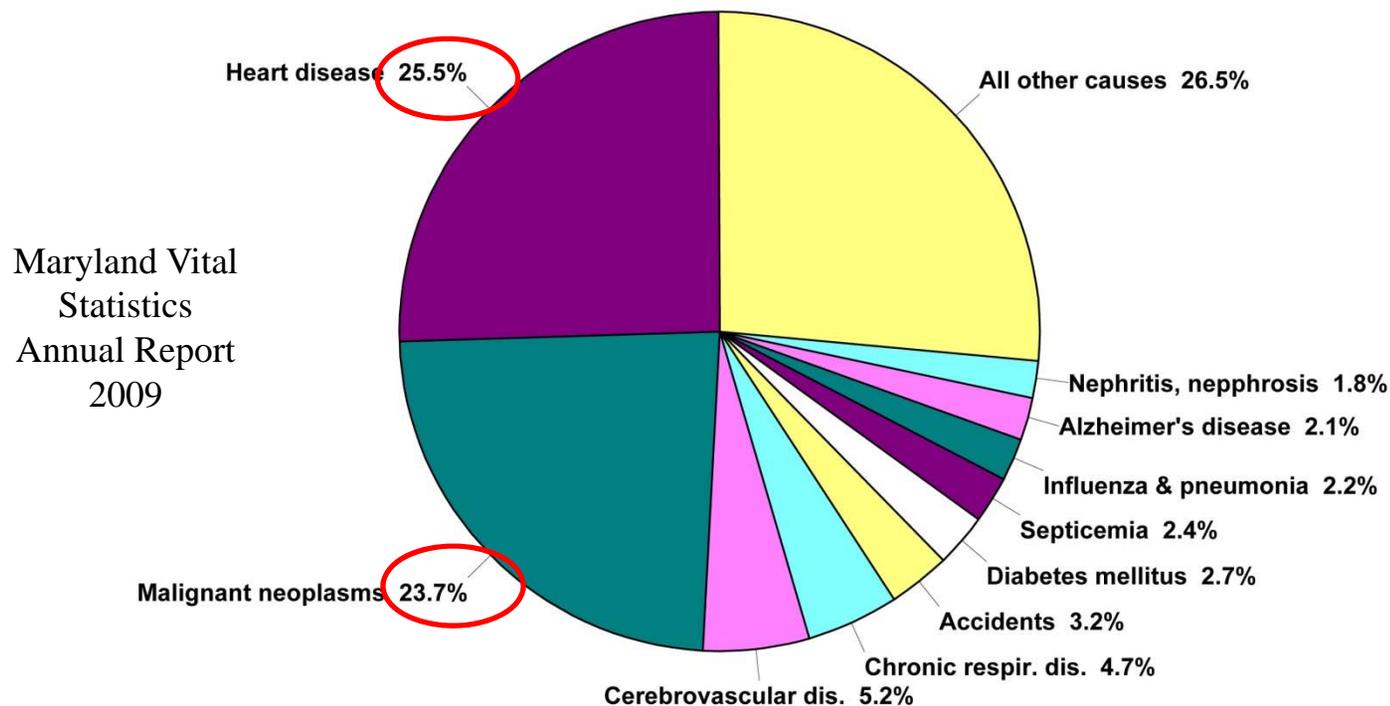
What Do We Know About The Problem?

- **Cancer Burden in MD**
- **Cancer Demographics in MD**
- **Risk Factors**

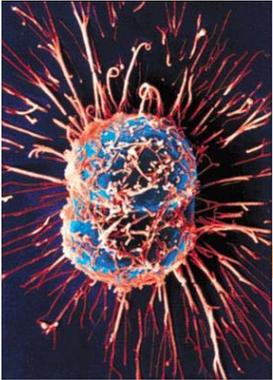


Cancer Is The Second Leading Cause of Death in Maryland & U.S.

Figure 9. Percent Distribution* of the Leading Causes of Death, Maryland, 2009.



*Percent does not total exactly to 100 due to rounding.



CANCER IN MARYLAND



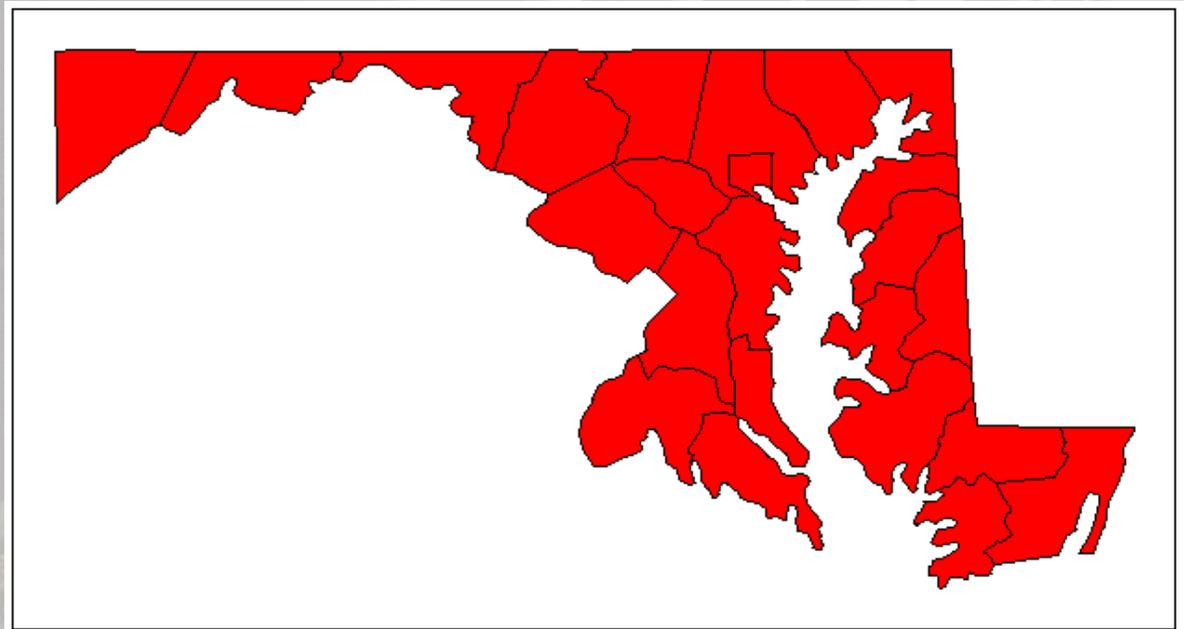
- ~25,000 Marylanders are diagnosed with cancer annually
- ~10,000 Marylanders annually succumb to this disease
- Maryland's cancer mortality rate (~187/100,000)* is slightly higher than the national rate (~181/100,000)

* Incidence per 100,000 people

Source: *Maryland Comprehensive Cancer Control Program Report, 2010.*

CANCER DISPARITIES IN MARYLAND

- As on the national level, Maryland cancer disparities occur in a variety of categories including:
 - Racial/ethnic
 - Geographic
 - Gender
 - Age
 - Socioeconomic status



Racial/Ethnic Disparities in MD

TABLE 3.1

Maryland Cancer Incidence and Mortality, All Sites Combined, 2002-2006

RACE/ETHNIC GROUP	OVERALL INCIDENCE	OVERALL MORTALITY
African American/Black	448.8	222.6
White	473.5	188.7
Hispanic/Latino	330.6	76.8
Asian/Pacific Islander	233.4	97.6
American Indian/Alaska Native	155.4	102.1

Rates are per 100,000 and are age-adjusted to the 2000 US standard population.

Source: United States Cancer Statistics: 1996-2006 Incidence and Mortality Web-based Report.

TABLE 3.2

Colorectal Cancer Incidence and Mortality by Race in Maryland, 2002-2006

RACE/ETHNIC GROUP	INCIDENCE	MORTALITY
African American/Black	53.4	25.2
White	46.7	18.1
Hispanic/Latino	35.5	8.1
Asian/Pacific Islander	28.4	9.0
American Indian/Alaska Native	N/A	N/A

Rates are per 100,000 and are age-adjusted to the 2000 US standard population.
Source: United States Cancer Statistics: 1996-2006 Incidence and Mortality Web-based Report.

TABLE 3.3

Prostate Cancer Incidence and Mortality by Race in Maryland, 2002-2006

RACE/ETHNIC GROUP	INCIDENCE	MORTALITY
African American/Black	217.4	56.3
White	147.3	23.1
Hispanic/Latino	136.3	12.3
Asian/Pacific Islander	64.2	10.5
American Indian/Alaska Native	58.2	N/A

Rates are per 100,000 and are age-adjusted to the 2000 US standard population.
Source: United States Cancer Statistics: 1996-2006 Incidence and Mortality Web-based Report.

TABLE 3.4

Lung and Bronchus Cancer Incidence and Mortality by Race in Maryland, 2002-2006

RACE/ETHNIC GROUP	INCIDENCE	MORTALITY
African American/Black	66.2	59.2
White	69.8	55.4
Hispanic/Latino	32.1	12.8
Asian/Pacific Islander	26.8	22.1
American Indian/Alaska Native	N/A	32.2

Rates are per 100,000 and are age-adjusted to the 2000 US standard population.
Source: United States Cancer Statistics: 1996-2006 Incidence and Mortality Web-based Report.

- African Americans have a significantly higher cancer mortality rate compared to Whites
- The reasons for this disparity are multi-factorial

Multi-Factorial Causes of Cancer Mortality Disparities in MD:

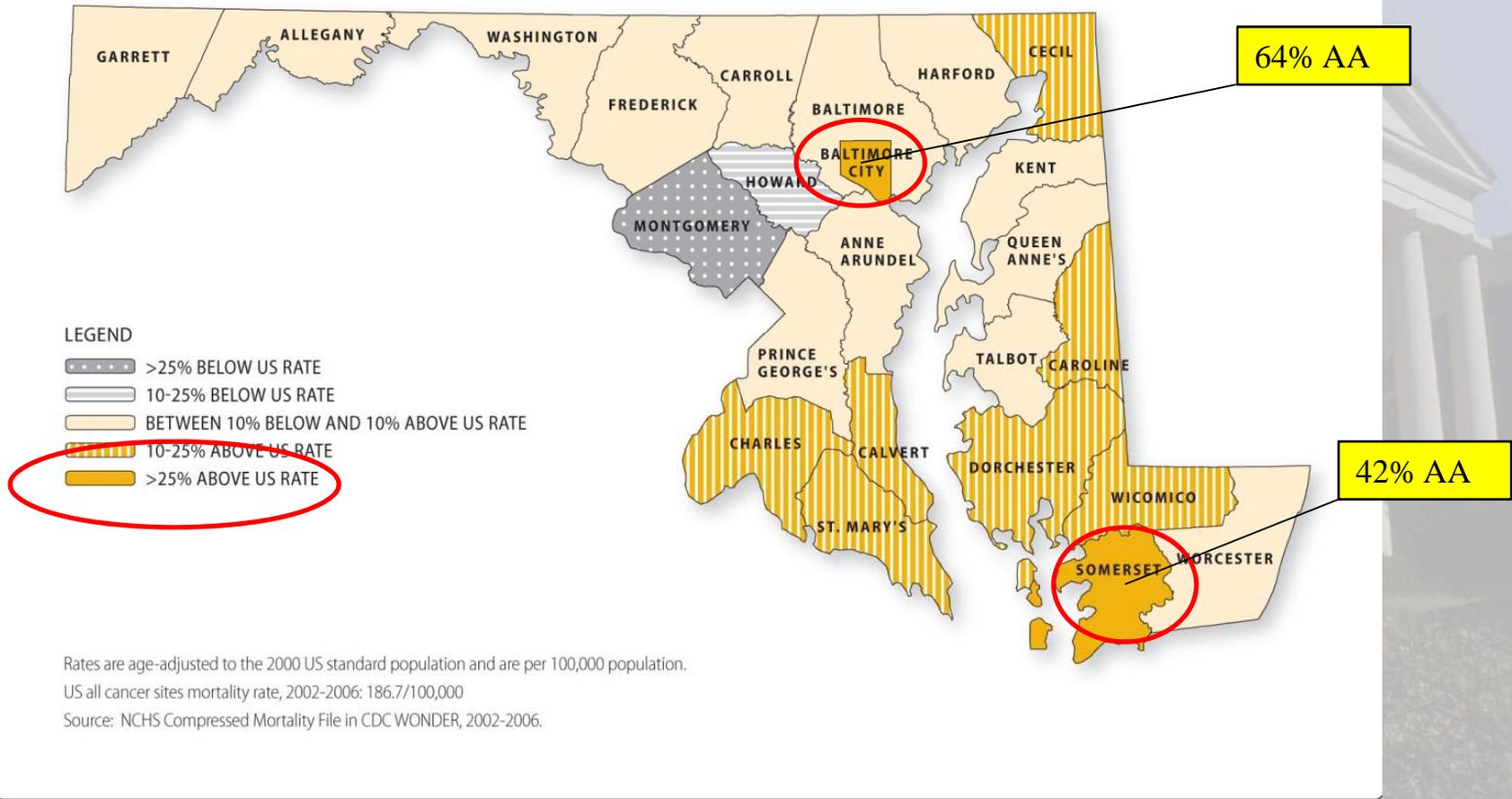
- **Poverty/Low Socioeconomic Status**
- **Cultural Beliefs**
- **Social Injustice**
- **Racial Bias**
- **Other**



Geographic Cancer Disparities in MD

FIGURE 1.8

Maryland All Cancer Sites Mortality Rates by Geographical Area:
Comparison to US Rate, 2002-2006

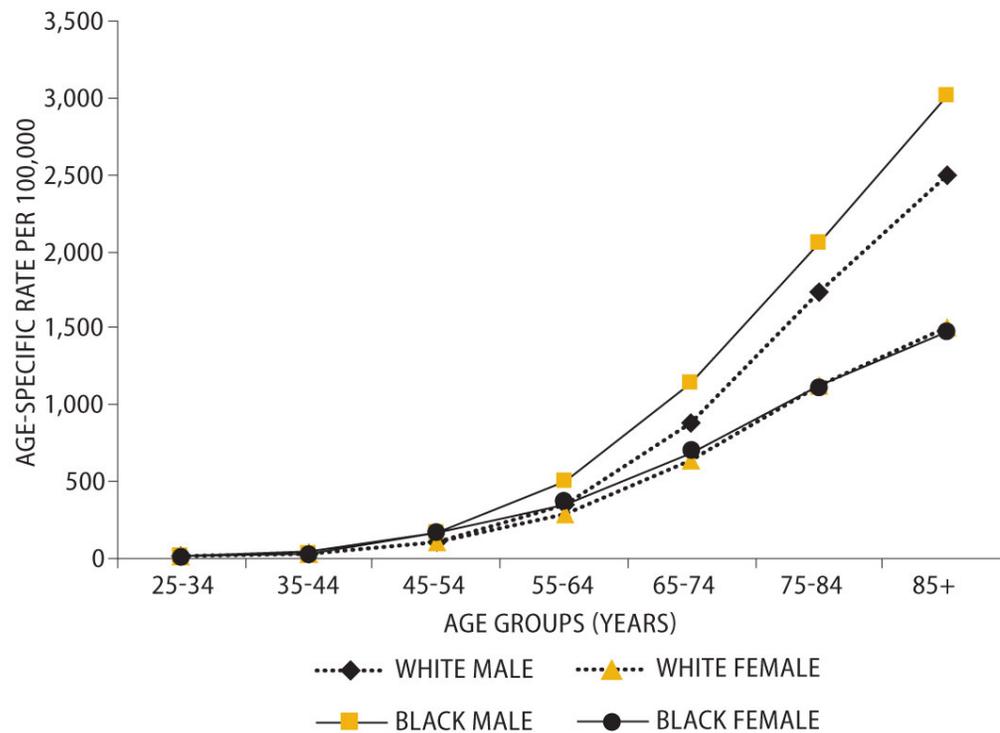


The City of Baltimore and Somerset County have highest cancer mortality rates in Maryland (> 25% above U.S. rate)

Gender/Age Disparities

FIGURE 1.7

All Sites Cancer Age-Specific Mortality Rates by Race and Gender in Maryland, 2002-2006



Rates are per 100,000 population.
Source: NCHS Compressed Mortality File in CDC WONDER, 1999-2006.

AA males have highest mortality rates after age 45

Emerging Populations for Cancer Disparities in MD

- LGBT individuals:

- May be less likely to seek preventive services
- Have more behaviors that present health risks (alcohol, tobacco, etc.).

- Immigrants:

- Are at an increased risk for some cancers due to exposures in their home country such as:
 - Viruses and bacteria
 - Chemicals,
 - Air pollutants
 - Etc.



What Are The Risk Factors for Cancer

TABLE 1.7

Estimated Proportions of Cancer Deaths Attributable to Various Risk Factors

RISK FACTOR	DOLL AND PETO ESTIMATE	HARVARD ESTIMATE
Tobacco	30%	30%
Adult Diet/Obesity	35%	30%
Sedentary Lifestyle	-	5%
Occupational Factors	4%	5%
Family History of Cancer	-	5%
Viruses/Other Biologic Agents	10%	5%
Perinatal Factors/Growth	-	5%
Reproductive Factors	7%	3%
Alcohol	3%	3%
Socioeconomic Status	-	3%
Environmental Pollution	2%	2%
Ionizing/Ultraviolet Radiation	3%	2%
Prescription Drugs/Medical Procedures	1%	1%
Salt/Other Food Additives/Contaminants	-	1%

Sources: Doll R, Peto R. The Causes of Cancer. Quantitative Estimates of Avoidable Risks of Cancer in the United States Today. New York, NY: Oxford University Press, Inc.; 1981 and the Harvard Center for Cancer Prevention. Harvard Report on Cancer Prevention. Volume 1: Causes of Human Cancer, 1996.

65% of cancer deaths are lifestyle related and preventable!

What We Plan to do About the Problem

Two Recent Initiatives:

- **Maryland Comprehensive Cancer Control Plan**
- **Maryland Health Quality and Cost Council: Health Disparities Workgroup**



Maryland Comprehensive Cancer Control Plan (MCCCP)



- Published in 2010
- Developed by a broad partnership of public and private stakeholders
- Focus is on controlling cancer by:
 - Reducing risk
 - Detecting cancers early
 - Improving treatment
 - Enhancing survivorship

Available at:

<http://fha.maryland.gov/cancer/cancerplan/>

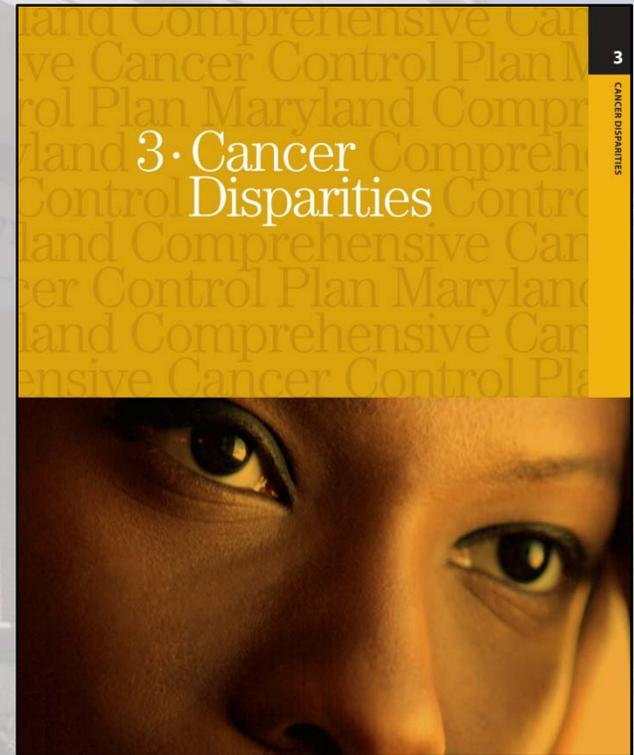
MCCCP Cancer Disparities Recommendations

Goal 1: Reduce cancer disparities in Maryland.

Objective 1:

Reduce racial/ethnic minority vs. white cancer disparities in Maryland by:

- Increasing community engagement
- Enhancing Maryland's safety-net insurance plans
- Increasing diversity in the healthcare workforce
- Increasing access to cancer screening services
- Increasing rigorous public health research

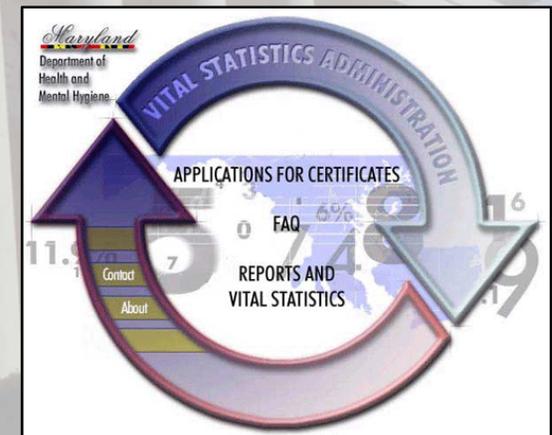


MCCCP Cancer Disparities Recommendations (Cont'd)

Objective 2:

By 2015, create and implement a plan to improve systems to identify and track cancer disparities by partnering with:

- The Maryland Behavioral Risk Factor surveillance systems
- The Maryland Cancer Registry
- The Maryland's Vital Statistics Administration



Maryland Health Quality and Cost Council: Health Disparities Workgroup

Maryland Health Quality and Cost Council

Report to the Governor and General
Assembly

January 2011

The Honorable Anthony G. Brown, Lieutenant Governor
State of Maryland

John M. Colmers, Secretary
Maryland Department of Health and Mental Hygiene

- Council established in 2007 by Gov. O'Malley's Executive order
- Seeks to:
 - Improve the health of Maryland's citizens,
 - Maximize the quality of health care services, and
 - Contain health care costs.
- Council established a Health Disparities Workgroup in May 2011:
Dr. E. Albert Reece, Chair

Disparities Workgroup Charge

Develop recommendations for best practices, monitoring, and financial incentives for the reduction of disparities, such as.

- Workforce disparities
- Disparities in quality of care within an office or hospital setting
- Disparities in access to care within a health plan or health care system
- Disparities in understanding of care within a health care setting
- Others disparities as determined by the Committee
- Recommendations due December 2011



Preliminary Interventions Proposed by the Workgroup

1. **Create Health Empowerment Zones (HEZ)**
2. **Create the “Maryland Health Prize”**
3. **Expand the scope of Maryland’s current reimbursement incentives for quality and make them race and ethnicity-specific**



Health Empowerment Zone: Strategies and Actions

Strategies & Incentives in HEZ

- State income tax and/or local property tax incentives for providers
- Utilization of city and/or county-owned property for little or no rent to providers
- Provide loan repayment programs for practitioners
- Institute financial assistance to adopt Health Information Technology through interest-free loans and grants
- Utilize Community Health Workers
- Make cultural competency and health literacy training a requirement
- Utilize home monitoring technology/equipment to allow for periodic observation and earlier intervention

Actions to Implement

- Legislation
- Legislation
- CMS approval of LARP
- Legislation to reimburse for Community Health Workers
- Changes to physician and nurse licensing requirement

Expand Scope of Existing Reimbursement Incentives for Quality

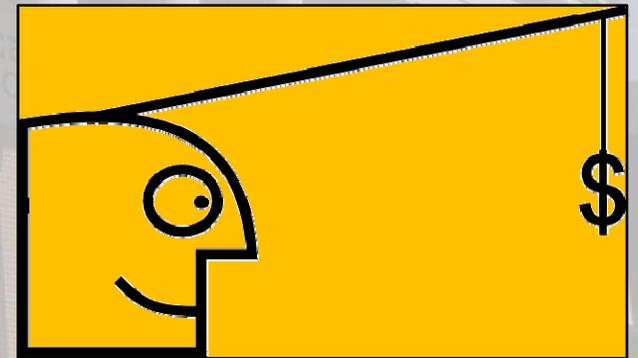
Recommend that:

- HSCRC's current and future quality incentives promote equity and reduce disparities
- The Patient Centered Medical Home shared savings incentive promotes equity and reduces disparities
- All health insurers in Maryland offer all of their providers a shared savings opportunity, with the Medical Home Project as a model, whether in a medical home or not, that promotes equity and reduces disparities

* Disparities Workgroup will continue to develop implementation strategies

Create the “Maryland Health Prize”

- Encourage and reward social entrepreneurship to stimulate development and innovation of community health interventions
- Incentivize competition that will:
 - Expand successful efforts
 - Yield solutions not yet developed
 - Generate national media attention to community health improvement efforts



Next Steps

- **Develop Justification/Rationale**
- **Determine the Expected Benefits**
- **Create Action Steps for Implementation**
- **Identify Responsible Parties/Partners**
- **Outline Required Resources/Policies**
- **Determine Assessment Benchmarks**
- **Establish Timeframes/Milestones**



Summary

- There are significant ethnic, geographic, gender, and socioeconomic cancer disparities in Maryland
- African Americans, particularly AA men, have a significantly greater cancer mortality rate than other races; the reasons are multi-factorial
- LGBT individuals and immigrants are emerging at-risk populations
- The good news is that the majority (65%) of cancers are highly preventable
- The State of Maryland has recently launched two high-profile, comprehensive initiatives to address this issue

THANK YOU!

Disparity Workgroup Members

- E. Albert Reece, MD, PhD, MBA, Chair
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A Third Century



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