Competency 3

Impact of Poor Healthcare Services

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Competency 3 Objectives

• Describe results of increased cancer incidence and mortality faced by underserved people.

• Explain the cost of poor cancer outcomes on society.

• Illustrate the impact nurses and social workers have on diminishing health disparities in underserved populations in Texas.
Describe results of increased cancer incidence and mortality faced by underserved people
Results of Increased Cancer Incidence & Mortality of the Underserved

• Many of the deaths due to cancer in Texas were avoidable through the use of effective prevention and screening interventions.

• A study by Ward, et al\(^2\). concluded that cancer patients without adequate health insurance coverage experience poorer outcomes.

• It is essential that low-income and uninsured Texans are aware of local cancer prevention, screening and treatment resources available to them and how to access them.
Although cancer deaths have declined for both Whites and African Americans/Blacks living in the United States, African Americans/Blacks continue to suffer the greatest burden for each of the most common types of cancer. For all cancers combined, the death rate is 25 percent higher for African Americans/Blacks than for Whites.

## Impact on Underserved

**Table 1. Overall Cancer Incidence and Death Rates**

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Incidence</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>470.1</td>
<td>192.7</td>
</tr>
<tr>
<td>African American/Black</td>
<td>504.1</td>
<td>238.8</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>314.9</td>
<td>115.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>356.0</td>
<td>129.1</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>297.6</td>
<td>160.4</td>
</tr>
<tr>
<td>White</td>
<td>477.5</td>
<td>190.7</td>
</tr>
</tbody>
</table>

Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer and deaths per year per 100,000 men and women.

• Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES).

Impact on Underserved

- SES, in particular, appears to play a major role in influencing the prevalence of behavioral risk factors for cancer (for example, tobacco smoking, physical inactivity, obesity and excessive alcohol intake, and health status), as well as in following cancer screening recommendations.

SES is most often based on a person's income, education level, occupation, and other factors, such as social status in the community and where he or she lives.

Impact on Underserved

• Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or a group's access to education, certain occupations, health insurance, and living conditions—including conditions where exposure to environmental toxins is most common—all of which are associated with the risk of developing and surviving cancer.

Impact on Underserved

- Research also shows that individuals from medically underserved populations are more likely to be diagnosed with late-stage diseases that might have been treated more effectively or cured if diagnosed earlier.
- Financial, physical, and cultural beliefs are also barriers that prevent individuals or groups from obtaining effective health care.

5 Year Survival for Breast Cancer:

- White insured 89%, uninsured/Medicaid 76%.
- African American insured 81%, uninsured 65%, Medicaid 63%.
- Hispanic insured 86%, uninsured 83%, Medicaid 76%.
- Survival by stage for uninsured patients is approximately one stage lower than insured.
- African American women had lower survival in each stage and insurance group.

Based on data from the NHIS 2005, having health insurance is an important predictor of screening across all major racial and ethnic populations. At every level of education, individuals with health insurance are about 2x as likely as those without health insurance to have had mammography or colorectal cancer screening.

• For breast cancer patients from White, African American, and Hispanic women in 1999/2000, patients with private insurance were more likely to be diagnosed with Stage I breast cancer and less likely to be diagnosed with Stage III and IV cancer than those who were uninsured or had Medicaid insurance.
• In analyses of cancer survival for all cancer sites combined, patients who were uninsured and those who were Medicaid-insured at the time of diagnosis were 1.6 times as likely to die in 5 years as those with private insurance.

Objective 2

Explain the cost of poor cancer outcomes on society
• The financial burden of cancer affects not only cancer patients and their families, but also the society as a whole.

The Cost of Cancer in Texas, 2007
Alai Tan, Ph.D., et. al.
Department of Preventive Medicine and Community Health
University of Texas Medical Branch at Galveston
March 2009

Source: Texas Cancer Registry, Texas Department of State Health Services. (2009).
Estimates indicate that the total cost of cancer in Texas in 2007 was $21.9 billion.

The direct cost was $10.0 billion, with $7.7 billion for cancer health care.

The indirect cost of cancer due to morbidity and mortality was estimated at $11.8 billion.

Source: Texas Cancer Registry, Texas Department of State Health Services. (2009).
Cost of cancer-related programs in Texas from State Agencies, non-profits and foundations was approximately $78.5 million.

Cancer treatment costs have increased dramatically in the past 10 years.

Source: Texas Cancer Registry, Texas Department of State Health Services. (2009).
• The total cost of cancer in Texas in 1998 was estimated to be $14.0 billion, with $4.9 billion in direct costs and $9.1 billion in indirect costs due to lost productivity from cancer morbidity and mortality.

• Total estimated cost of cancer in Texas in 2007 was $21.9 billion, including direct costs of $10.0 billion, indirect costs of $11.8 billion, and $78.5 million related costs.

Source: Texas Cancer Registry, Texas Department of State Health Services. (2009).
Cost of Cancer in Texas 2007

- Direct costs, $2.3 billion were for colorectal cancer, $1.0 billion for lung/bronchus cancer, $1.3 billion for breast cancer, and $1.2 billion for prostate cancer.

- Indirect costs, $1.3 billion were from colorectal cancer, $2.4 billion from lung cancer, $2.1 billion from breast cancer, and $938.6 million from prostate cancer.

Source: Texas Cancer Registry, Texas Department of State Health Services. (2009).
Avertable Deaths Associated with Household Income in Virginia

- A study published in the American Journal of Public Health estimated how many deaths would be averted if the entire population of Virginia experienced the mortality rates of the 5 most affluent counties or cities.

Source: SH Woolf, MD, MPH; RM Jones, PhD, MPH; RE Johnson, PhD; RL Phillips Jr, MD, MSPH; MN Oliver, MD; AW Bazemore, MD, MPH; A Vichare, MPH. American Journal of Public Health. AJPH First Look, published online ahead of print Feb 18, 2010.
The results of this data confirmed that if the mortality rates of the reference population had applied to the entire state, 24.3% of deaths in Virginia from 1990 through 2006 would not have occurred, totaling 220,211 deaths from 1990 through 2006.

In some of the most disadvantaged areas of the state, nearly half of deaths would have been averted.

Source: SH Woolf, MD, MPH; RM Jones, PhD, MPH; RE Johnson, PhD; RL Phillips Jr, MD, MSPH; MN Oliver, MD; AW Bazemore, MD, MPH; A Vichare, MPH. American Journal of Public Health. AJPH First Look, published online ahead of print Feb 18, 2010.
Cost of Poor Cancer Outcomes on Society

• The conclusions state that favorable conditions that exist in areas with high household incomes exert a major influence on mortality rates.

Source: SH Woolf, MD, MPH; RM Jones, PhD, MPH; RE Johnson, PhD; RL Phillips Jr, MD, MSPH; MN Oliver, MD; AW Bazemore, MD, MPH; A Vichare, MPH. American Journal of Public Health. AJPH First Look, published online ahead of print Feb 18, 2010.
Illustrate the impact nurses and social workers have on diminishing health disparities in underserved populations in Texas
Based on the best available evidence, some individuals with cancer do not receive care known to be effective for their condition.
Elements of Quality Care

• Recommendations about initial cancer management, which are critical in determining long-term outcome, are made by experienced professionals.

• Agreed-upon care plan that outlines goals of care.

• Access to the full complement of resources necessary to implement the care plan.

• Access to high-quality clinical trials.
Elements of Quality Care

• Policies to ensure full disclosure of information about appropriate treatment options.

• Mechanism to coordinate services.

• Psychosocial support services and compassionate care.
Patient Related Factors

- Fear of diagnosis
- Distrust of health care providers
- Language
- Incomplete understanding of cancer risk
- Belief that nothing can be done
- Navigation
- Low education attainment
- Limited access to primary care
- Advanced age
- Patient preferences or unwillingness to experience side effects of treatment
• Increasing nurses’ and social workers’ knowledge about the importance of this issue and improving their competencies in using the best procedures to get their patients and clients the information they need can improve access to these services and ultimately improve outcomes.