



Advancing Equity in Cancer Prevention and Control

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

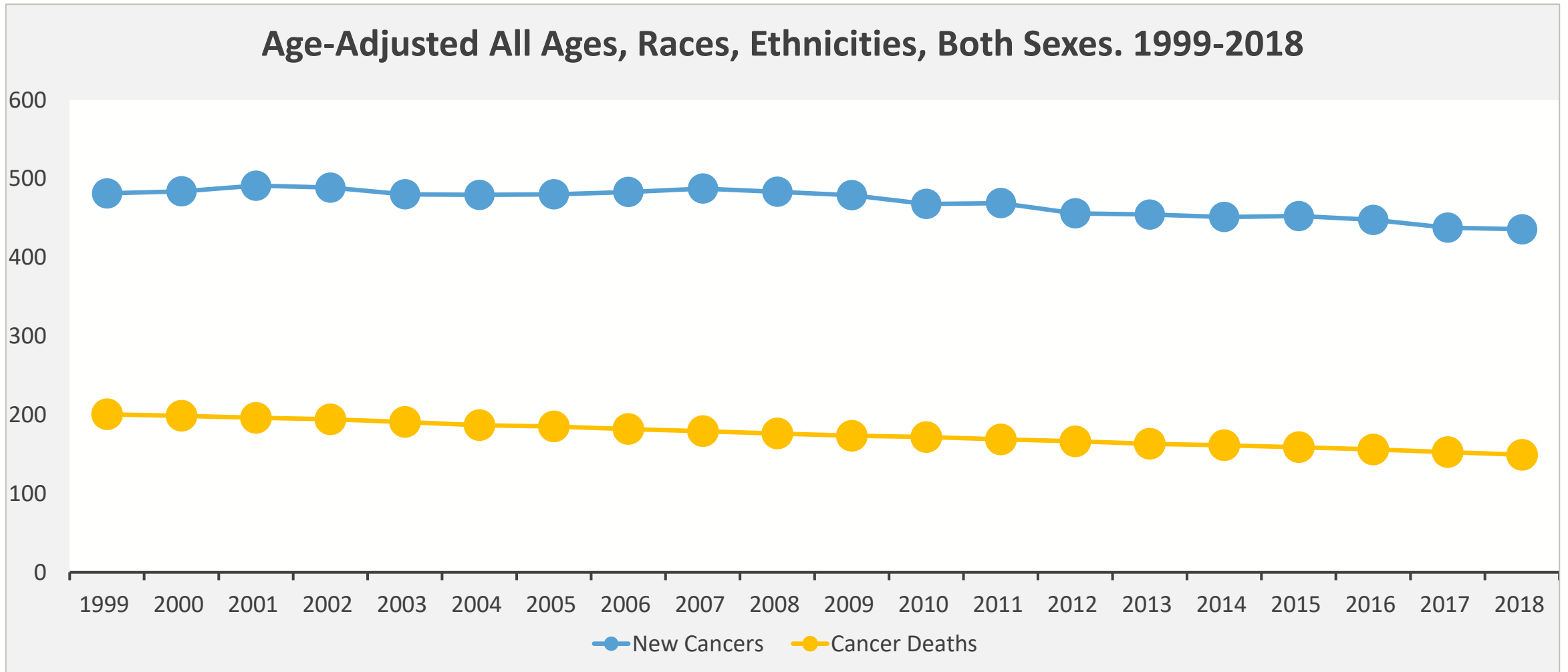
CPCRN Winter Meeting
January 27, 2022





22.1 Million Survivors by 2030

Trends in Cancer Cases and Deaths



Source: cdc.gov/cancer/dataviz

National Trends

2014-2018



Deaths in men, women, and children of all racial and ethnic groups decline



Rapid decline in melanoma and lung cancer deaths



Downward trend in colorectal, female breast and prostate cancer deaths slows or stops



Overall new cases slightly rise for women and children



[Annual Report to the Nation on the Status of Cancer, Part 1: National Cancer Statistics](#)

Despite Progress, Disparities Persist



Breast Cancer

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



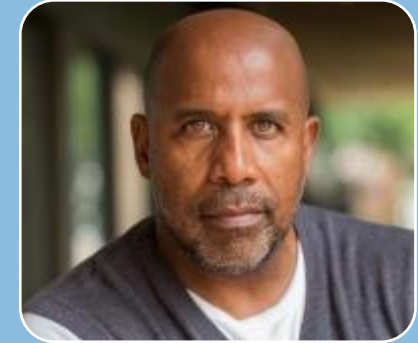
Cervical Cancer

Women in rural areas have
higher rates of cervical
cancer cases and deaths
than women in metro areas



Liver Cancer

American Indian/Alaska
Natives have higher rates of
liver and kidney cancers than
other racial/ethnic groups



Prostate Cancer

African American men die
more often from prostate
cancer than any other
racial/ethnic group

Why Disparities Matter

- Death from preventable cancers
- Death from curable cancers
- Death from late-stage cancers otherwise detectable
- Sub-standard treatment and care
- Absence of pain control, other palliative care for cancers that do not have a cure



Pandemic Deepens Health Inequities



In 2020, COVID-19 was the third leading cause of death in the U.S.*

PROVISIONAL 2020 DEATHS



* Provisional National Vital Statistics System (NVSS) death certificate data on underlying causes of death among U.S. residents in the United States during January-December 2020

CDC.GOV

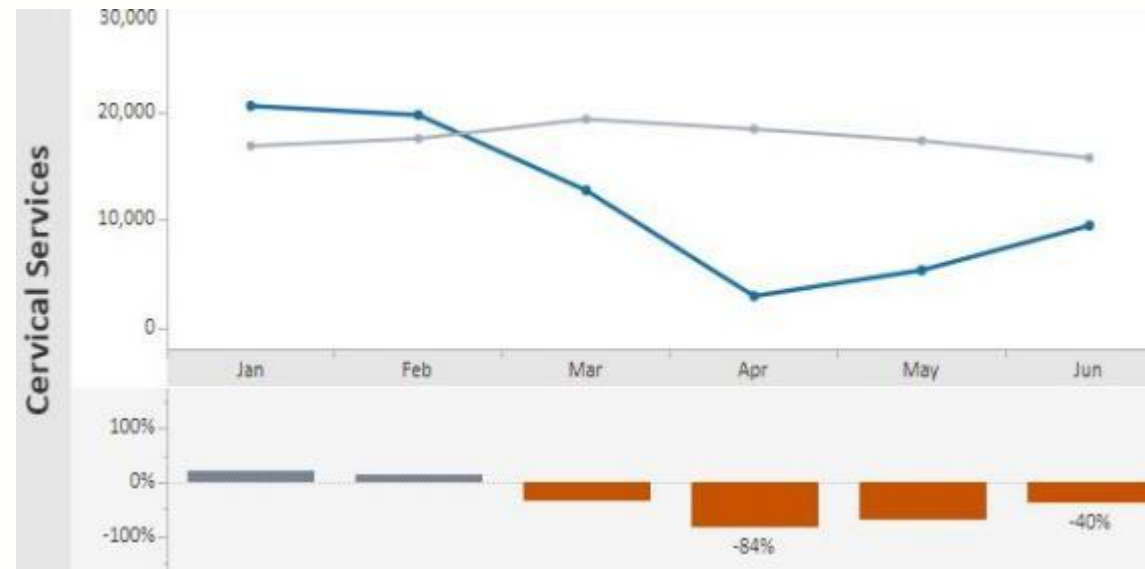
bit.ly/MMWR33121

MMWR

Source: Ahmad FB, Cisewski JA, Miniño A, Anderson RN. Provisional Mortality Data — United States, 2020. MMWR Morb Mortal Wkly Rep 2021;70:519–522. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014e1>

COVID-19 Causes Steep Declines in Screening

National Breast and Cervical Cancer Early Detection Program monthly screening tests January–June 2020 Compared to the 5-Year Average in 2015–2019

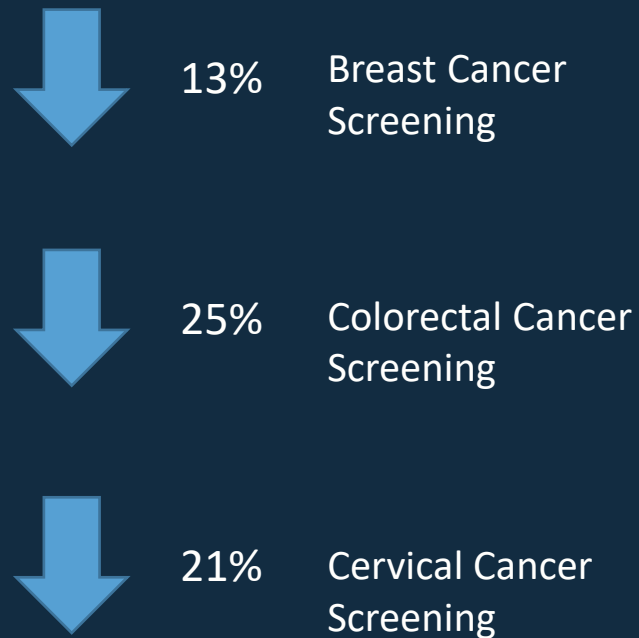


Blue line represents screening tests conducted in 2020; grey line represents average screening tests conducted over the 5-year period, 2015-2019.

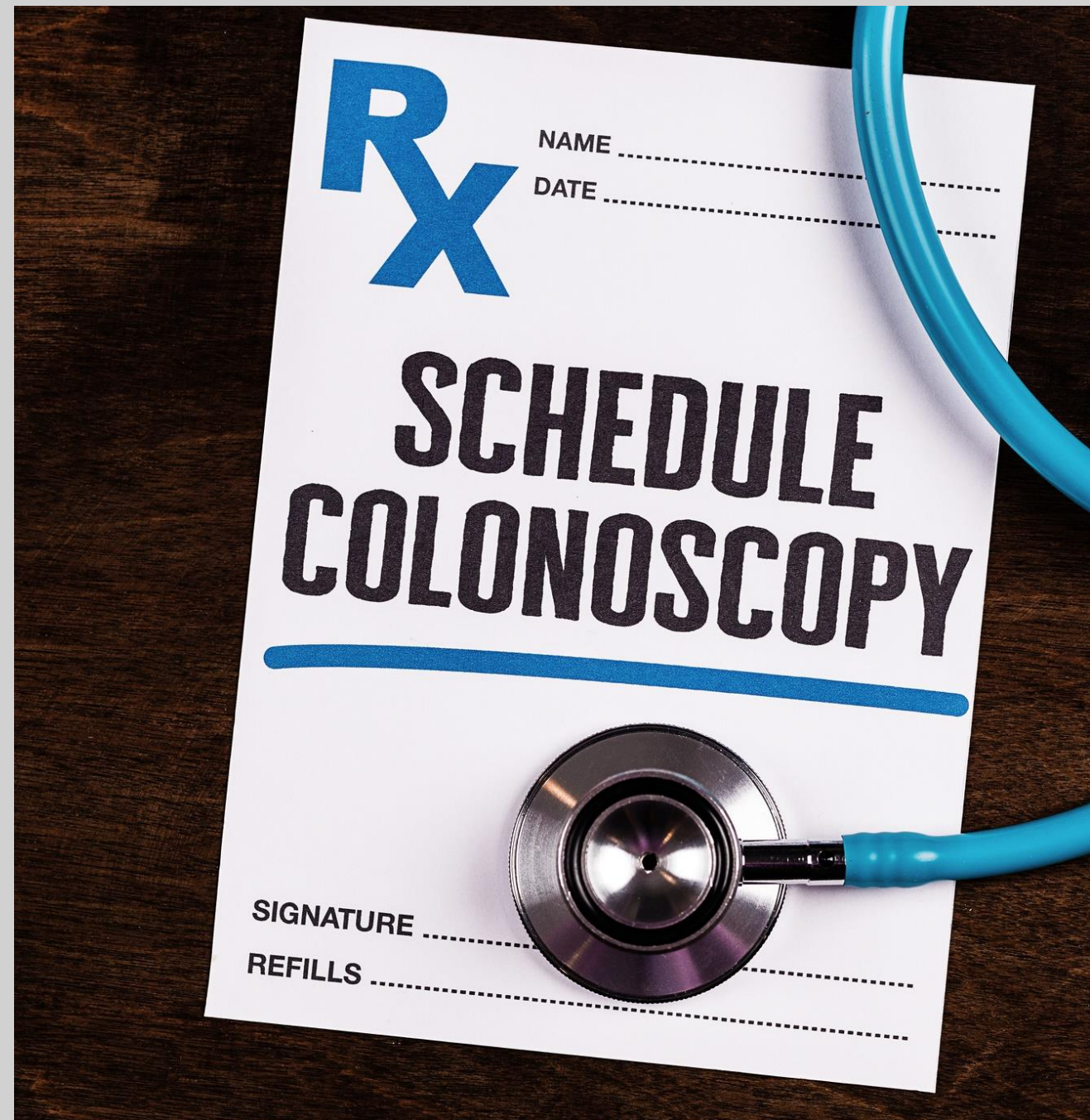
Source: DeGroff A, Miller J, Sharma K, Sun J, Helsel W, Kammerer W, Rockwell T, Sheu A, Melillo S, Uhd J, Kenney K, Wong F, Saraiya M, Richardson LC. COVID-19 impact on screening test volume through the National Breast and Cervical Cancer early detection program, January-June 2020, in the United States. *Prev Med.* 2021 Oct;151:106559. doi: 10.1016/j.ypmed.2021.106559. Epub 2021 Jun 30. PMID: 34217410.

Screening for Common Cancers Still Recovering

March 2020-March 2021



Source: [Epic EHR data: Cancer screenings nosedive in 2021 despite easing of COVID restrictions](#)



Reliable. Trusted. Scientific.

Cancer Doesn't Wait, Neither Should You: *Reengaging the Public in Preventive Care*

- CDC led a collaboration to get the word out
 - American Cancer Society
 - National Comprehensive Cancer Network
 - National Association of Chronic Disease Directors
- PSA campaign kicked off January 2021
 - At the end of 6 months
 - 168.3 million (radio, TV, online) cumulative reach
 - 21,692 airings
 - \$4,098,575 ad value



Source: CDC, [Cancer Can't Wait](#)

Other Health Consequences of COVID-19

Health Behaviors of U.S. Adults Since the Pandemic

42%

gained weight with an average gain of **29 lbs.**



35%

Sleeping less



23%

Drinking more alcohol to cope



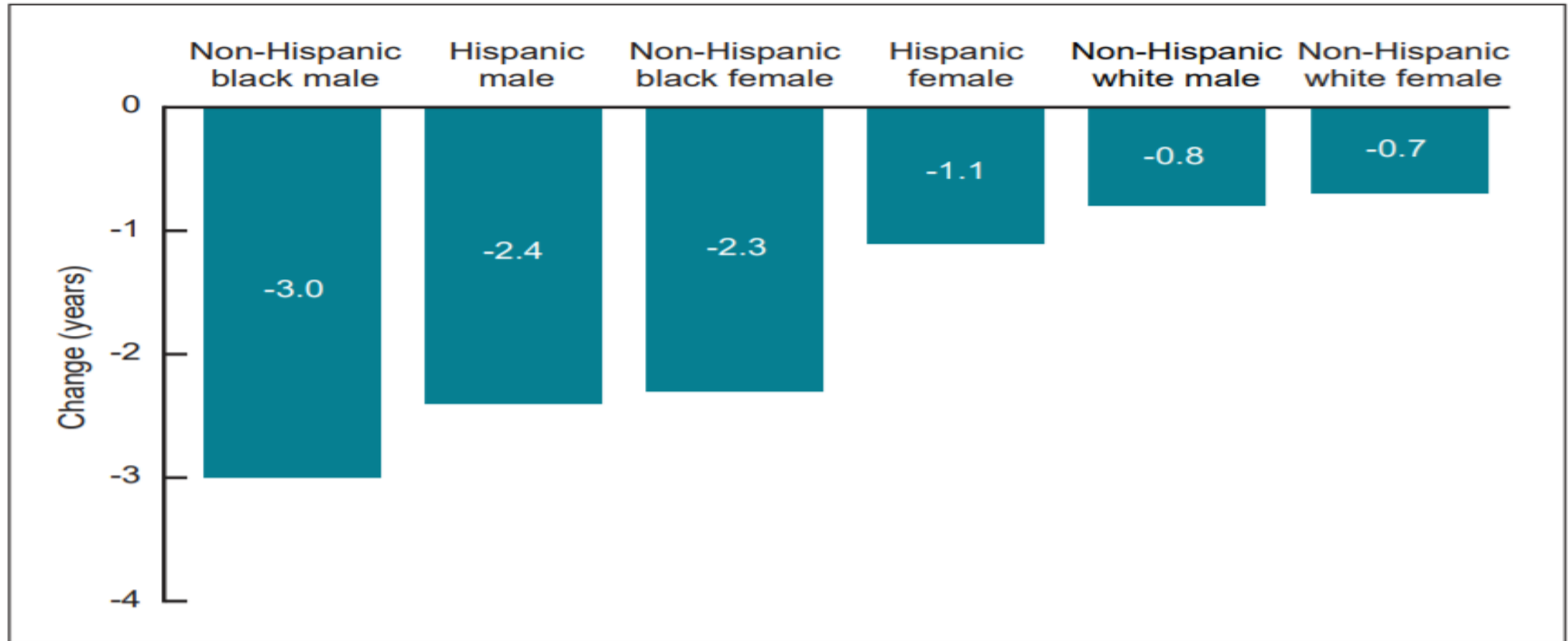
48%

experiencing greater levels of stress



American Psychological Association. (2021, March 11). [One year later, a new wave of pandemic health concerns.](#)

Change in Life Expectancy at Birth by Hispanic Origin, Race, and Sex, 2019-2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

What CDC is Doing



Racism a 'Serious Public Health Threat'



Rochelle Walensky, MD, MPH
19th Director, Centers for Disease Control Prevention

“

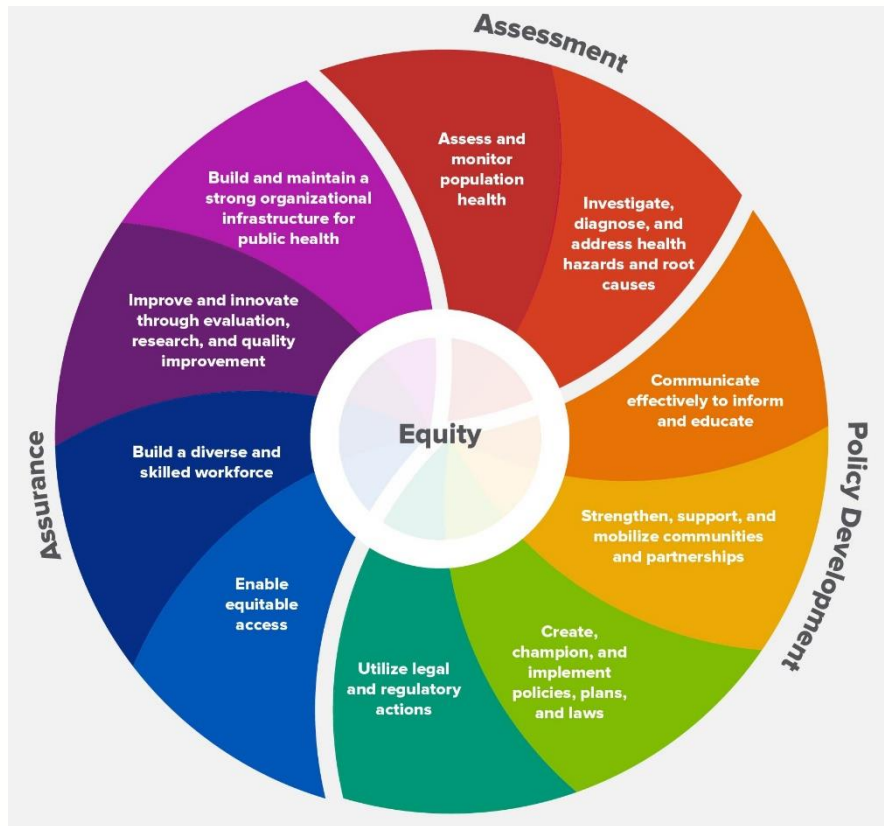
...the pandemic illuminated inequities that have existed for generations and revealed for all of America a known, but often unaddressed, epidemic impacting public health: racism.

”

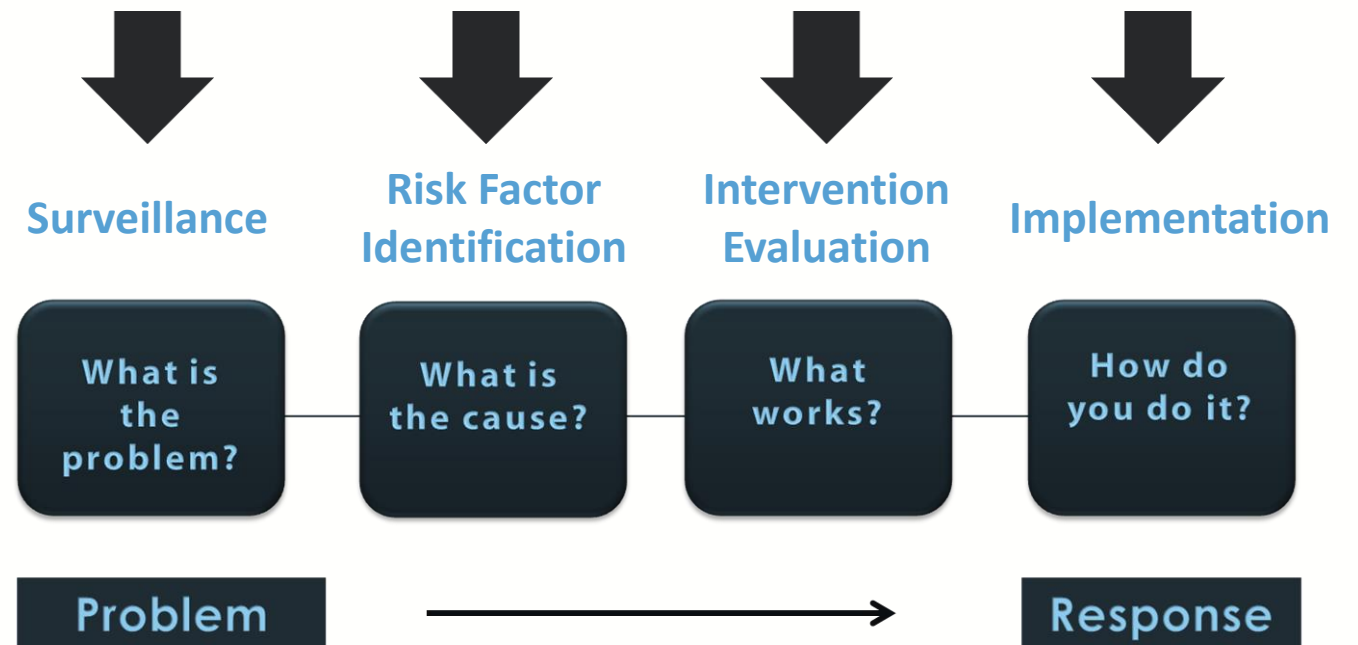
[Racism and Health](#) | [Health Equity](#) | [CDC](#)

Public Health's Role in Addressing Disparities

Ten Essential Roles of Public Health



Public Health Approach



NCCDPHP Health Equity Task Force

Our four subgroups are delivering impactful work to advance the center's health equity mission

CREATING
ACCOUNTABILITY FOR
WORKFORCE EQUITY

GATHERING EQUITY-
INFORMED DATA

TAILORING
COMMUNICATIONS

PRIORITIZING HEALTH
EQUITY IN FUNDING



WORKFORCE

Our processes should reflect fairness & equity in the NCCDPHP workforce

Leveraged center's workforce data to establish recommendations that can improve workforce equity



RESEARCH & DATA

Define how to best collect, analyze & disseminate health equity data including social determinants of health

Expanded the BRFSS Reactions to Race Module was to enhance state data collection on the health effects of racism



COMMUNICATIONS

Assess internal communications for inclusivity & improve external storytelling around the center's health equity efforts

Developed a Health Equity Narrative to create consistency in communications and showcase the center's Health Equity work



NOFOS

Establish common language & measures for health equity & SDOH across all NOFOs

Developed a NCCDPHP Health Equity Checklist and Style Guide to ensure that HE and SDOH are prioritized in the hundreds of NOFOs each year¹

Sub-Group
Charge

Impact
Delivered

Source: intranet.cdc.gov/nccdphp/about/hetf/

Principles for Inclusive Communications

Gateway to Health Communication

CDC > Gateway Home



[Gateway Home](#)

Inclusive Communication Principles

[Using a Health Equity Lens](#)

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[Podcast](#)

Health Equity Guiding Principles for Inclusive Communication

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[Inclusive Communication Principles](#)

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[Resources & References](#)



To build a healthier America for all, we must confront the systems and policies that have resulted in the generational injustice that has given rise to health inequities. We at CDC want to lead in this effort—both in the work we do on behalf of the nation's health and the work we do internally as an organization.

Got a Question?

Please contact us with any questions or comments.

Source: CDC, [Gateway to Health Communications](#)

Financial Levers: Notice of Funding Opportunity Health Equity Check List

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GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY

CDC-RFA-DP22-2202
Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations
Department of Health and Human Services
Centers for Disease Control - NCCDPHP

Apply Subscribe

SYNOPSIS | VERSION HISTORY | RELATED DOCUMENTS | PACKAGE

Print Synopsis Details ?

General Information

Document Type:	Grants Notice	Version:	Synopsis 6
Funding Opportunity Number:	CDC-RFA-DP22-2202	Posted Date:	Oct 28, 2021
Funding Opportunity Title:	Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations	Last Updated Date:	Dec 06, 2021
Opportunity Category:	Discretionary	Original Closing Date for Applications:	Jan 04, 2022
Opportunity Category Explanation:		Current Closing Date for Applications:	Jan 26, 2022 90 days after NOFO publication
Funding Instrument Type:	Cooperative Agreement	Archive Date:	Feb 25, 2022
Category of Funding Activity:	Health	Estimated Total Program Funding:	\$1,100,000,000
Category Explanation:		Award Ceiling:	\$8,000,000
Expected Number of Awards:	196	Award Floor:	\$100,000
CFDA Number(s):	93.898 -- Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations		

Health Equity Notice of Funding Opportunity (NOFO) Checklist

Key Health Equity NOFO Content & Themes

Key Terms

Health Equity Key Terms & Definitions	
Health Equity: Health equity is when every person has the opportunity to attain their "full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." ¹ Please reference NCCDPHP's definition of and resources for health equity linked here .	
Health Disparity: Health disparity is a type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion based on characteristics such as race or ethnicity, socioeconomic status, disability, sexual orientation, and many other factors. ²	
Intentional, Institutionalized, or Structural Racism: "Processes of racism that are embedded in laws (local, state, and federal), policies, and practices of society and its institutions that provide advantages to racial groups deemed as superior, while differentially oppressing, disadvantaging, or otherwise neglecting racial groups viewed as inferior." ³ Institutionalized racism is defined as "differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator." ⁴	
Social Determinants of Health (SDOH): Social Determinants of Health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. ^{5,6} Please reference NCCDPHP's definition of and resources for social determinants of health linked here .	

Intended Audience: All NCCDPHP staff participating in research NOFOs.

Purpose: Health Equity NOFOs are a priority for NCCDPHP. NOFOs should promote the integration of health equity into all program activities and prioritize the strengths and opportunities of the community you are serving to promote health equity.

Rationale: Advancing health equity is a priority for NCCDPHP. NOFOs should promote the integration of health equity into all program activities and prioritize the strengths and opportunities of the community you are serving to promote health equity.

Instructions: Please use the checklist to develop your NOFO. Provide a copy of the checklist to your review panel.

Acknowledgements: A special thank you to:

Avid Reza, M.D.
Bernadette Ford LaRocca
Betsy Rodriguez
Dayna Alexander DrF
Magon Saunders DrF

For questions or comments, please contact:

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Control

Inclusive Language

Embed Inclusive and Language and Healthy People Themes Throughout			
ACTIVITIES	YES	NO	JUSTIFICATION
1. Emphasize the importance of addressing all people inclusively, with respect, by using non-stigmatizing, bias-free language and integrating cultural, linguistic, and spiritual standards ⁷ in the draft concept clearance, the NOFO, FAQ, reviewer training materials, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Include language to reinforce that eliminating health disparities and advancing health equity are foundational to HHS's Healthy People 2030 .	<input type="checkbox"/>	<input type="checkbox"/>	
3. Review and understand Healthy People 2030 and NCCDPHP's Social Determinants of Health Framework , and the difference between health equity, health disparities, and social determinants of health.	<input type="checkbox"/>	<input type="checkbox"/>	

Please reference the [Health Equity Guiding Principles for Inclusive Communication](#).

¹ Braveman P, Gruskin S. Defining equity in health. *J Epidemiol Community Health*. 2003;57(4):254-258

² Disparities. Healthy People 2020 website. Updated June 1, 2020. Accessed June 2, 2020.

³ Williams DR, Lawrence JA, Davis BA. Racism and health: evidence and needed research. *Annual Rev Public Health*. 2019;40:105-125.

⁴ Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215.

⁵ Social Determinants of Health. Healthy People 2030. <https://health.gov/health-topics/social-determinants-of-health>

⁶ Social Determinants of Health. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

⁷ The National Cultural, Linguistic, and Spiritual (CLAS) Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Retrieved from <https://thinkculturalhealth.hhs.gov/clas>

C.O.R.E. Strategy Goal #1

Cultivate Comprehensive Health Equity Science; Optimize Interventions; Reinforce and Expand Robust Partnerships; Enhance Capacity and Workforce Engagement (C.O.R.E)

Increase the proportion of the rarely or never screened to 35% (current target is 20%) for cervical cancer among women served by the program, including racial and ethnic groups who experience higher numbers and deaths from cervical cancer.



Source: CDC, Core [Health Equity Science and Intervention Strategy](#)

C.O.R.E. Strategy Goal #2

Build an evidence base for three innovative, community-based interventions across multiple social determinants of health, including systemic racism, to reduce racial and ethnic disparities in cancer outcomes

Primary Prevention

Reducing Cancer Disparities within the Black community in Jackson, MS through Community-Led Tobacco-Related Social Norm Change



Cancer Screening

NYC Cancer Outreach Network in Neighborhoods for Equity and Community Translation (NYC CONNECT)



Health and Wellbeing of Cancer Survivors

Scaling Social Determinants of Health Screening, Social Support and Anti-Racism Training to Reduce Inequities in Minority Cancer Survivor Health and Wellbeing in Washington, DC



Health Equity in Cancer

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Health Equity in Cancer

Cancer Home

Equity in Cancer Prevention and Control
Equity is when everyone has an equal opportunity to be as healthy as possible. [More](#)

How Racism Leads to Cancer Health Disparities
Racism is a serious threat to the public's health. [More](#)

How Cancer Health Disparities Are Measured
Measurements describe how much a group of people is affected by cancer. [More](#)

What Does Health Equity Look Like?

What Does Health Equity Look Like?
Jeffrey P. Koplan Lecture on Global Leadership in Public Health
[View Transcript](#) [Low Resolution Video](#)
Dr. Richard Besser, CEO of the Robert Wood Johnson Foundation, speaks about health disparities in the United States and the need for equal opportunity for people to prosper.

Featured Resources

Cancer registry data tell us which groups get and die from cancer. [Learn about registries in this video.](#)

Dr. Sherri Stewart, a Pamunkey Indian, shares [the story of her grandfather's cancer diagnosis.](#)

People with disabilities are [less likely to get cancer screening tests](#) than people without disabilities.

CDC is advancing health equity through research, programs, and partnerships. [Learn what CDC is doing.](#)

Page last reviewed: January 3, 2022
Content source: Division of Cancer Prevention and Control, Centers for Disease Control and Prevention

Provides an overview of:

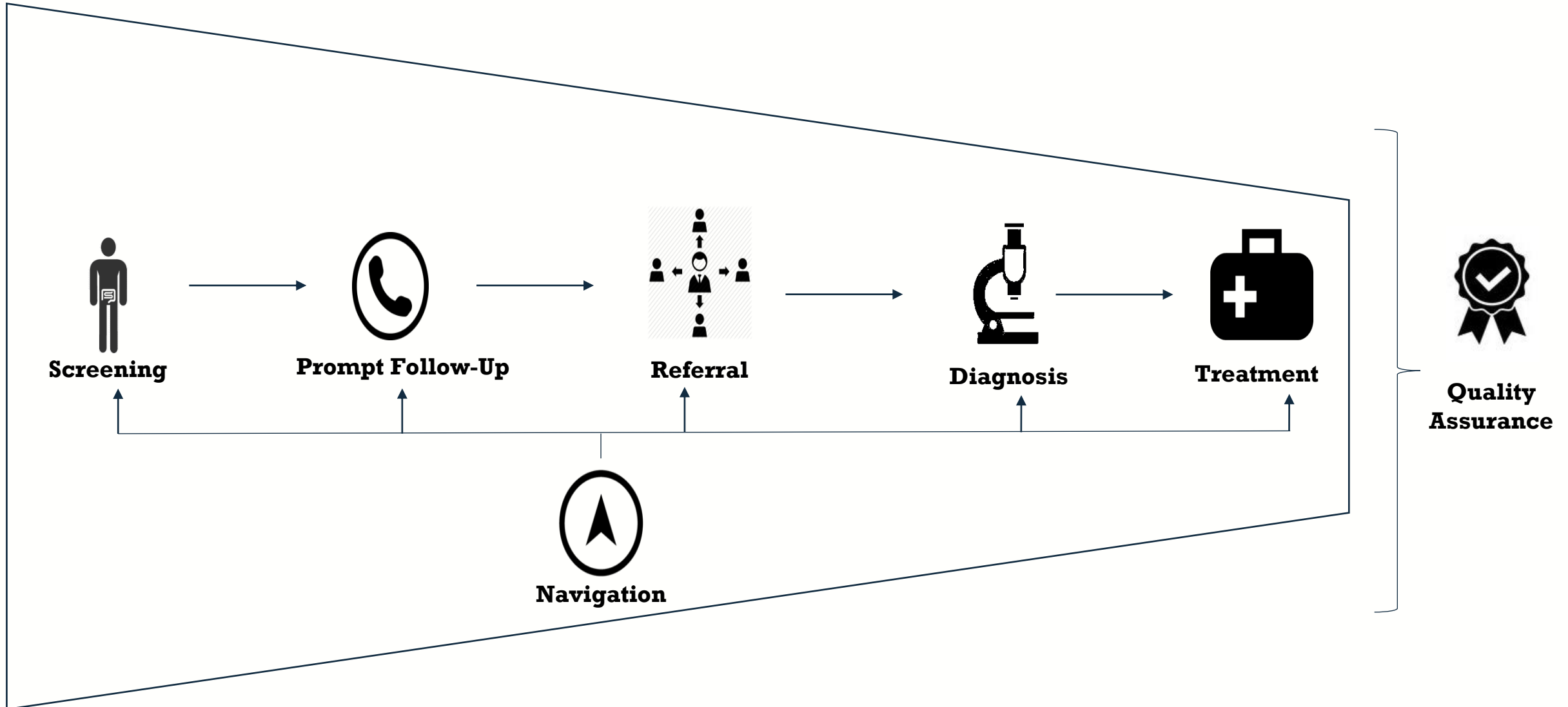
- Social Determinants of Health
- Racism and other systemic barriers contributing to disparities
- Measuring and understanding the impact of health disparities

Source: CDC, [Health Equity in Cancer](#)

Building Resilient Frameworks for Cancer Prevention and Control



Cancer Screening is More than a Test

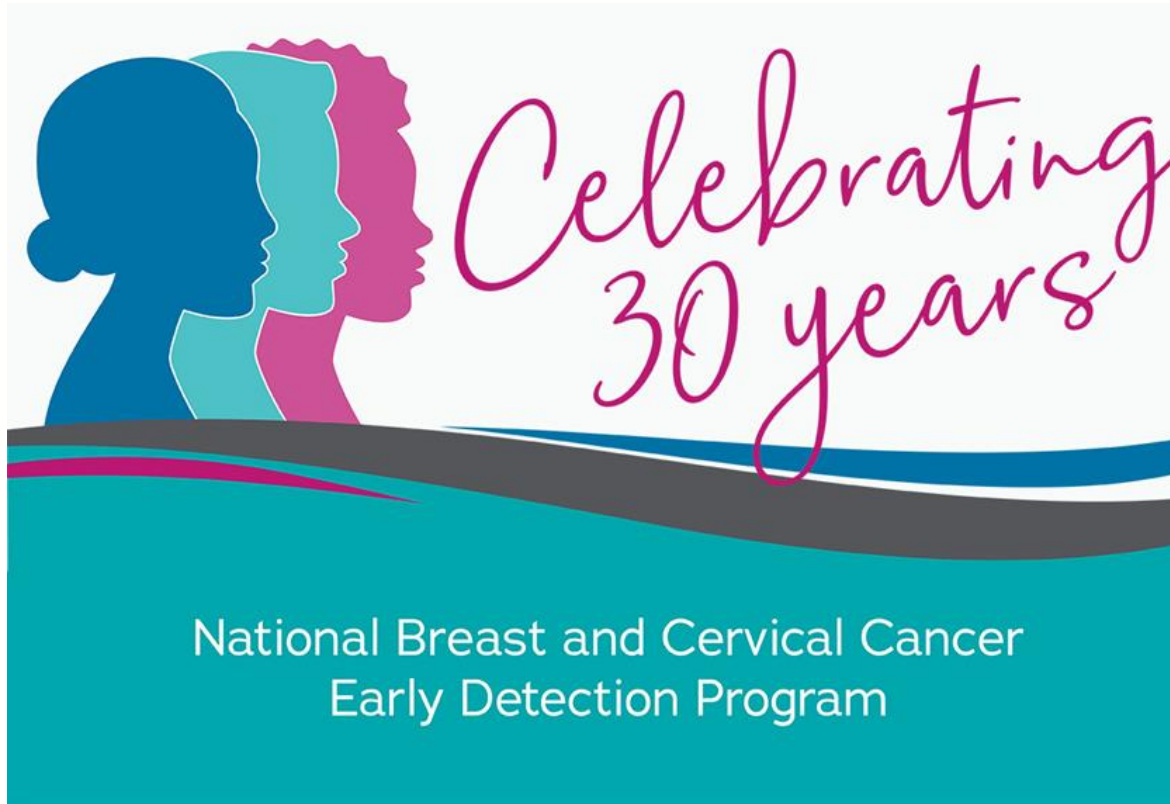


NBCCEDP Core Components



Source: CDC, [National Breast and Cervical Cancer Early Detection Program](#)

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)



Since program inception:

- **5.9** million women served
- **15.4** million screenings provided
- Connecting low-income, uninsured or underinsured women to vital screening and diagnostic services

cdc.gov/cancer/nbccedp/about.htm

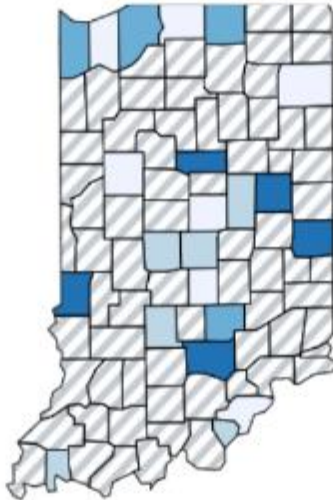
Program Success Amid Pandemic – Indiana

Screening Reminders Help Indiana Clinic Save Lives from Cervical Cancer



Rate of New Cancers in Indiana

Cervix, All Ages, All Races/Ethnicities, Female, 2013-2017



Rate per 100,000 people

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2019 submission data (1999-2017); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, June 2020.

“ “
This project has changed the way I practice
April Fife, Nurse Practitioner
” ”

Provider Reminder System

Staff reviewed medical records for all women with scheduled appointment who were due for cancer screening

Reducing Structural Barriers

Cancer screening integrated into routine care

Patient Reminders

Phone follow up to schedule appointments

Cervical Cancer Screening Rates **increased 34%** from 65% to 87%

Source: cdc.gov/cancer/nbccedp/success/screening-reminders-indiana.htm

Colorectal Cancer Control Program, 2015-2020



264

Health
systems



836

Clinics



6,397

Providers

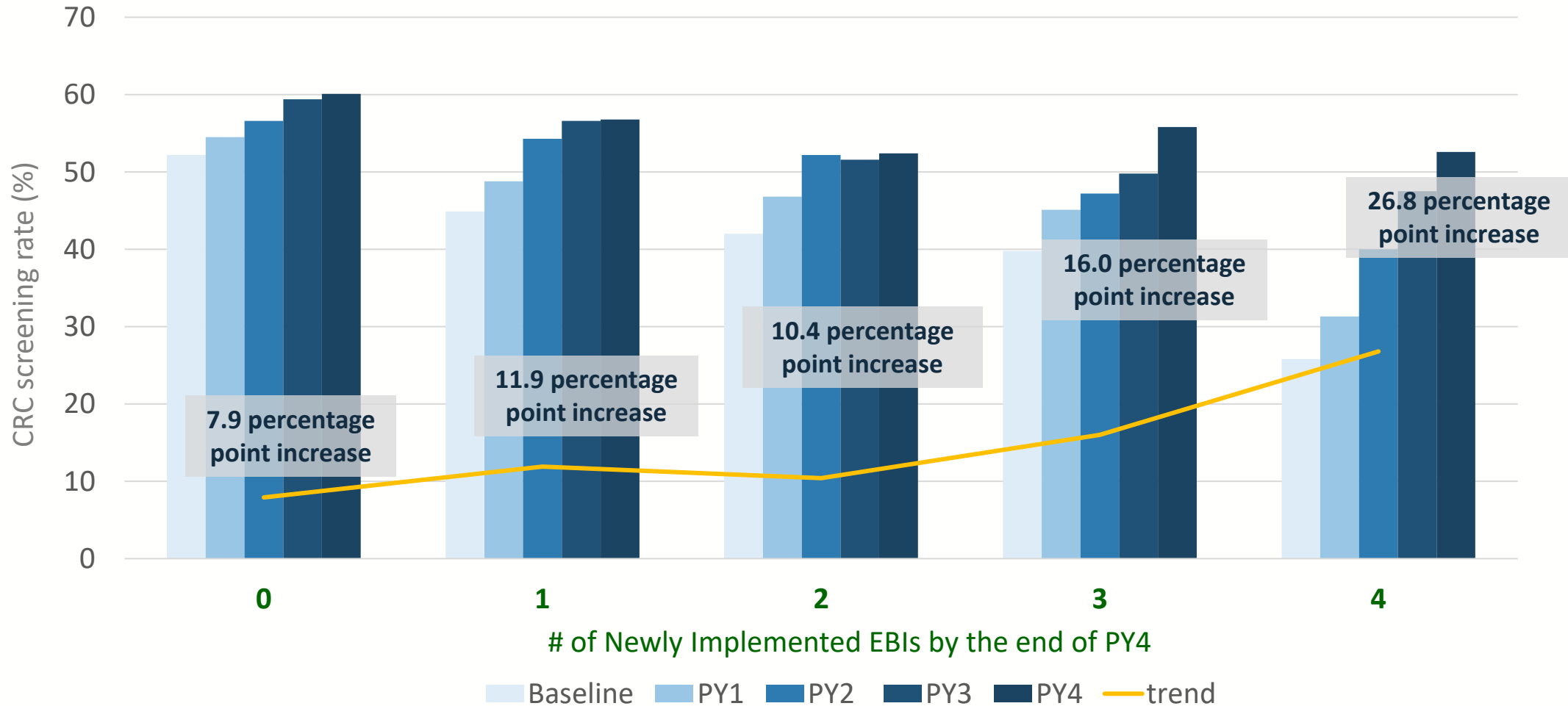


1,302,806

Patients
aged 50-75

Source: Clinic data submission, March 2021 (Includes all clinics recruited in DP15-1502, Program Years 1-5)

Additional new EBIs translate into greater screening rate increases




Source: CRCCP Clinic Data March 2020 data submission. PY1 Clinics only; Years 1-4.

Extending Access – Mailed Fecal Immunochemical Test (FIT) Guide

Home About Research News Contact Search

Research > Our People > Gloria D. Coronado > mailedFIT

Mailed FIT – Resources to Optimize Colorectal Cancer Screening





- MailedFit
- Why Do It?
- Research Projects
- Program Materials
- MailedFit News
- Workflows
- Implementation Guide


[Mailedfit.org](https://mailedfit.org)


Mailed FIT Implementation Guide

2021



 NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

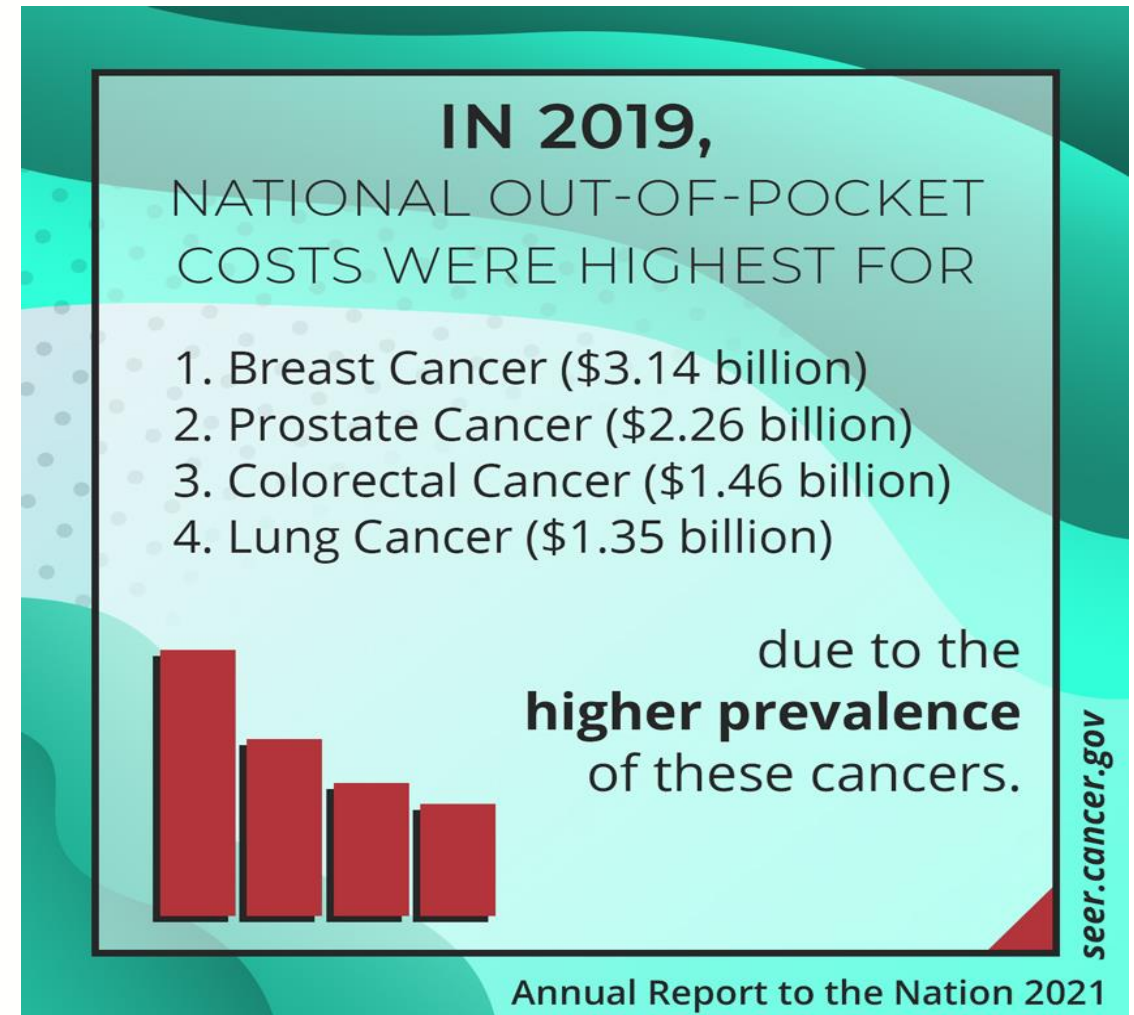
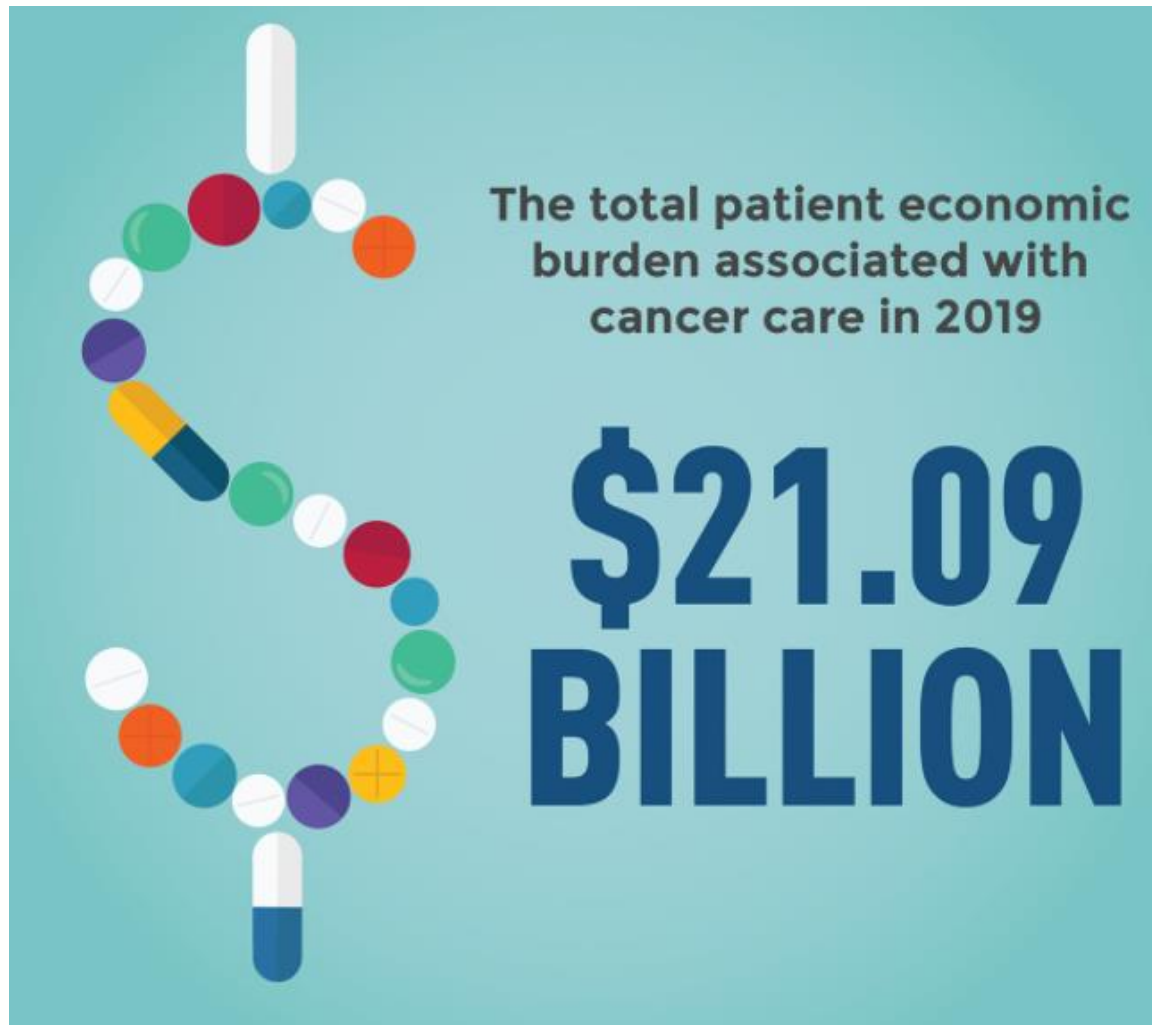
 KAISER PERMANENTE
Center for Health Research

 CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Addressing Social Determinants of Health



Financial Burdens of Cancer



[Annual Report to the Nation on the Status of Cancer, Part 2: Patient Economic Burden Associated With Cancer Care](#)

Commercial Payers Eliminate Cost Sharing on Follow-up Colonoscopy



- Follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test must be provided without cost sharing.

“

Follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.

”

[The Departments of Labor, Health and Human Services, and Treasury](#)

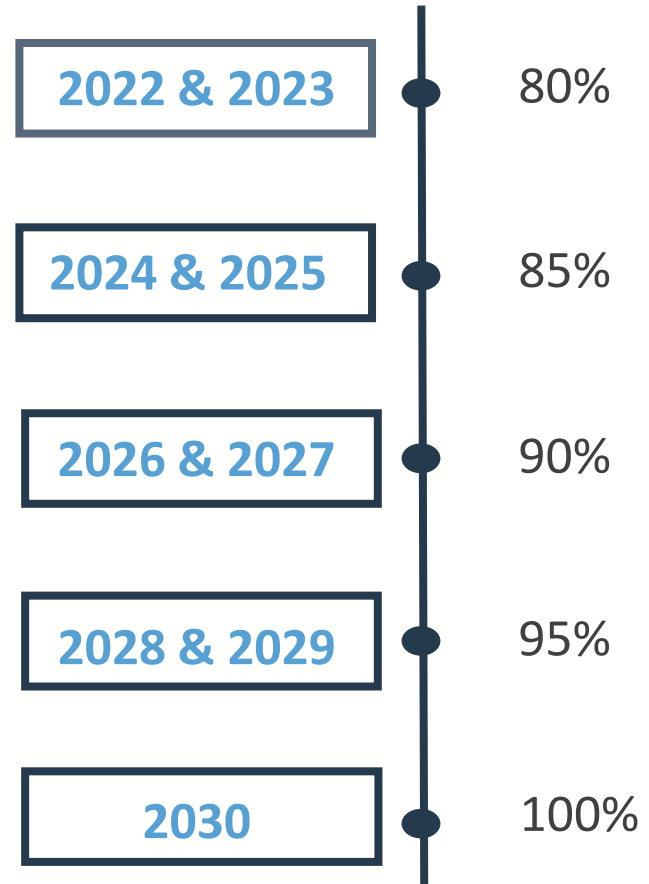
Medicare Addresses Colonoscopy Loophole

Removing Barriers to Colorectal Cancer Screening Act HR 1220 and S 624



[Source: Removing Barriers to Colorectal Cancer Screening Act of 2020](#)

Medicare Fee Schedule



Tailored Communications and Education



Inside Knowledge: Under the Paper Gown

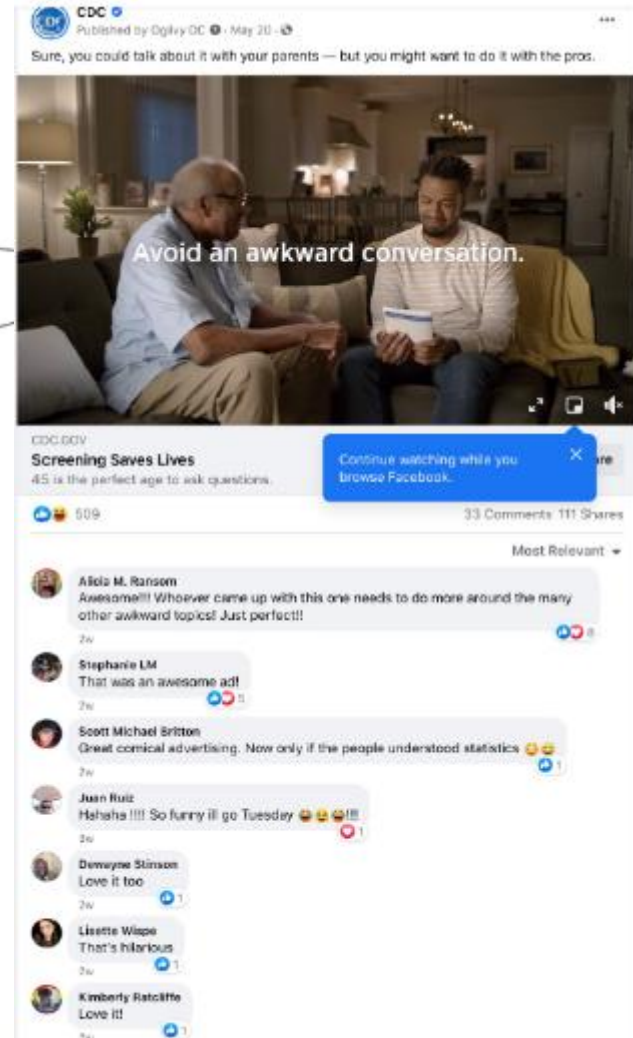
Six-part comedy web series



cdc.gov/cancer/gynecologic/knowledge/index.htm



Screen for Life: Bums and the Bees Campaign



Sources:

Screen for Life: cdc.gov/cancer/colorectal/sfl/index.htm

Bums and the Bees: <https://youtu.be/jAezih2jduQ>

Discussing Sharing Your Family History

LET'S TALK
Sharing Info About Your
Family Cancer Risk

Source: CDC, [Cancer Simulations](#)



Thank you!

Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer



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.