Achieving Equity in cancer prevention and control

tools for naming and addressing the impacts of racism on health

Camara Phyllis Jones, MD, MPH, PhD

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Dual Reality: A restaurant saga
I looked up and noticed a sign . . . .
Racism structures “Open/Closed” signs in our society.
It is difficult to recognize a system of inequity that privileges us.

Those on the outside are very aware of the two-sided nature of the sign.
Is there really a two-sided sign?

Hard to know, when only see “Open”.
A privilege not to HAVE to know.
Once DO know, can choose to act.
What is racism?

A system

What is racism?

A system of structuring opportunity and assigning value

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- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Levels of health intervention

Jones CP et al. *J Health Care Poor Underserved* 2009.

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Jones CP et al. *J Health Care Poor Underserved* 2009.

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Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Acute medical care and tertiary prevention


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But how do disparities arise?

- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status


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Differences in access to care
Differences in exposures and opportunities

Differences in quality of care
(ambulance slow or goes the wrong way)

Jones CP et al. *J Health Care Poor Underserved* 2009.

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Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention
3 dimensions of health intervention

Health services
3 dimensions of health intervention

Health services

Addressing social determinants of health


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3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

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Cancer Plan for Michigan 2016-2020

Four goals | 36 objectives
1) Prevent cancer from occurring
2) Promote early detection of cancer using tests that have been shown to reduce mortality
3) Diagnose and treat all patients using the most effective and appropriate methods
4) Optimize quality of life for every person affected by cancer

These slides are the property of the presenter. Do not duplicate without permission.
Obj 18: Decrease the mortality from cervical cancer

Obj 16: Reduce the mortality rate from female breast cancer

Obj 14: Reduce the mortality from lung cancer

Goal 3: Diagnose and treat all patients using the most effective and appropriate methods.

Cancer Plan for Michigan
2016-2020
**Obj 25:** Increase quality cancer care through participation in accreditation and certification programs

**Obj 24:** Increase the number of hospital-based palliative care services

**Obj 21:** Increase the percentage of Michigan adults participating in cancer treatment clinical trials

**Obj 20:** Reduce the mortality from colorectal cancer

*Cancer Plan for Michigan*
*2016-2020*
Obj 28: Decrease the number of Michigan adults over age 18 who have ever received a diagnosis of cancer who report poor mental health in the past 14-30 days

Obj 27: Decrease the number of Michigan adults over age 18 who have ever received a diagnosis of cancer who report poor physical health in the past 14-30 days

Obj 26: Decrease the percent of Michigan adults diagnosed with cancer who report current physical pain due to cancer treatment

Goal 4: Optimize quality of life for every person affected by cancer

Cancer Plan for Michigan
2016-2020

These slides are the property of the presenter. Do not duplicate without permission.
Obj 32: Increase the number of MCC member organizations who promote advance care planning to adult patients with an advanced cancer diagnosis

Obj 31: Increase the number of MCC member organizations that report that they promote or provide services to help reduce barriers to care or coordinate care services

Obj 30: Increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer

Obj 29: Increase the number of Michigan adults diagnosed with cancer reporting they were given a written summary of all the cancer treatment they received

Cancer Plan for Michigan
2016-2020

These slides are the property of the presenter. Do not duplicate without permission.
Obj 36: Increase the number of Michigan adults ever diagnosed with cancer who report consuming fruits and vegetables 5 or more times per day

Obj 35: Increase the number of Michigan adults who have ever been diagnosed with cancer who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Obj 34: Decrease the number of Michigan adult cancer patients who are enrolled in hospice within 3 days of their death

Obj 33: Maintain the percent of Michigan adult cancer patients receiving chemotherapy during the last two weeks of life

Cancer Plan for Michigan
2016-2020
Goal 2: Promote early detection of cancer using tests that have been shown to reduce mortality.

Obj 10: Increase the number of radon test results that are reported to the Michigan Department of Environmental Quality Indoor Radon Program

Obj 11: Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling

Obj 15: Increase the proportion of females aged 50-74 who received a breast cancer screening (mammogram) in the past 2 years

Cancer Plan for Michigan
2016-2020

These slides are the property of the presenter. Do not duplicate without permission.
**Obj 17:** Increase the proportion of females aged 21-65 who receive a cervical cancer screening (Pap test) in past 3 years

**Obj 19:** Increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening

**Obj 22:** Increase the percentage of Michigan residents with a personal history of breast or ovarian cancer that are offered appropriate genetic counseling

**Obj 23:** Increase the percentage of newly diagnosed colorectal cancer patients who are screened for Lynch Syndrome

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**Cancer Plan for Michigan**
**2016-2020**

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Goal 1: Prevent cancer from occurring

Obj 1: Reduce the proportion of adults and adolescents who currently smoke

Obj 2: Reduce use of smokeless tobacco products by adults and adolescents

Obj 3: Reduce the proportion of adults engaging in heavy drinking

Obj 4: Reduce the proportion of adults and adolescents engaging in binge Drinking

Obj 5: Increase the proportion of females and males ages 13-17 years who have completed the recommended series of HPV vaccine

Cancer Plan for Michigan
2016-2020

These slides are the property of the presenter. Do not duplicate without permission.
Obj 6: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Obj 7: Decrease the proportion of adolescents who were not physically active at least 60 minutes per day on all 7 days

Obj 8: Increase the proportion of adults who report consuming fruits and vegetables 5 or more times per day

Obj 9: Reduce the proportions of adults and adolescents who are obese

Obj 12: Establish a baseline to assess the proportion of adolescents in grades 9-12 who follow protective measures that may reduce the risk of skin cancer

Obj 13: Increase the proportion of adolescents in grades 9-12 who follow protective measures that may reduce the risk of skin cancer

Cancer Plan for Michigan
2016-2020

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[No objectives]

**Pillar 1:** Implement policy, systems, and environmental changes

**Pillar 3:** Develop and maintain active partnerships in cancer prevention and control efforts

*Cancer Plan for Michigan*  
*2016-2020*
Pillar 2: Promote health equity

Cancer Plan for Michigan
2016-2020
“Why do we spend so much money on ambulances at the bottom of the cliff?”

Jones CP et al. *J Health Care Poor Underserved* 2009.
“Why are the Greenies launching themselves over the edge of the cliff?”

Jones CP et al. *J Health Care Poor Underserved* 2009.

These slides are the property of the presenter. Do not duplicate without permission.
“This situation looks fine to me. What’s the problem with a three-dimensional cliff?”


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Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Institutionalized racism

- Differential access to the goods, services, and opportunities of society, by “race”

- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

- Explains the association between social class and “race”

Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Differential actions based on those assumptions

- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

Internalized racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth

- Examples
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness

- Accepting limitations to our full humanity

Levels of Racism: A Gardener’s Tale

Who is the gardener?

- Power to decide
- Power to act
- Control of resources

- Dangerous when
  - Allied with one group
  - Not concerned with equity

"How is racism operating here?"

- **Identify mechanisms**
  - **Structures:** the who?, what?, when?, and where? of decision-making
  - **Policies:** the written how?
  - **Practices and norms:** the unwritten how?
  - **Values:** the why?

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What is [inequity]?

A system of structuring opportunity and assigning value based on [fill in the blank]
What is [inequity]?

A system of structuring opportunity and assigning value based on [fill in the blank], that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources
Many axes of inequity

- “Race”
- Gender
- Ethnicity and indigenous status
Many axes of inequity

- “Race”
- Gender
- Ethnicity and indigenous status
- Labor roles and social class markers
- Nationality, language, and immigration status
- Sexual orientation and gender identity
Many axes of inequity

- “Race”
- Gender
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- Labor roles and social class markers
- Nationality, language, and immigration status
- Sexual orientation and gender identity
- Disability status
- Geography
- Religion
Many axes of inequity

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- Incarceration history
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These are risk MARKERS
What is health equity?

- “Health equity” is assurance of the conditions for optimal health for all people

- Achieving health equity requires
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need

- Health disparities will be eliminated when health equity is achieved

Barriers to achieving health equity

- **Narrow focus on the individual**
  - Self-interest narrowly defined
  - Limited sense of interdependence
  - Limited sense of collective efficacy
  - Systems and structures as invisible or irrelevant

- **A-historical culture**
  - The present as disconnected from the past
  - Current distribution of advantage/disadvantage as happenstance
  - Systems and structures as givens and immutable

- **Myth of meritocracy**
  - Role of hard work
  - Denial of racism
  - Two babies: Equal potential or equal opportunity?
Using black holes

- Look for evidence of two-sided signs
  - Shine the bright light of inquiry
  - Are there differences in outcomes?
  - Are there differences in opportunities, exposures, resources, risks?

- See “the absence of”
  - Who is NOT at the table?
  - What is NOT on the agenda?
  - What policies do NOT YET exist?
  - What are we NOT doing?

- Reveal inaction in the face of need
Life on a Conveyor Belt: Moving to action
Racism is most often passive
1. Name racism
2. Ask “How is racism operating here?”
3. Organize and strategize to act
Camara Phyllis Jones, MD, MPH, PhD

Past President
American Public Health Association

Senior Fellow
Satcher Health Leadership Institute and
Cardiovascular Research Institute

Adjunct Associate Professor
Department of Community Health and Preventive Medicine
Morehouse School of Medicine

cpjones@msm.edu
(404) 756-5216
(404) 374-3198 mobile