Disparities in Cancer Incidence and Mortality in Delaware

Prepared by: DE Division of Public Health

Presented to: Advisory Council, DE Cancer Consortium

April 17, 2006

Objectives

- Recap where we left off at the February 21 meeting
- Note results of treatment analysis (to date)
- Outline yet outstanding data- and treatment-related issues

Positive Results

- No disparity is observed in the incidence of female breast, or of lung/ bronchus cancer.
- Cancer incidence and mortality is lower among Asians and Hispanics than among Whites.

Positive Results

- Among African Americans, lung cancer incidence and prostate cancer mortality have declined substantially over time.
- No racial/ethnic disparities are observed in the use of cancer screening tests.
- Minimal differences are observed in the stage at which cancer is diagnosed.

Challenges/Questions

- What are the factors that contribute to the increased cancer incidence rates among African Americans in Delaware?

	Incidence RR (95% CI)
All Cancers	1.08 (1.04–1.13)
Colorectal	1.19 (1.06–1.34)
Prostate	1.68 (1.53–1.84)

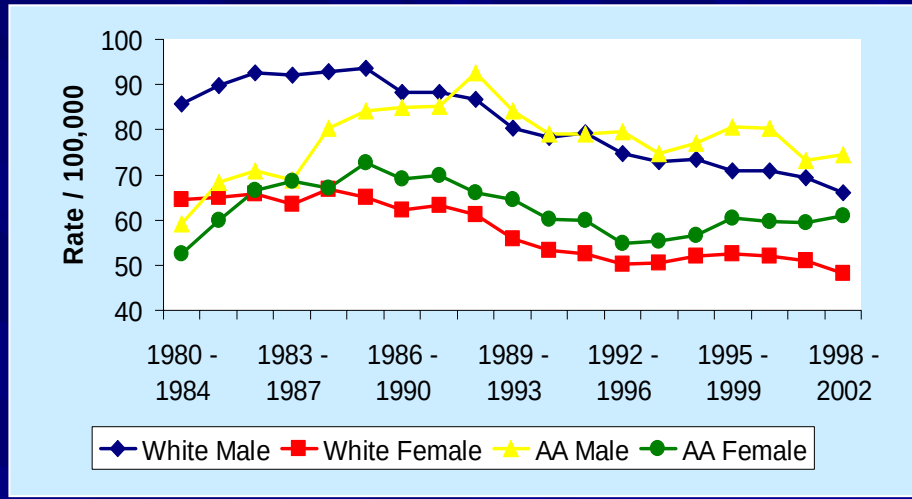
Challenges/Questions

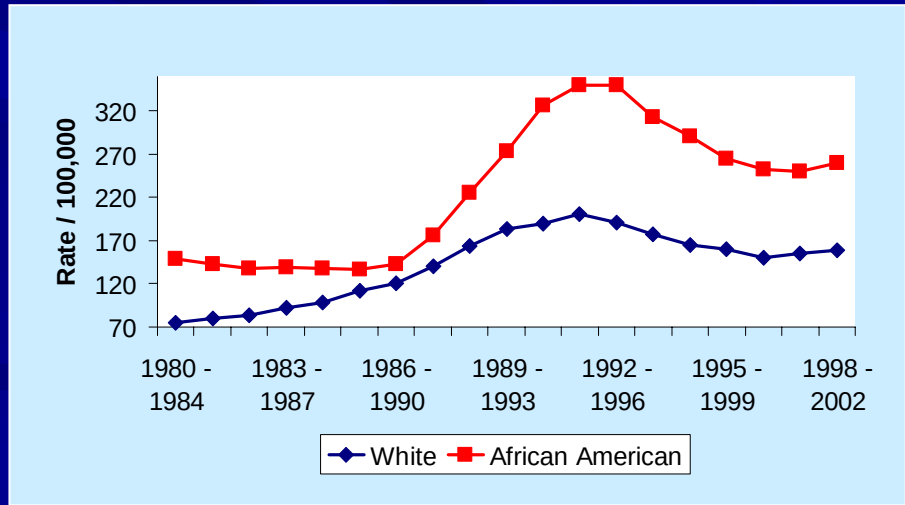
- What are the factors that contribute to the increased cancer mortality rates among African Americans in Delaware?

	Mortality RR (95% CI)
All Cancers	1.21 (1.14–1.29)
Breast	1.33 (1.09–1.63)
Colorectal	1.47 (1.22–1.76)
Prostate	2.48 (1.98–3.09)

Challenges/Questions

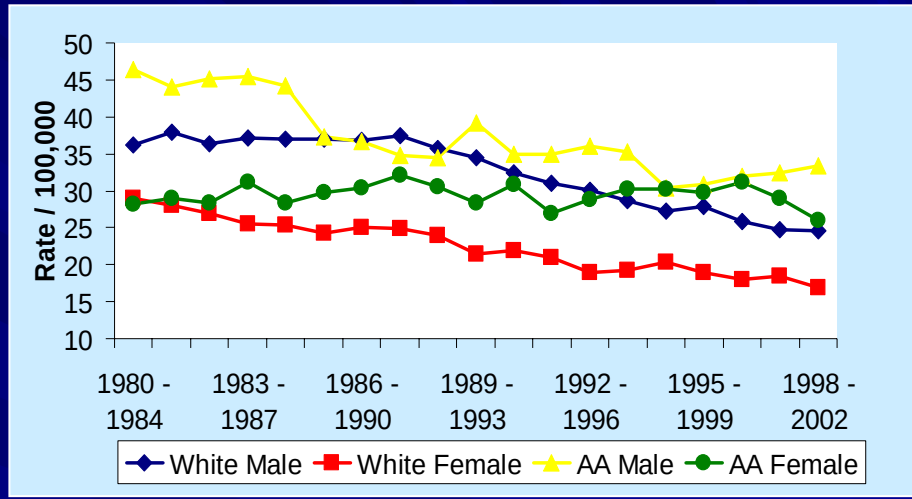
- Why are we observing increases in colorectal and prostate cancer incidence?

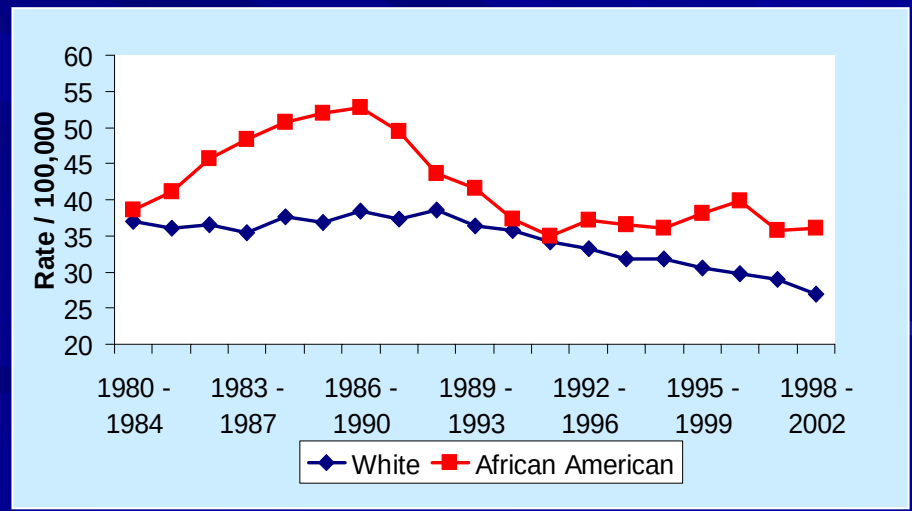




Challenges/Questions

- Why are we observing increases in colorectal and breast cancer mortality?





Challenges/Questions

How can we deliver health care to those most likely to lack access?

	Insurance	Personal Doctor	Usual Source of Care
African American	X		X
Hispanic		X	X
Non-H.S. Graduate	X	X	X

Challenges/Questions

How can we reduce behavioral risks, especially among those most likely to exhibit them?

	No Exercise	Smoking	Obesity	Poor Diet
African American	X		X	X
Non-H.S. Graduate	X	X	X	X
H.S. Graduate	X	X	X	X
Some College	X	X	X	X
Age 50-64	X	X	X	
Age 65-79	X	X	X	

Challenges/Questions

What additional screening resources/approaches might succeed in reaching those most likely to lack screening?

	FOBT	Sig-/Colo	PSA	DRE	Mam	CBE
Non-H.S. Graduate		X		X	X	X
No Health Insurance		X	X	X	X	X
No Personal Doctor	X	X	X	X	X	

Challenges/Questions

- How can we address the likely inter-relating themes:
  - Race and a lack of education are factors in healthcare access.
  - Race and a lack of education are factors in behavioral risks.
  - Lack of education and lack of healthcare access (insurance, personal doctor) are factors in screening receipt.

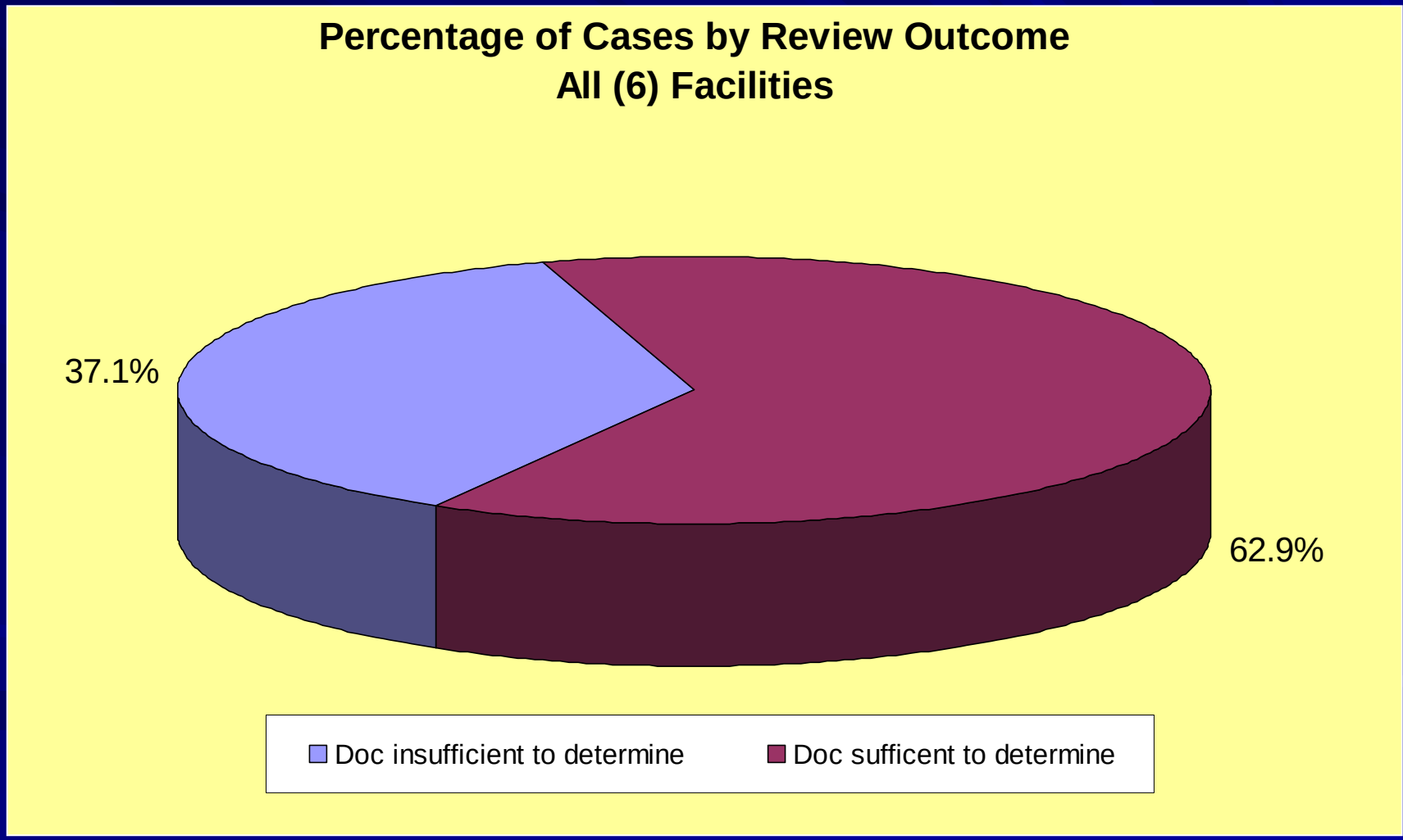
Challenges/Questions

- What is the impact of social, cultural and political factors beyond the scope of this analysis:
  - Patient barriers
    - Poverty
    - Language / cultural barriers
    - Health literacy
    - Health insurance (benefits-specific)
  - System barriers
    - Equal access
    - Interactions with healthcare system
    - Insurance / self-insurance

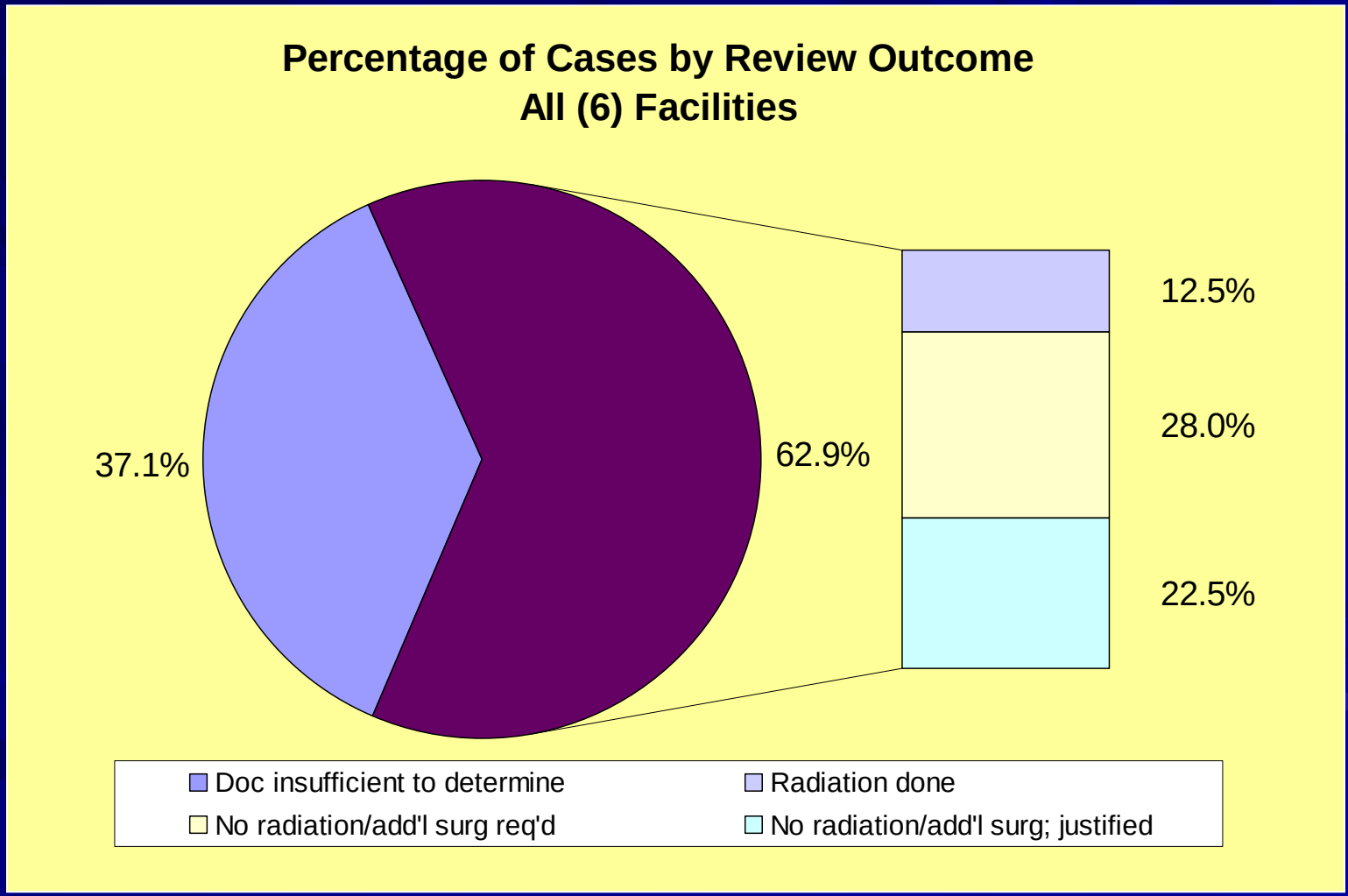
Treatment Analysis

- Three stages (to date)
  - Initial analysis (DCR data only)
  - Initial subset analysis (DCR data only)
  - Post-review subset analysis (DCR data + source data)
- We'll pick up at post-review stage

Review Results



Review Results



Remaining Treatment Issue

- Associations found between likelihood of receiving appropriate treatment and race or cancer type - found in earlier stages of analysis – no longer found, post-review.
- *Where* patients receive treatment still appears to impact likelihood of receiving “appropriate” treatment.
- Possible contributing factor: Results may be more reflective of quality of *documentation* than quality of *treatment.*

Able to Ascertain Received Appropriate Treatment
by Facility

Facility	Initial Subset Study	Post-Review Subset Study
BayHealth - KG	48.6%	73.0%
BayHealth - MM	70.2%	86.0%
Beebe	79.5%	98.1%
CCHS	78.1%	93.7%
Nanticoke	70.0%	88.3%
St. Francis	53.7%	79.1%

Remaining Treatment Issue

- Plan:
  - Continue follow-up on cases not yet resolved
- Progress to date:
  - Cases sought at two facilities to date (40 resolved)
  - Plan in place to ask other facilities to search for remaining outstanding cases

Remaining Data Issue

- Reviews revealed numerous issues with DCR data and with some facility-specific registry data
  - DCR data – considered alone – do not support analysis of treatment (nor have they – historically – been intended to)
  - DCR data and facility registry data often differ
  - Registry data at some facilities found to be especially problematic during study time frame – e.g., staging inaccuracies

Remaining Data Issue

- Plan:
  - Yet to be developed
  - Considerations include:
    - Scope, e.g., do we want to look to DCR for treatment data
    - Policy, e.g., should required update fields be redefined; should some intra-state body routinely oversee / audit DCR (and/or facility) data
    - IT capabilities, e.g., should DCR move toward electronic, perhaps web-based, data capture
    - Staffing support, e.g., what are appropriate facility registry staffing levels

Where shall we go from here?