



"My mother had cancer; my son is now in therapy for cancer... the disease has affected my life in many ways."
 - Translation of comment from Portuguese focus group



Cancer Disparities/Health Equity Strategic Planning Needs Assessment in Southeastern Massachusetts

FINAL REPORT



JSI Research & Training Institute, Inc.

Submitted to:
 Massachusetts Department of Public Health
 Comprehensive Cancer Prevention and Control Program
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EXECUTIVE SUMMARY

This needs assessment was conducted in Southeastern Massachusetts to assist in the Massachusetts Department of Public Health (MDPH)'s strategic planning to reduce cancer disparities and promote health equity for the region. The assessment was supported and guided by the MDPH Comprehensive Cancer Prevention and Control Program (MCCPCP) as a strategy in the 2012-2016 Massachusetts Comprehensive Cancer Prevention and Control Plan. In March 2013, JSI Research & Training Institute, Inc. (JSI), a nonprofit public health consulting company headquartered in Boston, was selected to carry out the assessment. Throughout the process, JSI and MDPH worked in collaboration with the Massachusetts Disparities/Health Equity Workgroup, comprised of leaders in cancer prevention and control for underserved populations in the Commonwealth.

There were two phases to the assessment: 1) selection of the region, and 2) identifying needs and opportunities to address cancer disparities.

In the first phase, data were analyzed to select a region/sub-region to be the focus of the Cancer Disparities/Health Equity Strategic Planning Needs Assessment. Southeastern MA was selected due to several factors. Among these were a number of disparities in cancer apparent from the recent data. The Southeastern region had higher incidence rates (new diagnoses) than Massachusetts as a whole for all cancers combined, as well as for lung and prostate cancer. Cancer was more frequently diagnosed at a late stage when it can be more difficult to treat and leads to higher mortality. More residents in the region were hospitalized for cancer, with breast, lung, and prostate cancer hospitalization rates higher than the state overall. Mortality was also higher in the region than in Massachusetts for all cancers overall and for lung cancer specifically. There were also cancer disparities by race and gender and a previous study identified disparities in income and education in the Southcoast region (comprised of towns in Bristol and Plymouth counties). Smoking was particularly common in Southeastern MA and it is a major risk factor for chronic diseases including cancer, diabetes, heart disease, and stroke.

In the second phase, JSI, with assistance from the Southeastern MA Regional DPH office, worked with individuals and organizations in the region to develop a broad understanding of the barriers and factors that lead to health inequity. The goal was to identify existing initiatives and how they could be advanced to better promote cancer prevention and control and general wellness in the region. JSI contacted local and regional stakeholder groups to gather information about regional cancer issues and resources. JSI conducted four focus groups with target populations that are at high risk of cancer and held key informant interviews and group discussions with members of area health coalitions, community health workers from cancer education and outreach programs, providers and administrators from health care organizations, and others providing community services in the region.

The process identified needs, priorities, and barriers to care, as well as recommendations for strategies or programmatic options to advance and help inform regional prevention

activities, ensure appropriate screening, and improve access to culturally competent, high-quality healthcare services.

JSI developed focus group facilitation guides, recruited participants with assistance from area organizations, facilitated groups, analyzed findings, and produced a final report. A total of 32 community leaders (including 9 community health workers and 11 key informants), 40 residents (11 Portuguese-speakers, 9 non-Hispanic Black men, 6 students in GED adult education classes, and 14 older adults), and 18 hospital and health center providers' perspectives and opinions led to the following key findings:

FINDINGS ON CANCER PREVENTION AND WELLNESS

- 1.** Multiple risk factors exist for cancer and other chronic diseases in Southeastern Massachusetts.
- 2.** Certain populations face higher cancer risks.
- 3.** General awareness of cancer prevention is limited among vulnerable, high-risk populations.
- 4.** Residents need more knowledge about the link between a healthy diet, physical activity, and reduced cancer risk.
- 5.** While progress is being made in cancer prevention and wellness activities, not all residents are being included and engaged.
- 6.** Social determinants of health including poverty, discrimination, and disparate access to safe and healthy environments pose significant barriers to prevention and wellness.

FINDINGS ON CANCER SCREENING AND TREATMENT

- 7.** Cultural and religious beliefs, access to information, ability to advocate for one's health—as well as discomfort and fear—affect the decision to get screening and treatment.
- 8.** Initiatives targeted to specific populations can increase screenings.
- 9.** Barriers to accessing treatment remain even with healthcare reform improvements.
- 10.** Challenges in the patient-provider relationship impact screening, treatment, follow-up, and quality of care.
- 11.** Health providers need updated guidance and continual support on cancer screening guidelines, insurance coverage, tertiary care systems, and availability of local services.

RECOMMENDATIONS BASED ON THE FINDINGS:

Near-term recommendations:

1. Expand on cancer prevention awareness campaigns in community, faith-based, and workplace settings.
2. Integrate cancer prevention more fully into wellness campaigns.
3. Engage those from under-served neighborhoods in wellness coalitions.
4. Use culturally-appropriate key messages and channels of communication to reach high-risk populations.
5. Employ evidence-based models—such as those that use social approaches to increase engagement of men in prevention and wellness programs and activities.
6. Hold peer-led cancer awareness discussion groups and fund stipends for community organizations to assist in outreach.
7. Educate youth and promote youth leadership in fostering cancer and wellness awareness among their families and communities.
8. Expand opportunities for physical activity in schools and senior centers.
9. Increase provider referrals for screening made during regular check-ups and at community settings.
10. Ensure patients are treated with care and respect.
11. Provide targeted outreach to engage indigent and incarcerated populations in cancer screenings.
12. Build capacity of community-based organizations to sustain prevention efforts.
13. Extend availability of cancer support groups and survivor resources.

Long-term recommendations:

1. Ensure access to affordable, healthy food.
2. Increase support for smoking and substance abuse prevention and treatment.
3. Facilitate health insurance reimbursement for community health worker cancer outreach services.
4. Collaborate to further develop resources/opportunities for cancer screening and treatment in areas where services are not accessible.
5. Support improving community infrastructure to enhance wellness in all neighborhoods.
6. Assist community leaders in addressing environmental and occupational health concerns.
7. Further the promotion of economic development.
8. Extend hours of social services to evenings and weekends.
9. Develop a more diverse and culturally competent healthcare workforce (doctors, community health workers, translators, psychologists, and grief counselors).
10. Address gaps in healthcare coverage to ensure access to screening and treatment for all populations.

For Full Report and additional information contact:

Jacqueline Nolan, JSI Research & Training Institute, Inc.

44 Farnsworth Street, Boston, MA 02210, info@jsi.com, www.jsi.com