Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.

Welcome to Yale Cancer Answers with your host Doctor Anees Chagpar.

Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it’s a conversation about cancer disparities in the community with Doctor Beth Jones and Monique Stefanou.

Doctor Jones is a research scientist and lecturer, and Miss Stefanou is a community health educator at the Yale School of Public Health. Doctor Chagpar is a professor of surgical oncology at the Yale School of Medicine.

Beth, maybe we’ll start with you. Tell us a little bit more about yourself and what it is you do.

I’m trained as a cancer epidemiologist, but I have focused primarily on cancer disparities and in more recent years I’ve been engaged with Monique and others on our team in what we call community outreach and engagement. Basically finding ways to translate the research findings, not just my own of course,
but from other investigators at the Cancer Center and from other investigators in other parts of the world and nationally into Community Action. And Monique tell us a bit more about yourself and what you do. Yes, hello, my name is Monique Stefano and I am a community health educator. For the past four years I’ve been working in the greater New Haven area and throughout the state of Connecticut to talk to community members about cancer screening and prevention. It’s my goal to make sure that people understand what that means as well as helping people with lifestyle interventions to make sure that they’re doing all that they can do to stay healthy, so that’s kind of a little bit. In a nutshell about the work that I’ve been doing great. So Beth. Back to you, you know you mentioned that your work really has focused on disparities. Tell us a little bit more about what you mean by disparities and what kind of things fall into that bucket. So it’s it’s a. It’s a big bucket, so in in terms of cancer disparities, what I’ve been interested in what
many people are interested in. Is looking at outcomes in cancer across different racial ethnic groups or socioeconomic groups and the disparities are when we see a difference between groups, but there’s really, it shouldn’t be there. In other words, there’s really no we try to explain why it’s occurring, but it’s it suggests that there’s an unfairness or a problem in perhaps unfairness or a problem in perhaps healthcare that that benefits some groups more advantages, some groups and disadvantages, others. So that’s, in a nutshell, sort of thinking about cancer disparities. And so. Monique, how? How have you? How has your work really tried to look at these disparities and and potentially ameliorate them? Absolutely so we have something that we are working on right now where we’re helping community members. First of all, get access to the knowledge they need to know what it is that we need to do to stay healthy as it relates to prevention. It is that we need to do to stay healthy as it relates to prevention. But then we also have things where there are programs where we try to help people with what we call social determinants of health needs.
so we know that there are different things that also affect somebody’s health which we may not think about when you first think about it. For instance, getting people access to transportation or helping somebody if they need help with getting just groceries or things like that. So we try to get rid of the barriers. That might stand in the way of somebody living a healthy life. And so Beth, can we dive in a little bit more into the research you had mentioned that your work has really focused on taking research, hard science and translating that into the community? So talk a little bit more about some of these research areas and and research findings that have led to disparities. Is it a lack of education or is it really these social determinants of health? Or is it kind of a mix of everything? Well, I think you just hit it on the head. It’s it’s clearly a mix of everything, but I think that what we’ve seen over the last few years. So when I started off, I was really interested in breast cancer,
an area that you’re really familiar with and just trying to figure out why it was that some women in this case they were black women compared to white women were being diagnosed at a later stage of their illness.

And because of that, we know that it affects treatment and outcomes. How long people you know their survivorship. So it becomes really important. But I think overtime.

Well, we’ve always understood that individuals live in a context. And So what? We’ve been focusing a little bit more on, and the work that Monique and I are now engaged in focuses a little bit more on what we call those upstream factors. So while access to care is 1 important issue, and there’s also other factors that contribute to it.

A disparity in outcome, but we actually recognize that it’s the social determinants of health. These racial ethnic differences, which at a structural level are differ across our groups.

Different population groups and those...
things actually probably determine many of the other factors that are closer to the health outcome. So yes, it is about in the state of Connecticut. We have a lot of residential Segregation, we know that in our cities there’s a concentration of both people of color and low socioeconomic groups, and we see the cancer burden in the state occur mostly in those populations, and so Monique it to you. I mean, it seems to me that you know when we’re thinking about these groups, these low socioeconomic status groups, often of particular racial or ethnic minorities, people who have been marginalized. That some of the things that you were mentioning, like you know things that others might take for granted. Like I’m going to go pick up groceries are often really difficult if you’re living in an area where there is no supermarket or no healthy options for food, you might be working several jobs and just don’t have time to get to a grocery store, so your only option is the local
convenience store, which might not have the world’s greatest nutrition. How do you? Overcome that. That’s I’m so glad that you asked that part of the work that I do. As I’m a health navigator, so 50% of my time I’m a community health educator and the other 50% I’m a health navigator. And what I do is I use a system to be able to map resources to where somebody lives. So a lot of times let somebody say they have a need for getting healthy foods they may not know, even if they live in the community, especially if they don’t have a place? Like maybe there are only corner stores that are close to them and that’s where they do their grocery shopping so. As a health navigator, I’m able to look at New Haven or look at where the person lives and let them know you know what. There’s a local grocery store. There’s a farmers market over here and they come on Saturdays at 10:00 o’clock, so I’m able to look at what are their needs. And then from my level I can see what resources exist to kind
0:07:52.442 –> 0:07:53.597 of help with those barriers.
0:07:54.76 –> 0:07:57.64 And, you know, Beth. Oftentimes,
0:07:57.64 –> 0:08:01.84 I find that the racial ethnic groups and
0:08:01.84 –> 0:08:05.156 the socioeconomic status they kind of get.
0:08:05.16 –> 0:08:07.656 Inflated because so often
0:08:07.656 –> 0:08:09.528 they’re they’re correlated.
0:08:09.53 –> 0:08:11.861 Do you find that one of those
0:08:11.861 –> 0:08:13.877 drivers is more significant than
0:08:13.877 –> 0:08:16.703 the other in terms of disparities?
0:08:16.71 –> 0:08:21.31 Because certainly you know if you have a
0:08:21.31 –> 0:08:25.55 very affluent African American individual.
0:08:25.55 –> 0:08:28.21 You know they may not have the
0:08:28.21 –> 0:08:30.967 same kinds of barriers that as
0:08:30.967 –> 0:08:33.507 somebody who may be Caucasian,
0:08:33.51 –> 0:08:36.149 but may be in a very low
0:08:36.149 –> 0:08:37.464 socioeconomic status, might have.
0:08:37.464 –> 0:08:39.403 And so trying to kind of weed
0:08:39.403 –> 0:08:40.8 out is this genetics?
0:08:40.8 –> 0:08:42.284 Or is this socioeconomics?
0:08:42.284 –> 0:08:43.397 Any thoughts there?
0:08:44.25 –> 0:08:45.972 Well, it’s sort of the $1,000,000
0:08:45.972 –> 0:08:48.548 question and I would just say it’s it’s.
0:08:48.55 –> 0:08:50.43 It can be a little bit of both,
0:08:50.43 –> 0:08:51.97 but I think generally when
0:08:51.97 –> 0:08:53.202 we think about disparities,
0:08:53.21 –> 0:08:55.64 these are issues that we think.
0:08:55.64 –> 0:08:57.544 Are modifiable we can fix them and
0:08:57.544 –> 0:09:00.098 and so as Monique was just talking
0:09:00.098 –> 0:09:02.874 about our navigation program, it’s a.
0:09:02.874 –> 0:09:04.53 It’s a smaller.
0:09:04.53 –> 0:09:05.91 You know, relatively small effort,
but it’s certainly an important one.
If we consider that somebody who’s worried about not having enough food to pay to feed their family has a hard time, then prioritizing their doctor appointment to, say get a mammogram or even for care sometimes. So that’s how it all kind of fits together. But in terms of your bigger question you know, basically, I think we generally consider that much of this is driven by factors in society, which are which has to do with the unequal distribution of our resources and to the extent that in a society where there is racism there is sort of at a structural levels systems that are set up. So some groups benefit and others don’t. So in that case.
The socioeconomic factors do kind of come through the system and impact individuals. You’re absolutely correct. I think most people you know we do know from that that you know. That people are more similar across racial ethnic groups than they are different. We share, you know,
similarities in DNA. So while it’s possible that there are some factors that are genetic and might track more in one group or another, my feeling is that most of what we deal with in a disparities level is really about factors linked to resources and unequal distribution of resources. And and to be blunt about socioeconomic factors.

Yeah, and so Monique, you know this brings us to the question of poverty. I mean the the ultimate issue it seems in so many cases is is a lack of resources or or simply, you know poverty, and so it may not be knowing that there are resources, but actually having the resources to be able to afford the foods that are offered at that. Farmers market and so you know what are people to do in that circumstance? That’s I’m so glad that you brought that up because it is true. It’s not necessarily about knowing that there are resources, but then how can you afford the resources? And that’s why even with our program, we look for programs that are either free or low cost.
And we also advocate for the community. I remember one of the current organizations that we work with as far as let’s say a physical activity. We actually went to that organization and said, you know what? Would you be able to do a reduced cost program for members of the Community? Because not everybody can afford to go to the gym and they worked with us and we were able to actually solidify that. So we’re both finding resources for community members, but we’re also advocating for these resources to be free or low cost so that poverty doesn’t become a barrier for somebody living a healthy life.

So you know Beth, this is tremendous that you and Monique are doing this work in the greater New Haven area. But our our listeners actually hail from a larger population than that. And So what are people to do when they’re faced with a cancer diagnosis? And that in and of itself, causes a strain, both financially in terms of health care costs but also an emotional strain. In a time strain and just an everything strain.

In terms of dealing with all of these issues, are there resources in the...
0:12:43.46 –> 0:12:45.44 general community out there? How?
0:12:45.44 –> 0:12:48.192 How do people find things for them
0:12:48.192 –> 0:12:50.807 if they don’t have somebody who’s
0:12:50.807 –> 0:12:53.507 like a a navigator like Monique?
0:12:53.51 –> 0:12:53.79 Well
0:12:53.8 –> 0:12:55.72 so right, and I think
0:12:55.72 –> 0:12:57.256 actually our this program.
0:12:57.26 –> 0:12:58.876 This navigation program that
0:12:58.876 –> 0:13:00.896 we’ve started here in New
0:13:00.896 –> 0:13:03.029 Haven and and we’d love to be
0:13:03.029 –> 0:13:04.88 able to expand it statewide,
0:13:04.88 –> 0:13:06.902 but we do sort of work
0:13:06.902 –> 0:13:09.01 through as we can through.
0:13:09.01 –> 0:13:10.696 And the cancer care centers that
0:13:10.696 –> 0:13:12.491 are part of our healthcare system
0:13:12.491 –> 0:13:14.619 and the other thing I would say
0:13:14.619 –> 0:13:16.716 is 1 discusses this with their
0:13:16.716 –> 0:13:18.441 providers and most hospitals do
0:13:18.45 –> 0:13:20.638 have social services available.
0:13:20.95 –> 0:13:23.197 Well, we’re going to pick up this
0:13:23.197 –> 0:13:25.019 conversation right after we take a
0:13:26.61 –> 0:13:28.969 Please stay tuned to learn more about
0:13:28.969 –> 0:13:30.301 addressing cancer disparities in
0:13:30.301 –> 0:13:31.897 the community with my guests Doctor
0:13:31.897 –> 0:13:33.56 Beth Jones and Monique Stefano.
0:13:34.22 –> 0:13:36.386 Funding for Yale Cancer Answers is
0:13:36.386 –> 0:13:38.44 provided by Smilow Cancer Hospital,
0:13:38.44 –> 0:13:41.415 where you can view videos from their
0:13:41.415 –> 0:13:43.769 integrative medicine team by searching
0:13:43.769 –> 0:13:45.773 Yale Cancer Center Integrative
It’s estimated that over 240,000 men in the US will be diagnosed with prostate cancer this year, with over 3000 new cases being identified here in Connecticut, one in eight American men will develop prostate cancer in the course of his lifetime.

Major advances in the detection and treatment of prostate cancer have dramatically decreased the number of men who die from the disease screening can be performed quickly and easily in a physician’s office using two simple tests, a physical exam, and a blood test.

Clinical trials are currently underway at federally designated Comprehensive cancer centers such as Yale Cancer Center and Smilow Cancer Hospital, where doctors are also using the Artemis machine, which enables targeted biopsies to be performed.

More information is available at yalecancercenter.org you’re listening to Connecticut Public Radio.

Welcome back to Yale Cancer Answers. This is doctor Anees Chagpar and I’m joined tonight by my guests Doctor
We're talking about cancer disparities and cancer, and the fact that there's differences in terms of healthcare outcomes for patients with cancer that aren't really due to the cancer itself necessarily, but often due to just the social circumstances that a patient may find themselves in those resources that. So Monique, I want to start with you and pick up that conversation right before the break. We were talking about the fact that you and Beth have set up a wonderful program and you serve both as a cancer educator as well as a cancer navigator. Often helping patients to find resources in their area that might be helpful. Everything from where to find low cost or activity or things that can help get them through the day when they’re faced with a cancer diagnosis. You know, for people who might be listening to this. Are there ways that they can find some of these resources without necessarily connecting to your program?
Where can people find these types of resources? I think it’s really important to recognize that hospital systems, even throughout the nation. They all have a social work or some type of navigation service where somebody could call and find out what resources is available. A lot of times people simply do not know what’s available. Yes, there are. Some systems that may have more resources than others, but that’s a good starting point. is to call either the Cancer Center where they’re getting treatment or the local hospital system to find out what types of social services are offered, what types of navigation support may be offered? A lot of times different systems use different words, so one system may use patient navigator. Another person may say coordinator, so just to have that initial conversation would be important and Beth are there other kind of national organizations perhaps? Philanthropic organizations or other
societies where patients can turn if they have cancer that might be able to provide things like you know, even things like transportation to get to your appointments or assistance when you need help paying the rent right? So certainly in the state of Connecticut, and I believe it’s nationwide. There’s a 211 system and this is not just for patients, but they can. People can dial 211 and get a lot of information. About availability of services that they can access locally and then you know if you’re for a patient just to just to share. Certainly if one of the first things when one is diagnosed is just learning about that about what they’re facing and knowing how to interact with their physicians. What kinds of questions they ask? And so there are websites such as the American Cancer Societies website, the National Cancer Institute, where there’s a lot of information one has to be. You know, I would strongly advise that people go to those. Organizations where the information
is well vetted by scientists and be careful about just reading anything on the Internet. Because as we know there’s a lot of information on the Internet which is not accurate.

Monique, the other question that a lot of people might have and this goes back to, you know, kind of those socio demograpics that we were talking about and the fact that you know some people might have healthcare insurance and it might be very robust and. Other people may not have healthcare insurance and that might be a barrier not only for them. You know, paying for care, but even seeking care to begin with.

Any advice for people in terms of how to manage health care costs? Because these days, even if you do have insurance, the bill can be hefty and it still is one of the leading causes of bankruptcy in this nation. So how do people address healthcare costs? Whether it’s cost to see the doctor or cost to cover treatments, that’s a a really great question and I would say a couple of things on that one. For somebody who has been diagnosed with a cancer diagnosis
like I mentioned before, going back to the hospital system where the Cancer Center and asking them what resources are available for somebody who actually hasn’t had a diagnosis and is just looking to stay healthy and at the same time manage maybe a chronic illness. It’s important to also develop relationships with the primary care system. There are programs for helping people all along the structure more than they meet. Be a patient with a cancer diagnosis, or if somebody who’s overcoming a chronic illness. So to find out from either primary care providers or even local community organizations, often also are aware of what resources may be able to help individuals in these situations. You know, I would just add to that that certainly the federally qualified health centers are are wonderful resources for primary care. So, as Monique alluded to, one of the things we’re really interested in is preventing cancer or finding it early. So cancer. Screenings and that usually depends on sort of an interaction.
with the primary care provider, but we often find that people don’t have a designated primary care provider and they think that they need resources or insurance to do so. But a good starting point is to contact a local FQHC federally qualified Health Center. They’re in all of our state of Connecticut and also throughout the country. And Beth, do you find those? How do you find those? I mean, if you’re a patient, you’re listening to this show and you’re thinking well, geez, you know I really need to see somebody. I really need to get my screening. I don’t have insurance, which is one of the reasons why I haven’t seen anybody but man. If I can get started by seeing somebody and maybe getting some screenings for free at a federally qualified Health Center, that sounds pretty good, but I don’t know where that is or what that is. How? How do I find that? Well, so just to clarify, FQHC’s do take insurance and many
patients have insurance so so they don’t.

So I think there is a mechanism where they would work with people who don’t have any insurance, but certainly they do take insurance which is important, but I would you know go to the Internet and look up federally qualified Health Center primary care at a local level and that’s probably a good way to just get started. And they’re also wonderful centers with a lot of expertise. Often the the physicians are are dealing or you know their patient load is actually from your same community in which you’re living, so they have a lot of expertise and and do know the safety net services that might be available to help patients with the other aspects of their life. And I would just make another point and sort of why we are thinking about navigation. Certainly I when you when we started this conversation. You’re asking me, I started off as a researcher and then started thinking about not just myself but the you know with this wonderful team. And I should say it’s not just Monica myself.
We have a team of folks, but how to translate what we know about cancer into Community Action. But there are many resources and programs that help us sort of. The idea is that if somebody's really preoccupied by their the barriers that they face just in day to day life, it's going to be hard for them to prioritize their health and so our goal is really to address those issues. You know Monique getting back to kind of some of the issues that people may face. One of the things and and Beth I think you'll corroborate this, is that a lot of science has found that there are differences in terms of outcome based on insurance status, where people who have insurance controlling for all other factors tend to do worse than people who don't have insurance. So when people are listening to this, if they don't have insurance, that may be because. Either they are scared about how much money cost to get insurance or they don't know how to get insurance. Or perhaps they have a pre-existing condition and they're worried that may have ramifications.
in terms of their insurance.
How do we kind of get around that?
Do you have advice for people on that?
That’s another great question.
I would say a couple of things of that
and then I will also defer back to Beth.
I think it’s really important for all of us,
even for those that may be listening
to be very connected to what’s actually
happening within your community,
there are a lot of times where people
who might have been afraid of addressing
insurance or even going through that
have found community members who
have gone through the same issue,
and because of their connectedness
to their community,
they were able to find resources and I.
Would say that for all those
that may be listening,
it’s really important to
stay connected to community.
There are local organizations
throughout the nation where they’re
doing the same thing that we’re having.
The same conversations that we’re having
pulling together these resources,
and that’s another way in which you
could find somebody and a like minded
situation who might also be able
to help you through the process,
but also point you to the right direction
and encourage you along the way.
And what I would just add to that is
that they there’s also sort of an issue.
Sometimes of you know what we kind
of refer to as insurance literacy,
so not too long ago,
actually there was a an individual
came through our program and and
on her own before she came to us,
was looking for help with
tobacco treatment and was.
She just, you know somebody mentioned
the word copay just about insurance and
she immediately sort of thought that she
wouldn’t be able to manage the copay,
and in fact you know with the
navigator’s help she was able to.
Find out that had that explained to
her that the copay did not explain to
her did not apply to her situation.
Since then she’s gotten tobacco treatment
and quit smoking and just kind of
really wonderful story and speaks to
the role that navigators can play in
helping people understand their insurance.
But we I think there’s not one among
us who wouldn’t say that understanding
their full insurance coverage is not,
you know, a bit of a a difficulty in the
challenge at times here in Connecticut,
though we do have, you know when you say. We we are in our non insured group is actually smaller than in some States and an important thing to remember is that when it comes to cancer prevention, those screening tests are actually covered. There is not charges that go along with them and as long as an annual physical is. And I think that in in every state in the Union there are now federal exchanges. Often that are governed on the state basis. Where people can sign up for insurance and it doesn't matter if you've had preexisting conditions and. And as you say, screenings are covered by those. I do want to come back to screening though, which is so important. Oftentimes, people may not know what screenings they need, may not know where to get them or have a lot of information about that. So Beth Monique, maybe I'll start with Beth and Monique. You can chime in. How do you address that? Well, we actually. I mean, if somebody has a primary care provider, their primary care providers
0:27:08.42 → 0:27:10.76 should certainly be aware of the
0:27:10.831 → 0:27:13.008 cancer screenings that they need.
0:27:13.008 → 0:27:15.696 And as you, as we all it,
0:27:15.696 → 0:27:18 it’s often depends on your age.
0:27:18 → 0:27:19.768 It also sometimes depends
0:27:19.768 → 0:27:21.536 on your family history,
0:27:21.54 → 0:27:23.16 whether you’re just an average
0:27:23.16 → 0:27:24.78 risk person for specific cancer,
0:27:24.78 → 0:27:26.838 or you might have a heightened
0:27:26.838 → 0:27:29.096 risk based on that cancer or
0:27:29.096 → 0:27:31.126 a similar or different cancer
0:27:31.126 → 0:27:33.259 being prevalent in your family.
0:27:33.26 → 0:27:34.946 And so your doctor may want.
0:27:34.95 → 0:27:37.26 Just start that cancer screening early.
0:27:37.26 → 0:27:38.975 One of the things that is changing
0:27:38.975 → 0:27:40.593 and it’s a great opportunity to
0:27:40.593 → 0:27:42.406 get the word out is recently,
0:27:42.406 → 0:27:44.636 you know we’ve always advocated.
0:27:44.64 → 0:27:48.14 We meaning the the medical
0:27:48.14 → 0:27:49.844 professions starting colorectal
0:27:49.844 → 0:27:52.354 cancer screening at age 50,
0:27:52.36 → 0:27:55.384 but in the last year the guideline has
0:27:55.384 → 0:27:58.535 been changed to starting that at age 45,
0:27:58.54 → 0:28:00.74 and that’s a really important
0:28:00.74 → 0:28:02.304 cancer screening that could
0:28:02.304 → 0:28:04.259 prevent a lot of cancer.
0:28:04.26 → 0:28:06.57 Illness and as well as death.
0:28:07.02 → 0:28:09.771 Yeah Monique. Any last minute words on
0:28:09.771 → 0:28:12.11 getting your cancer screening. Yes,
0:28:12.12 → 0:28:14.45 lastly I would just say.
0:28:14.45 → 0:28:16.03 To encourage everyone to talk
0:28:16.03 -> 0:28:17.997 to their provider and ask them
0:28:17.997 -> 0:28:19.607 you know what cancer screenings
0:28:19.607 -> 0:28:21.13 may be eligible for it.
0:28:21.13 -> 0:28:23.867 A lot of times we wait for
0:28:23.87 -> 0:28:25.418 the providers to speak to us,
0:28:25.42 -> 0:28:26.98 but I would just advocate for
0:28:26.98 -> 0:28:28.76 patients to also ask the question.
0:28:29.27 -> 0:28:31.185 Monique Stefano is a community
0:28:31.185 -> 0:28:33.1 health educator and doctor Beth
0:28:33.169 -> 0:28:35.084 Jones is a research scientist
0:28:35.084 -> 0:28:36.999 and lecturer and epidemiology at
0:28:39.11 -> 0:28:41.154 If you have questions,
0:28:41.154 -> 0:28:43.179 the address is canceranswers@yale.edu
0:28:43.179 -> 0:28:44.646 and past additions
0:28:44.646 -> 0:28:47.58 the program are available in audio
0:28:47.643 -> 0:28:49.165 and written form at yalecancercenter.org.
0:28:49.165 -> 0:28:51.685 We hope you'll join us next week to
0:28:51.685 -> 0:28:53.607 learn more about the fight against
cancer here on Connecticut Public
0:28:55.214 -> 0:28:56.984 Radio. Funding for Yale Cancer Answers
0:28:56.984 -> 0:29:00 is provided by Smilow Cancer Hospital.