



3, 2, 1, GO! PRACTICAL SOLUTIONS FOR ADDRESSING CANCER CARE DISPARITIES

Findings from the Texas Society of Clinical Oncology

INTRODUCTION

Cancer is the leading cause of mortality for Hispanics, accounting for 22 percent of all deaths. Compared to Non-Hispanic Whites (NHWs), Hispanics are more likely to be diagnosed with advanced stages of disease and experience poor quality of life following a cancer diagnosis. Moreover, Hispanics are significantly less likely to be screened for breast, cervical, and colorectal cancers, and show lower rates of mammography and colorectal testing.

Communication barriers are also reported among Hispanics due to lack of English proficiency. Twenty-six percent of all Latinx/Hispanics in the U.S. live in Texas. Demographic data show a high rate of poverty and uninsured among Hispanics in Texas. In 2018, the U.S. Census Bureau reported that 18 percent of Hispanics were living below the poverty line.

To address health inequities in cancer among the Hispanic community across Texas, the Association of Community Cancer Centers (ACCC) and its state chapter member—the Texas Society of Clinical Oncology (TxSCO)—launched an education program called **3, 2, 1, Go! Practical Solutions for Addressing Cancer Care Disparities**.

The purpose of the program is to identify gaps and work to end disparities in cancer healthcare within the Hispanic population in Texas. The education program encompasses three objectives: 1) Compiling three “go-to” resources to advance equity in cancer care, 2) Creating two recommendations to eliminate disparities in care, and 3) Identifying one major gap in care TxSCO wants to address.

METHODOLOGY

In order to identify gaps and resources using the 3,2,1, Go! format, ACCC contracted The Center for Community Solutions (CCS) to conduct two focus groups with patient advocacy organizations and providers. Participants were recruited via email with a guide describing the purpose of the project. The guide was created collaboratively with CCS, ACCC, and TxSCO. The patient advocacy focus group was convened on April 28, 2022, and consisted of 11 participants. Participants included a former vice president of a foundation, an outreach manager, patient navigators, a social worker, and a president of a nonprofit organization.

The provider focus group took place on May 9, 2022, where eight participants attended the discussion. Group representation consisted of a registered nurse who is a director at her place of work, two program managers (one of them was a former social worker), directors of various cancer programs, and one oncologist. Two members from CCS were also involved in the focus groups, with one member serving as facilitator and the other as notetaker. Each participant was compensated \$500 for their time.

For the remainder of this report, any participant from the patient advocacy organization focus group will be named “patient advocacy participant.” Likewise, any participant from the provider focus group will be called “provider participant.”

GAP TO BE ADDRESSED (1)

Throughout the focus group discussions, participants expressed many gaps in advancing health equity for the Hispanic population. The following identifies some of the potential gaps that should serve as a focus for TxSCO as they finalize this phase of the project.

Transportation

One gap that can be addressed is access to transportation, a key social determinant of health. Lack of transportation occurs among the Hispanic population in Texas for various reasons. According to participants from both focus groups, there is no public transportation in different parts of Texas, whether it is a city like Arlington, or a small neighborhood in

Harris County. The rural areas outside Corpus Christi, for example, do not have a bus system. Likewise, a provider participant described how her Hispanic patients, diagnosed with liver cancer, were unable to receive treatment in Amarillo because they did not have a way to get there. Another provider participant state that her cancer center studied patient access issues and found that it would take two hours each way for patients to travel to appointments from their catchment area with high breast cancer rates. Furthermore, a provider participant explained that undocumented immigrants are not eligible to receive a Medicaid voucher for transportation.

Access to Services

Even though there is an issue with the lack of –or no–transportation across Texas, participants from both focus groups explained that mobile units and, where available, telemedicine help address this issue. One of the participants from the patient advocacy organization focus group has been advocating for the expansion of mobile mammography across the state. What’s more, there were models identified by the groups which relied on bringing Internet access to individuals where they live. TxSCO could engage Texas state and local governments as they seek to deploy dollars from the American Rescue Plan, which has provisions regarding the promotion of broadband in places without ready access.

Cultural Competence and Concordant Care

Systemic racism and lack of social supports continue as barriers to health equity among the Hispanic population in Texas. In some cases, this expresses itself through the implicit bias of the providers offering services. In others, it may be a matter of not having linguistically accommodating materials or information available to patients. And still in others, it may be because the providers who serve the population do not look like the population they are serving. While some efforts have been made to train and educate healthcare providers on the needs of Hispanic patients, there is a need to develop a more holistic strategy focused on addressing all these issues in the patient care experience.

RECOMMENDATIONS TO ELIMINATE DISPARITIES IN CARE (2)

Expand the Number of Hispanic Providers in Cancer Care

Both focus groups agreed that having Hispanic healthcare professionals who look like their patients will build trust. The percentage of Hispanic oncologists is small in the United States, with approximately **five percent of practicing oncologists** in the United States identifying as Hispanic. During a discussion about screening patients for cancer, a patient advocacy participant explained that having a healthcare professional who looks like their Hispanic patients is more likely to influence patients to get screened because they can better convey a sense of importance and urgency. Furthermore, a participant from the provider focus group noted that having a Hispanic provider who is bilingual can put the patient at ease.

Promote Health Literacy

Both focus groups expressed that healthcare professionals should not use medical jargon when treating Hispanic patients. For instance, a provider participant explained that Hispanics do not talk about masses

or abnormalities, but *bolitas* or *little balls*. Explaining the technicality of masses or abnormalities can create confusion. Thus, the participant explained that language should be tailored to the patients. Another provider participant explained that “teach-back” is an important technique that can be used to help the patient recall what the provider told them.

To overcome language barriers, a patient advocacy participant stated that their organization focuses on explaining and describing details to Hispanic individuals, rather than focusing on one word. Sometimes Spanish words mean different things, depending on the person’s country of origin. Likewise, another patient advocacy participant discussed the use of visuals to describe the topic of discussion. These tactics help to promote **health literacy** for the Hispanic population.

Disrupt Geographic Challenges

Texas is a large state with both urban and rural areas. Depending on their residence, patients may have limited resources available to them. In urban areas, there may still be challenges given the sprawl of some of the major population areas and the inadequate transit system. In rural areas, there may be limited access to healthcare providers as well as limited or no access to telemedicine if broadband service is not readily available. Taking care “to the patient” is paramount in reducing barriers. TxSCO should consider leveraging successful models that decrease the need for transportation by advocating for local municipalities to provide better broadband access or bring services directly to communities. Activities do not have to involve the direct provision of access but could include supportive requests to the state government as it deploys broadband-specific American Rescue Plan funding, partnerships with Medicaid-managed care

entities to provide hot spot devices, and/or working with partnered hospital systems in their community to benefit spending plans.

Provide On-Site Translation Services

Texas is a very diverse and growing state, driven in part by the immigrant populations moving from Central and South America. Given this growing demography, healthcare services which are neither provided in a patient’s primary language, nor translated through a third-party vendor, can create a continuity issue for patients due to a lack of culturally and linguistically appropriate services. The Centers for Medicare & Medicaid Services (CMS) has some [general guidance and resources](#) for providers to think through their options. In addition, providers should consider hiring staff or working with a translation vendor to ensure service availability.

RESOURCES TO ADVANCE EQUITY IN CANCER CARE (3)

PCs for People

Similar to other states across the United States, one of the major issues for the Hispanic population is access to healthcare. Since the start of COVID-19, many medical and healthcare professionals have switched to telemedicine, which is convenient for many individuals. Unfortunately, some patients do not have access to technology to enable telemedicine use. To combat this issue, a patient advocacy participant stated that [PCs for People](#) is a great program that helps individuals get access to affordable laptops and Internet services. To be eligible, individuals must meet a certain income limit to receive a laptop, desktop computer, or low-cost Internet service.

Salud en Mis Manos (Health in My Hands)

A participant from the provider focus group explained that their organization operates [Salud en Mis Manos \(Health in My Hands\)](#), which is another program that can be used to promote cancer care equity in Texas. This program aims to address cancer prevention among Hispanic women (ages 18 years and over) by increasing breast and cervical cancer screenings and providing human papillomavirus (HPV) vaccinations with the help of community health workers (CHWs) and health coach navigators across 31 counties in the Texas Gulf Coast. According to the participant, Salud en Mis Manos sets up stations outside of common areas like Walmart and high schools to interact with Hispanic women. They depend on CHWs to gain trust of people in their community.

Hispanic Wellness Coalition

A final resource to improve cancer equity for the Hispanic population in Texas is the **Hispanic Wellness Coalition**. The Hispanic Wellness Coalition is a non-profit organization located in Fort Worth, TX. Their mission is “to serve and promote health and wellness in diverse communities through education,

advocacy, and access.” They host two annual wellness fairs in north Texas, which offer various **free health screenings** for the public, including mammograms. Providing free mammograms ensures that individuals without health insurance do not have to worry about out-of-pocket expenses.

CONCLUSION

The focus groups provided a wealth of information about the problems and solutions to achieving health equity in cancer care for the Hispanic population in Texas. In general, many of the participants talked about the importance of gaining trust from Hispanic patients through culturally competent communication and ensuring that Hispanic patients have access to medical professionals who look like them. They discussed the social determinants of health, focusing on issues tied to transportation, which is a challenge in navigating the state. It is important to note that participants described immigration issues as a barrier

to healthcare access. Since Medicaid does not cover undocumented immigrants, many Hispanic individuals are hesitant to receive medical care due to the fear of deportation, even in cases where they have legal citizenship status. Although healthcare professionals in Texas are doing their best to offer care to Hispanic patients, much more needs to be done. It will take collaboration across multiple stakeholders and organizations to ensure that patients can receive equitable cancer prevention and treatment services throughout the entire state.

ACKNOWLEDGEMENTS

ACCC is grateful to the TxSCO Board of Directors and others who graciously contributed their time to this publication.

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Anish Meerasahib, MD, MA
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Todd Pickard, MMSc, PA-C, DFAAPA, FASCO
Physician Assistant
University of Texas MD Anderson Cancer Center
Houston, TX

Alti Rahman, MHA, MBA, CSSBB
Practice Administrator
Oncology Consultants
Houston, TX

Luis C. Rodriguez, MD
Physician
The START Center for Cancer Care
San Antonio, TX

Timothy Wagner, MD

Radiation Oncologist

University of Texas Health Science Center at San Antonio

San Antonio, TX

Association of Community Cancer Centers

Christian G. Downs, JD, MHA

Executive Director

Latha Shivakumar, PhD, CHCP

Director, Clinical Education Development

Sandra Megally

Assistant Director, CE & Oncology State Societies
Education Programs

Stephanie Helbling, MPH, MCHES®

Senior Medical Writer/Editor

Valeria Stevenson

Senior Marketing Manager, Oncology State Societies

Stephanie Van Winkle

Executive Director, Oncology State Societies

Center for Community Solutions

Loren C. Anthes, MBA

Senior Fellow/William C. and Elizabeth M. Treuhaft
Chair for Health Planning

Taneisha Fair

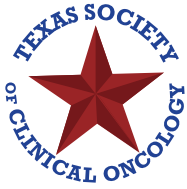
Research Associate

Hope Lane-Gavin

Fellow, Health Equity

Natasha Takyi-Micah

Public Policy & External Affairs Associate



Texas Society of Clinical Oncology
1801 Research Blvd., Suite 400
Rockville, MD 20850
txsco.com

A publication from the ACCC education project, "3, 2, 1, Go! Practical Solutions for Addressing Cancer Care Disparities." Learn more at acc-cancer.org/equityTxSCO.

Founded in 1988, the **Texas Society of Clinical Oncology (TxSCO)** is the largest oncology professional organization in the state and a powerful community of oncologists, nurse practitioners, physician assistants, and other allied health professionals. TxSCO develops innovative member-driven resources that address local and national challenges of care and delivery and prepare each member of the multidisciplinary care team to face the shifting healthcare landscape head-on. As a Chapter Member of the Association of Community Cancer Centers (ACCC) and a State Affiliate of the American Society of Clinical Oncology, TxSCO members receive valuable educational content and tools designed to respond to national challenges and trends. For more information, visit txsco.com or call 301.984.9496. Follow us on Twitter @OSSatACCC.

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This publication is a benefit of TxSCO membership.

This project is sponsored by Bristol Myers Squibb.