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October 12, 2022 – Knight Cancer Center

Improving Cancer Disparities through Cancer Center and ACS Partnerships



Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

Patient
Support



Action through
advocacy



Advancing
discovery





Every cancer. Every life.

Who we serve

People living with cancer are at the heart of all we do. We work across many groups to make a difference:

- Survivors
- Donors
- Caregivers
- Volunteers
- Policymakers
- People without cancer
- Researchers
- Health care providers

Our model

More than **80%** of our revenue is invested in delivering our mission.

1M+ : The only nonprofit with more than 1 million volunteers working in local communities across the US and Puerto Rico.

55 million total lives impacted each year.

And counting.

Only nonprofit supporting people with **all types of cancer** through advocacy, research, and patient support.

Ensuring **everyone** has an opportunity to prevent, detect, treat, and survive cancer.





The Patient Support Pillar

October 13,
2022

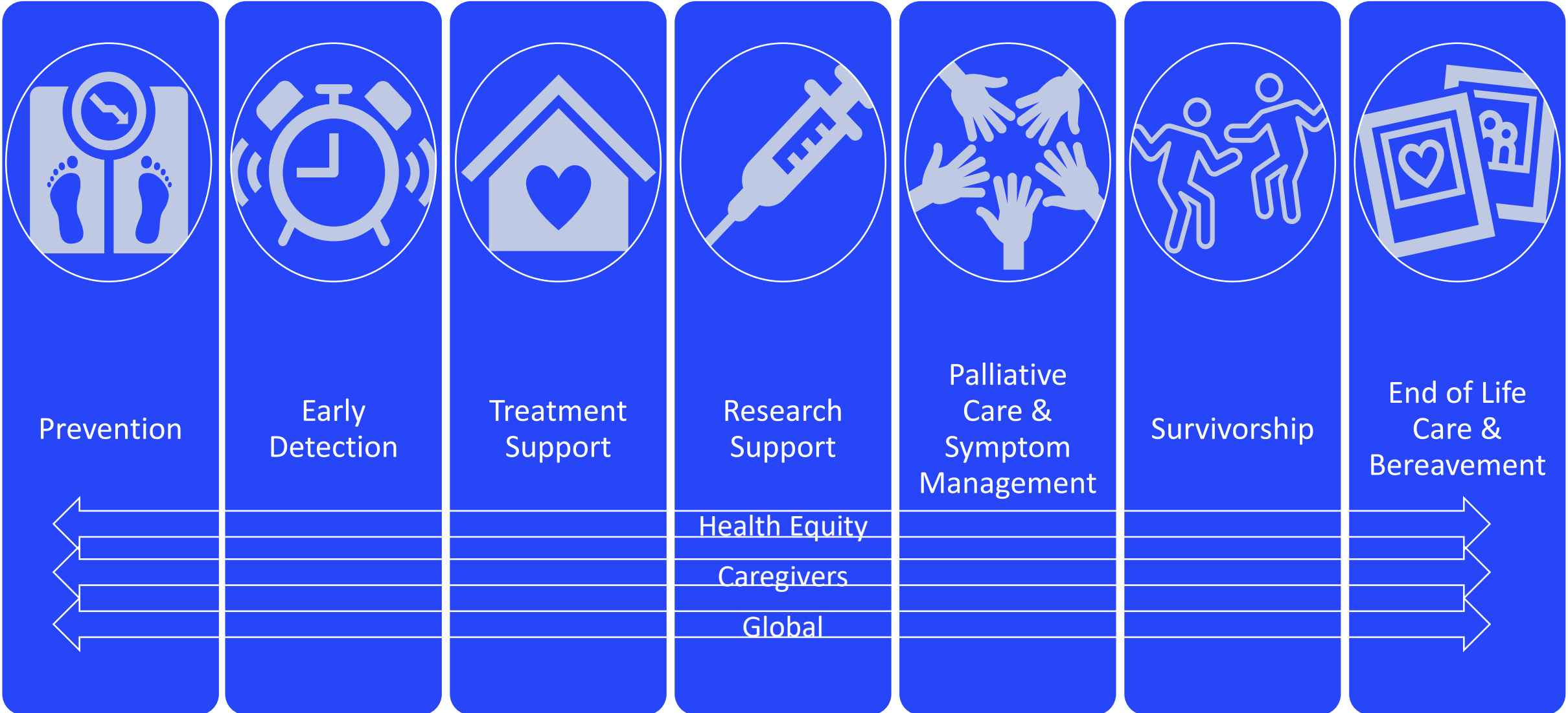


Patient Support: Goal

Improve access to care and outcomes through programs that directly support cancer patients and their families.



Person-Centered Support Across the Cancer Continuum



Educating and advocating for healthy lifestyles and environments, including promotion of regular screening, and trusted source of screening recommendations for health care professionals.



Free rides to treatment through our Road To Recovery® program and transportation grants



24/7 access to answers and hope via cancer.org and our free helpline at 1-800-227-2345



Peer-to-peer support from breast cancer survivors through our Reach To Recovery® support program



Online Cancer Survivors Network®: a supportive online community for nearly one million people affected by cancer type



Free nights of lodging for people with cancer and their caregivers traveling for treatment



Advocating for high-quality, affordable health care for everyone, including closing the Medicaid coverage gap, through our American Cancer Society Cancer Action NetworkSM.



Invested \$3.1 billion in cancer research since 1991, contributing to 3.5 million fewer cancer deaths.

Every journey. Every step. Every day.

Patient Support Pillar: Differentiators



Trusted Partner in Patient Support Services (2019)	Trusted Source of Information	Nationwide Reach & Impact
<ul style="list-style-type: none"> ➤ 41,000 patient rides provided (ACS programs and grants) ➤ 28,000 patients served by Hope Lodges and hotel partners ➤ 1.4M users of Cancer Survivors Network ➤ 16,300 users of Reach To Recovery Online peer support for breast cancer patients 	<ul style="list-style-type: none"> ➤ 52.8M new users/year to Cancer.org ➤ 1.4M callers to NCIC ➤ 23,000 books sold ➤ 1M print materials ordered ➤ 669 health care professionals engaged in ACS-led ECHO series (virtual tele-mentoring) 	<ul style="list-style-type: none"> ➤ Local patient support staff in every state ➤ 1,340 health systems (NCI centers, CoC hospitals, FQHCs etc.) engaged in cancer control initiatives
Translates Research into Action	Informs Policy Priorities through Real World Evidence	Leader in Convening Diverse Stakeholders
<ul style="list-style-type: none"> ➤ ACS-led evidence-based interventions implemented in health systems across the nation: <ul style="list-style-type: none"> • Cancer screening – 101 systems • HPV vaccinations - 102 systems • Total population reached = 1.8M ➤ Advancing health equity through staff training on key health equity concepts and actions 	<ul style="list-style-type: none"> ➤ Message testing and communications guidebook to encourage return to screening amidst COVID ➤ Worked with ACS-CAN to address cost barriers for Medicare beneficiaries through Closing the Colonoscopy Loophole bill 	<ul style="list-style-type: none"> ➤ 677 organizations engaged in ACS-led national and global initiatives ➤ National leadership role as convener of Roundtables addressing colorectal cancer, lung cancer, HPV vaccination, navigation ➤ National Advisory Council on Health Equity



Patient Support Teams: Current State

Cancer Control Programs & Services

- NCIC
- Hope Lodge
- Mission program management
- Medical content and journals

Mission Strategy and Operations

- Business operations
- Interventions and implementation
- Global
- Navigation

Prevention and Early Detection

- National partnership and innovation
- HPV vaccination and GYN cancers
- Health equity

Regional Cancer Control

- Program management
- Strategic partnerships



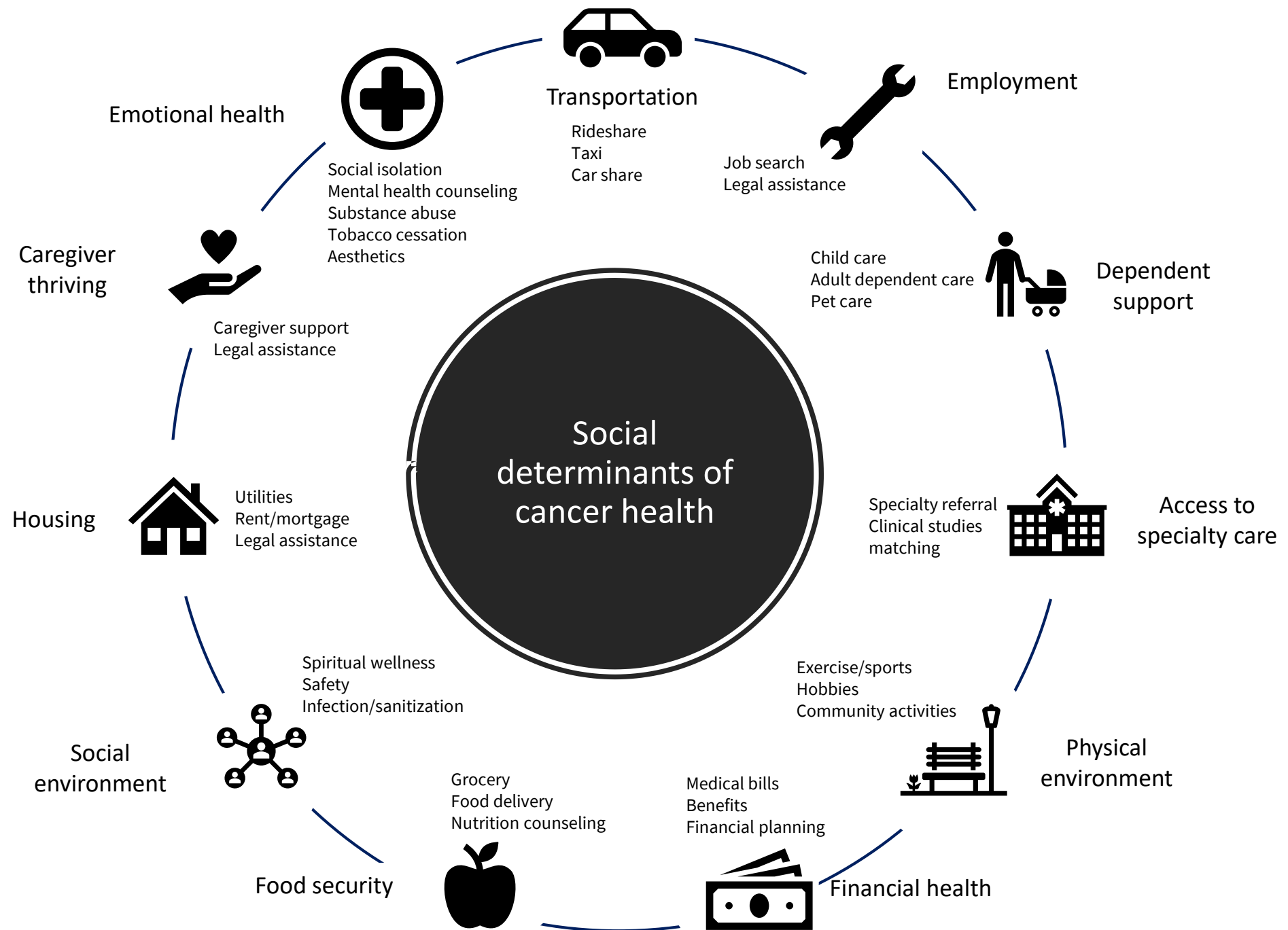
American Cancer Society Hope Lodge Locations 2022



● Location

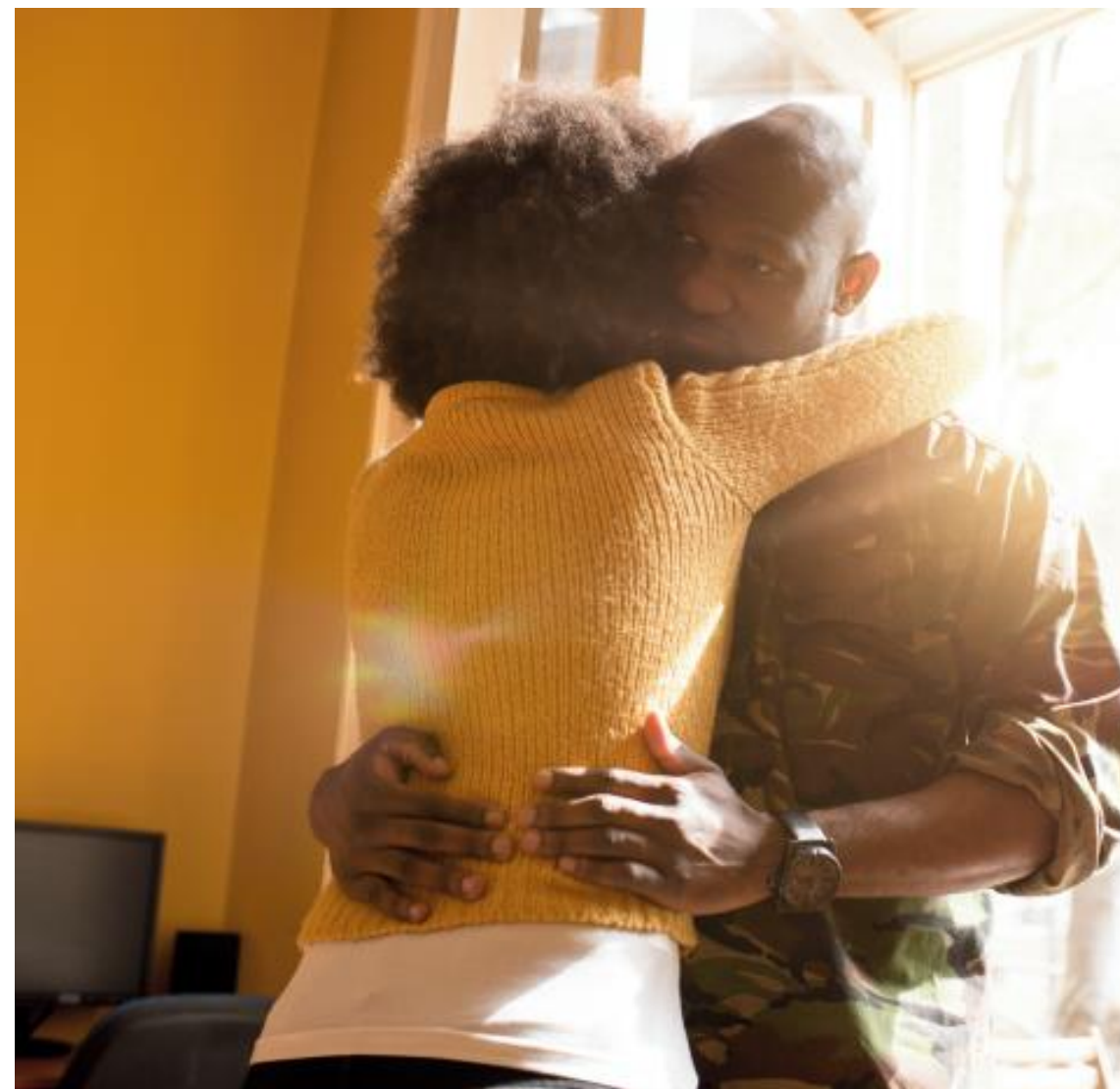
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|------------------|--------------------|
| Atlanta, GA | Lubbock, TX |
| Baltimore, MD | Memphis, TN |
| Birmingham, AL | Minneapolis, MN |
| Boston, MA | Nashville, TN |
| Burlington, VT | New Orleans, LA |
| Charleston, SC | New York, NY |
| Cleveland, OH | Oklahoma City, OK |
| Dallas, TX | Omaha, NE |
| Greenville, NC | Philadelphia, PA |
| Honolulu, HI | Rochester, MN |
| Houston, TX | Rochester, NY |
| Iowa City, IA | Salt Lake City, UT |
| Jackson, MS | San Juan, PR |
| Jacksonville, FL | St. Louis, MO |
| Kansas City, MO | Tampa, FL |
| Lexington, KY | |





Cancer disparities at a glance

- People with lower **socioeconomic status** have higher cancer death rates than those with higher SES. The largest gaps are for the most preventable cancers. Socioeconomic inequalities in cancer mortality **widened** over the past three decades.
- Racial and ethnic minorities tend to receive lower-quality health care than non-Hispanic whites. For most cancers, **African Americans** have the highest death rate and shortest survival of any racial/ethnic group in the US. 32% of African Americans surveyed said they have experienced racial discrimination at a health care provider visit.
- Despite historically lower incidence rates, African American women are **40% more likely to die of breast cancer** than white women.
- Hispanic/Latina women have the highest rate of **cervical cancer** compared to other races/ethnicities, nearly 40% higher than non-Hispanic whites.



Cancer disparities at a glance

- A systematic literature review found that **residential segregation** contributed to cancer and cancer-related racial disparities in 70% of analyses. Living in segregated African American areas was associated with increased chances of later-stage diagnosis of breast and lung cancers, higher mortality rates, and lower rates of survival from breast and lung cancers.
- In a study of patients with colon cancer, a subset of patients **without insurance** (uninsured, Medicaid, or Medicare) who lived in areas with low oncologist density were less likely to receive adjuvant chemotherapy at all.
- Research confirms the **LGBTQ** community has a disproportionate burden of cancer, has distinctive risk factors, and faces additional barriers to accessing health care. Therefore, they have both greater cancer incidence and later-stage diagnosis.
- While we are making progress in HPV vaccination initiation and completion rates, disparities among adolescents in rural and urban areas persist with an 11-percentage point gap in initiation rates alone and urban rates performing better.



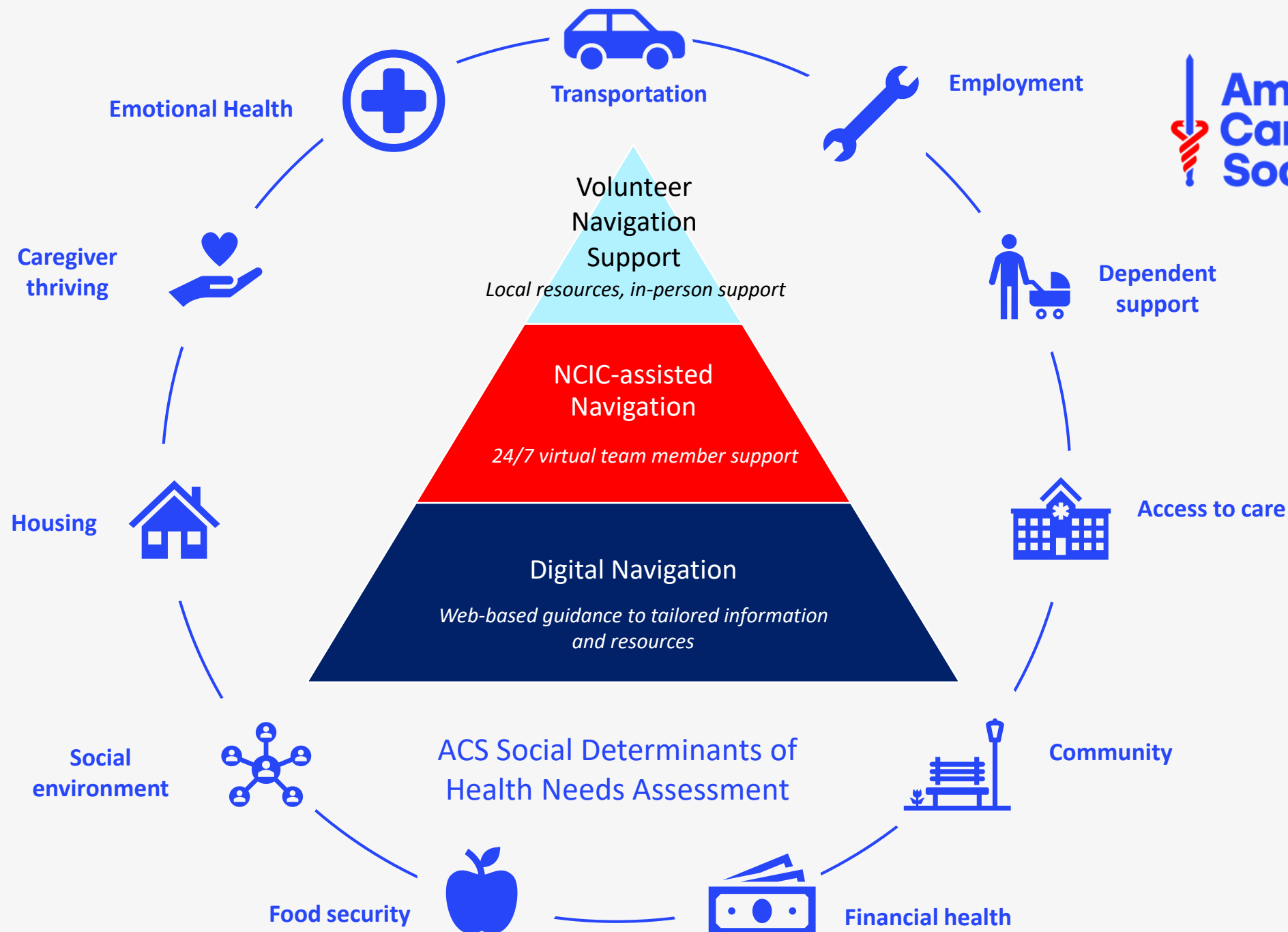
ACS health equity principles

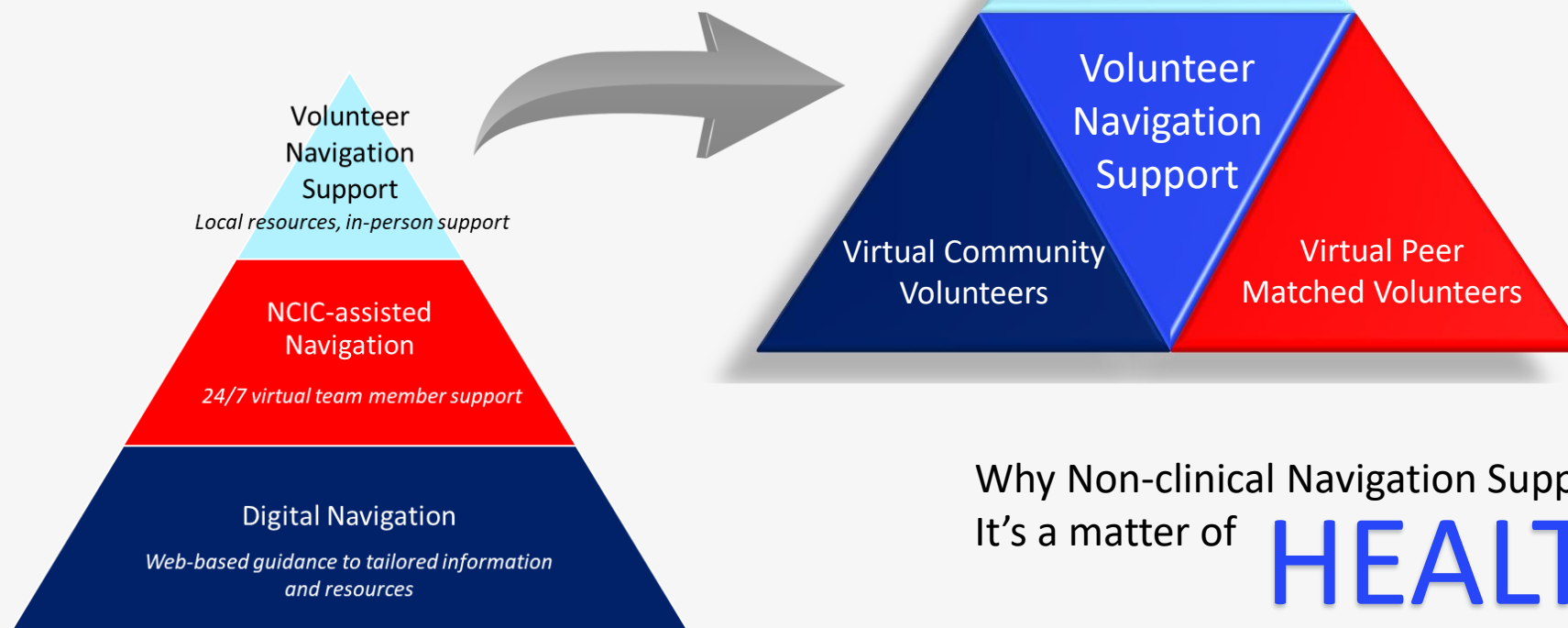


A woman with curly hair, wearing a bright pink zip-up jacket and black pants, stands with her arms outstretched horizontally. She is looking upwards with a smile. The background is a brick building with a white arched entrance. A blue banner is overlaid at the bottom of the image.

Looking Ahead

October 12,
2022





Why Non-clinical Navigation Support?

It's a matter of **HEALTH EQUITY**



Some patients will experience more barriers and have greater needs

Comparing clinical and nonclinical cancer patient navigators: A national study in the United States

Kristen J. Wells PhD, MPH ✉ Patrick Wightman PhD, Rosa Cobian Aguilar MA, Andrea J. Dwyer BS, Cristian Garcia-Alcaraz MA, Elba L. Saavedra Ferrer PhD ... [See all authors](#) ▾



Volume 128, Issue S13
A Decade Later: The State of
Patient Navigation in Cancer
July 1, 2022
Pages 2601-2609

[References](#)

[Related](#)

[Information](#)



Adapted from Table 4. Percentages of Patient Navigators That Reported Performing Patient Navigation Tasks (369 nurse navigators, 126 nonclinical navigators, 32 social work navigators)

	% Do it myself	% Refer elsewhere	% Remaining
Arrangements/referrals to services			
Arrange transportation	44.4	49	6.6
Arrange financial and medication assistance	34.4	59.4	6.2
Arrange insurance coverage assistance	16.7	77.4	5.9
Arrange housing and lodging	24.7	63	12.3
Arrange food resources	27	63	10
Arrange utility resources	21.4	68.3	10.3
Arrange legal resources	12.7	75.7	11.6
Refer for employment issues	20.3	68	11.7
Care coordination			
Remind patients of future appointments	56.9	27.3	15.8
Prepare patients for physician visits	71	14.4	14.6
Go with patients to appointments	48.6	13.1	38.3
Arrange language interpretation services	56	35.9	8.1
Treatment support			
Administer distress screening	39.1	44.2	16.7
Discuss death and dying issues	50.3	38	11.7
Conduct psycho-social assessment	51	37	12
Refer for spiritual guidance	56	35.3	8.7
Refer/coordinate counseling appointments	48	43.5	8.5
Clinical trials/peer support			
Consent and enroll in clinical trials	6	67.7	26.3
Refer to support group	76.9	19.5	3.6

1) “% Do it myself”

Volunteer navigation support can help professional navigators work at the top of licensure = higher quality care

2) “% Refer elsewhere”

Integrated volunteer navigation support vs piecemeal “Refer elsewhere” = more coordinated care

3) “% Remaining”

Address the gap = more comprehensive care



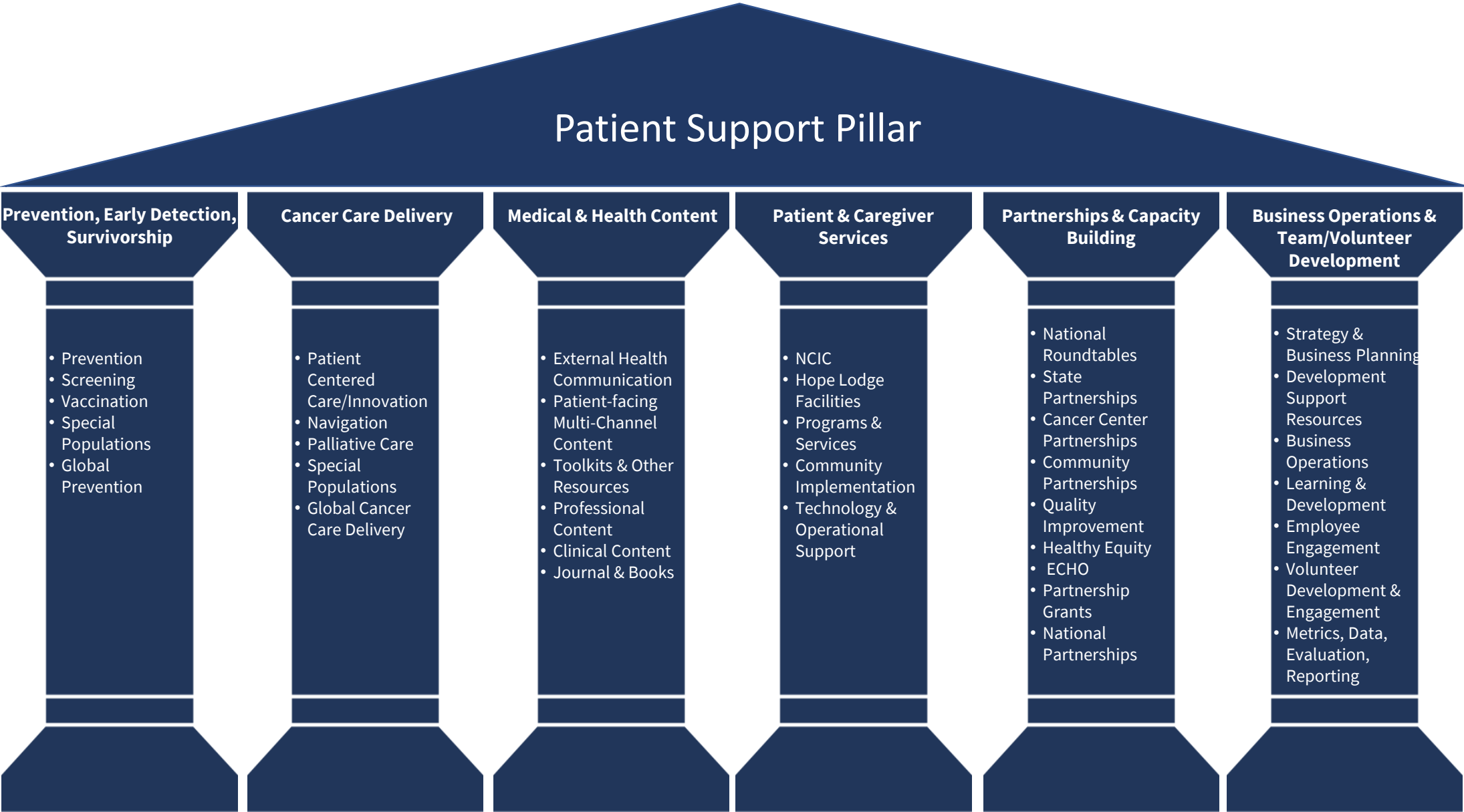
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Patient Support: Goal

Providing expert-level, patient-centric assistance to solve important problems across the cancer continuum.



The Patient Support Pillar tomorrow ...

Where we are currently focused:

- **Housing** assistance to 29,000 patients and caregivers annually through 31 Hope Lodge locations and \$1M in partner-agnostic lodging grants plus \$1.6M in free hotel-partner lodging
- **Transportation** assistance through Road To Recovery drivers in 125 markets

Where we're going:

- Growth of lodging and transportation services through new Hope Lodge locations, new lodging partners, and models, and growth of Road To Recovery
- Standardized assessment of SDOH barriers among patient and caregiver participants of ACS services
- Cross-service and cross-partner referral when needs identified (e.g., Hope Lodge guest has trouble with food insecurity)
- Full suite of SDOH assistance through corporate and other partnerships



American Cancer Society & OHSU Partnership Highlights

ACS-funded Researchers

Since 1971, the ACS has funded 109 research studies at OHSU with an investment of \$26M. This includes 11 current grantees receiving a total of \$11.3 M.

- **Dr. Anupriya Agarwal, an ACS-funded OHSU researcher**, provided a lab tour on October 11th with prominent ACS volunteers and donors. Lab tours like these help us highlight the work of ACS-funded investigators and how donor dollars are applied.
- **Dr. Shannon Nugent, an ACS-funded OHSU Researcher**, supported the ACS ResearchHERS 2022 Oregon & SW Washington Campaign
 - Dr. Nugent was joined by OHSU's Dr. Jacqueline Vuky. Both researchers were featured guests at a ResearchHERS 2022 Virtual "Fireside Chat." [Watch the recording here.](#)



Transportation and Lodging Grant Recipients

OHSU was awarded a \$20,000 transportation grant and \$50,000 lodging grant from the American Cancer Society in 2022.

- ACS transportation and lodging grants are provided to health system partners who in turn provide financial assistance for transportation and lodging to patients travelling for cancer treatment
- *Thank you for your partnership in serving people with cancer and their families!*



Leadership

- **Patrick McCormick, VP of Oncology Services at OHSU Knight Cancer Institute is a member of the ACS advisory board for the Oregon SW Washington Market**
 - A board project is underway to disseminate “Get Screened” messaging to OHSU employees
- **OHSU Knight Cancer Institute will be the host site for the Western Colorectal Cancer Consortium Conference (WC4) being held in March 2023**
 - ACS is a core planning team member for this conference and will be sponsoring a reception.



Additional Partnerships

- ACS is supporting the **HPV vaccination educational outreach** being done by OHSU's new mobile clinic.
- Two ACS team members are proud members of the **SMARTER CRC advisory board**. This work is co-sponsored by the OHSU Oregon Rural Practice-based Research Network (ORPRN) and Kaiser Permanente Center for Health Research.
- ACS CAN's 2021 Oregon Cancer Policy Forum featured a panel of OHSU Knight Cancer Institute staff who spoke to an audience of lawmakers, patient advocates, volunteers, and professionals across the healthcare industry about the exciting developments in the fight against cancer happening only in Oregon.
- In 2021 and 2022, ACS CAN partnered with the OHSU Knight Scholars program, working with a class of high school students on the role of advocacy in Public Health.



Thank you for your support

Recent event and campaign sponsorships from OHSU:

- **ACS CAN Oregon Policy Forum** - \$1,000 sponsorship
- **ResearchHERS of Oregon & SW Washington 2022 Campaign**- \$2,500 sponsorship & participation in two Fireside Chats:
 - Fireside Chat with CEDAR OHSU [Watch the recording here.](#)
 - Fireside Chat with Dr. Jacqueline Vuky, OHSU and Dr. Shannon Nugent, OHSU [Watch the recording here.](#)
- **Making Strides of Oregon & SW WA** - \$2,500 sponsorship
- **Portland Hope Gala** - \$5,000 sponsorship
 - In addition, OHSU coordinates an additional \$2,500 sponsorship from Doernbecher Children's Hospital for the Portland Hope Gala.



Thank You