



Challenge in Cancer Care Delivery at Safety Net Hospitals

Kathie-Ann Joseph, MD, MPH
Professor of Surgery and Population Health
Vice Chair of Diversity and Health Equity
Clinical Pillar Lead, NYULH Institute for Excellence in
Health Equity
10/08/24

Department of Surgery



DISCLOSURES

Nothing to disclose

What are safety net hospitals?

WHAT ARE SAFETY-NET HOSPITALS?

Often located in poor or underserved communities

Tend to serve large numbers of racial and ethnic minorities

Can be rural or urban; public or non-profit

Almost all have a stated mission of serving a low-income population, regardless of insurance coverage, ability to pay or immigration status



SAFETY NET HOSPITALS PROVIDE NEEDED SPECIALTY CARE

ESSENTIAL HOSPITALS OPERATE:



44.6%

OF THE NATION'S BURN
CARE BEDS



5,600+

PSYCHIATRIC CARE BEDS AT 97 FACILITIES



32.2%

OF THE NATION'S LEVEL I
TRAUMA CENTERS



3,200+

NEONATAL INTENSIVE CARE UNIT BEDS AT
101 FACILITIES



27.1%

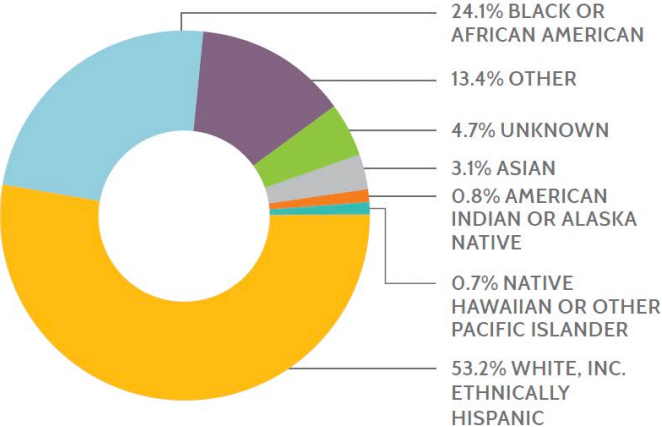
OF THE NATION'S
PEDIATRIC INTENSIVE
CARE BEDS

INPATIENT DISCHARGES BY RACE AND ETHNICITY

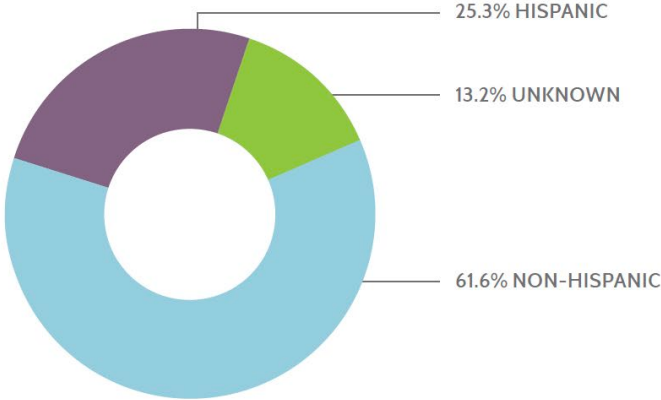
Inpatient Discharges by Race and Ethnicity

Members of America's Essential Hospitals, 2021

RACE



ETHNICITY



SHOULDERING THE BURDEN OF UNCOMPENSATED AND UNDERCOMPENSATED CARE

10.1377/forefront.20180503.138516

HealthAffairs

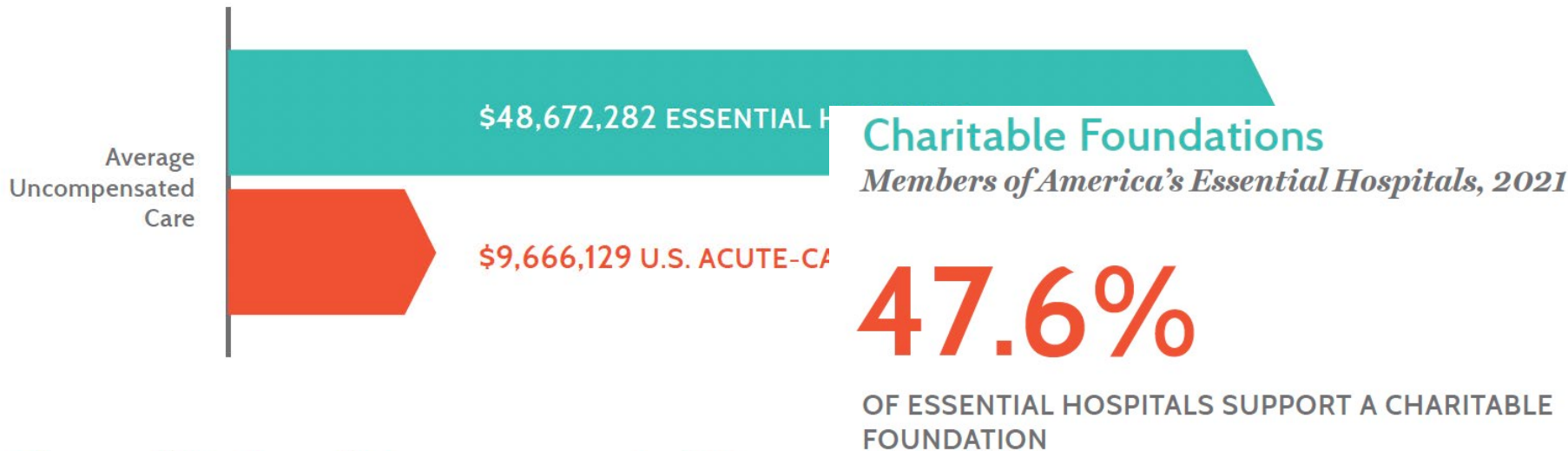
Safety-Net Health Systems At Risk: Who Bears The Burden Of Uncompensated Care?

[Dhruv Khullar](#), [Zirui Song](#), [Dave A. Chokshi](#)



Average Uncompensated Care

Members of America's Essential Hospitals versus Acute-Care Hospitals Nationwide, 2021



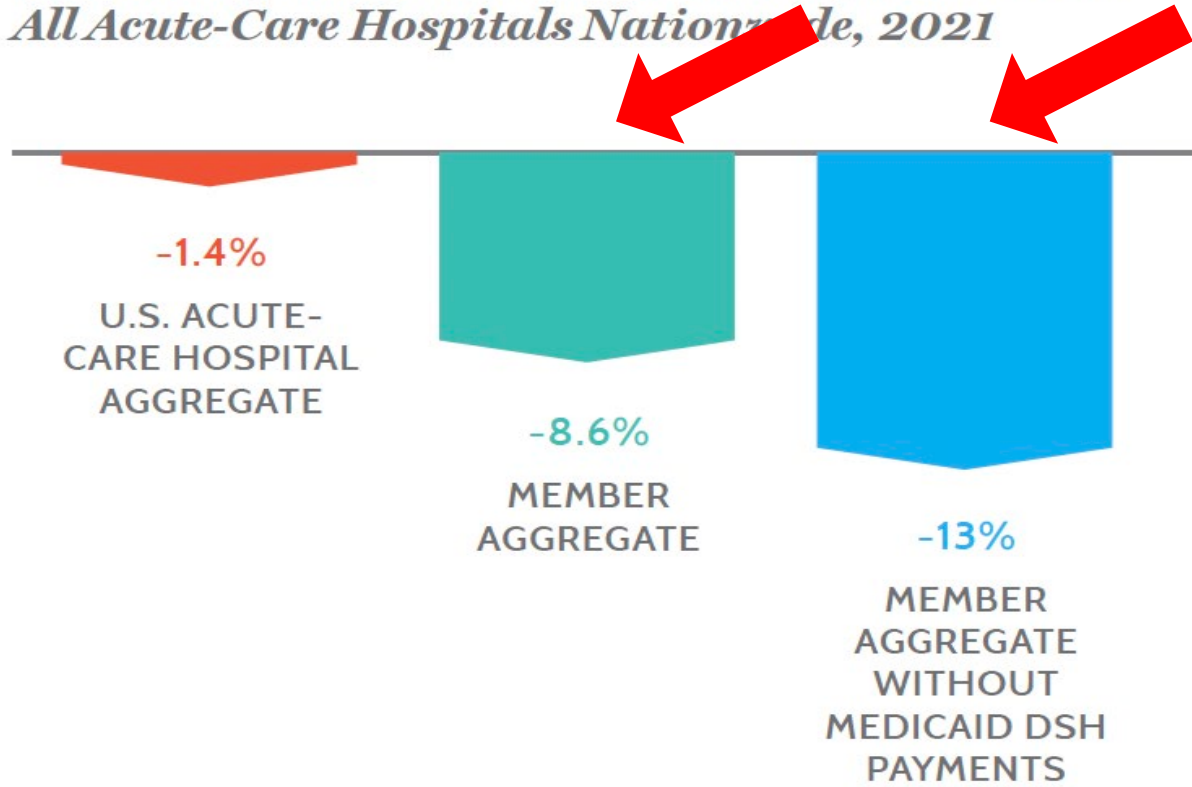
Share of National Uncompensated Care

Members of America's Essential Hospitals, 2021

\$9B = 24.3% \$6.4B = 25.2%

National Operating Margins

*Members of America's Essential Hospitals versus
All Acute-Care Hospitals Nationwide, 2021*



Number of Physicians Trained

Members of America's Essential Hospitals versus Other Acute-Care Hospitals, 2021



81%

OF MEMBERS ARE
TEACHING INSTITUTIONS
AS DEFINED BY THE
ACCREDITATION COUNCIL
FOR GRADUATE MEDICAL
EDUCATION



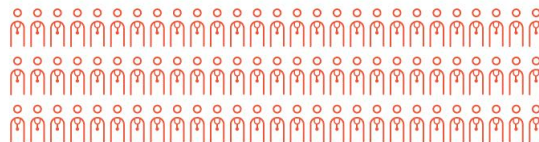
30.4%

OF MEMBERS ARE
ACADEMIC MEDICAL
CENTERS AS DEFINED
BY THE COUNCIL OF
TEACHING HOSPITALS AND
HEALTH SYSTEMS

Each member teaching hospital trained an average of 246 physicians in 2021.



Other U.S. teaching hospitals each trained an average of 81 physicians.



TRAINING THE NEXT GENERATION OF DOCTORS

FIGURE 11

Number of Physicians Trained above Federal Funding Cap

Members of America's Essential Hospitals versus Other Acute-Care Hospitals, 2020

Of the 244 physicians, 59 were trained beyond supported federal graduate medical education (GME) funding.



Other U.S. teaching hospitals trained less than one third of that number—19 were trained beyond supported federal GME funding.



MEETING SOCIAL NEEDS

Economic Needs in Essential Communities

Members of America's Essential Hospitals, 2021



14.6 MILLION

PEOPLE IN OUR COMMUNITIES LIVE BELOW THE
POVERTY LINE



10 MILLION

PEOPLE IN OUR COMMUNITIES HAVE NO HEALTH
INSURANCE

Social Needs in Essential Communities

Members of America's Essential Hospitals, 2021



236,870

PEOPLE ARE EXPERIENCING HOMELESSNESS
IN OUR COMMUNITIES



5.4 MILLION

PEOPLE SERVED BY ESSENTIAL HOSPITALS HAVE
LIMITED ACCESS TO HEALTHY FOOD

SAFETY NET HOSPITALS

Primary sources of routine and lifesaving care for underrepresented and underserved communities throughout the country

Many are the only facilities offering level I trauma care, burn units, and neonatal intensive care in a given area

1 in 10 US residents is born in a safety net hospital



SAFETY NET HOSPITALS

Despite efforts by safety-net hospitals to improve access to care and provide high quality medical care and supportive services to vulnerable populations, disparities exist



The Role of Safety-Net Hospitals in Reducing Disparities in Breast Cancer Care

Angelena Crown, MD¹, Kalpana Ramiah, DrPH, MSc², Bruce Siegel, MD, MPH², and Kathie-Ann Joseph, MD, MPH³

¹Breast Surgery, True Family Women's Cancer Center, Swedish Cancer Institute, Seattle, WA; ²America's Essential Hospitals, Washington, DC; ³Department of Surgery, New York University School of Medicine, NYC Health and Hospitals, Bellevue, New York, NY

ABSTRACT Advances in breast cancer screening and systemic therapies have been credited with profound improvements in breast cancer outcomes; indeed, 5-year relative survival rate approaches 91% in the USA (U.S. National Institutes of Health NCI SEER Training Modules, Breast). While breast cancer mortality has been declining, oncologic outcomes have not improved equally among all races and ethnicities. Many factors have been implicated in breast cancer disparities; chief among them is limited access to care which contributes to lower rates of timely screening mammography and, once diagnosed with breast cancer, lower rates of receipt of guideline concordant care (Wu, Lund, Kimmick GG et al. in J Clin Oncol 30(2):142–150, 2012). Hospitals with a safety-net mission, such as the essential hospitals, historically have been dedicated to providing high-quality care to all populations and have eagerly embraced the role of caring for the most vulnerable and working to eliminate health disparities. In this article, we review landmark articles that have evaluated the role safety-net hospitals have played in providing equitable breast cancer care including to those patients who face significant social and economic challenges.

BREAST CANCER OUTCOMES AND DISPARITIES

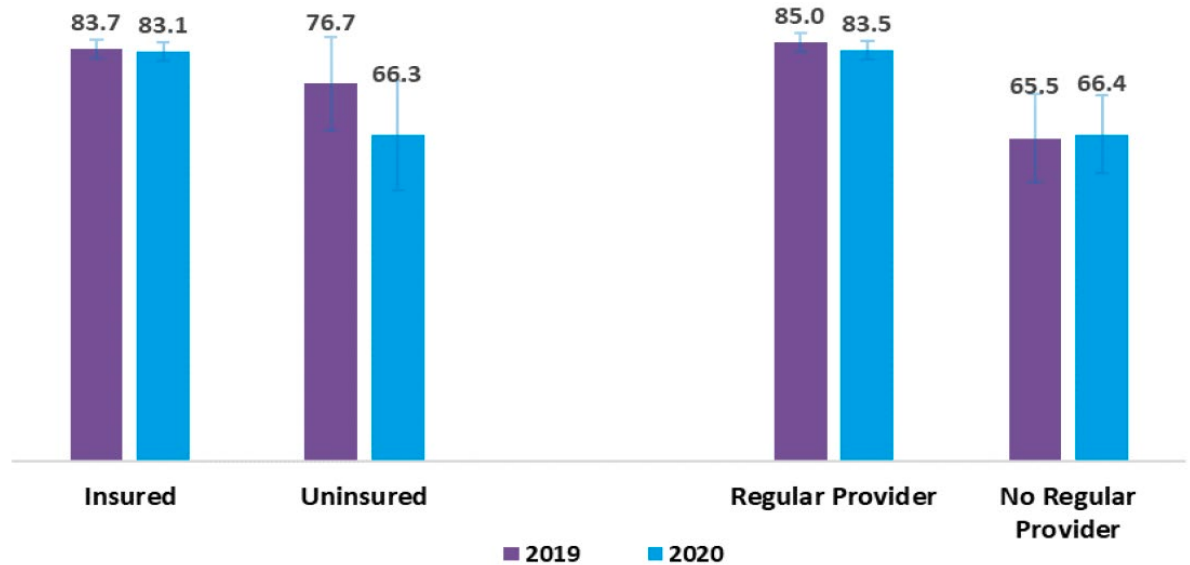
Advances in breast cancer screening and systemic therapies have been credited with profound improvements in breast cancer outcomes. Indeed, the 5-year relative survival rate approaches 91% in the United States.¹ Although breast cancer mortality has been declining, oncologic outcomes have not improved equally among all races and ethnicities.

Many factors have been implicated in breast cancer disparities. Chief among these disparities is limited access to care, which contributes to lower rates of timely screening mammography, and once breast cancer is diagnosed, lower rates of receipt of guideline concordant care.² Hospitals with a safety-net mission, such as the essential hospitals, historically have been dedicated to providing high-quality care to all populations and have eagerly embraced the role of caring for the most vulnerable and working to eliminate health disparities.

HISTORY AND EVOLUTION OF SAFETY-NET HOSPITALS

Since the early 1800s, public hospitals and charity hospitals have been the primary source of care for patients without ready access to care, including the poor, members of marginalized racial and ethnic groups, immigrants, and others. Bellevue Hospital in New York has its roots in the city's 18th-century almshouse dispensaries. The Freedmen's Hospital (today Howard University Hospital), founded in 1862, was created to care for recently emancipated slaves.

Breast Cancer Screening in NYS

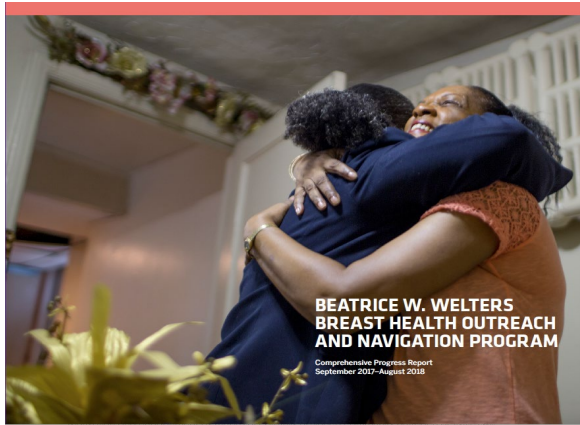


Note: Error bars represent 95% confidence intervals.

THE CANCER BURDEN IN NYC

- 20% of adult New Yorkers are uninsured
- 13.9% or 2.7 million people live below the poverty line
- 62.5% of New Yorkers over the age of 25 do not have a Bachelor's Degree
- 12.8% of New Yorkers over the age of 25 do not have a high school diploma



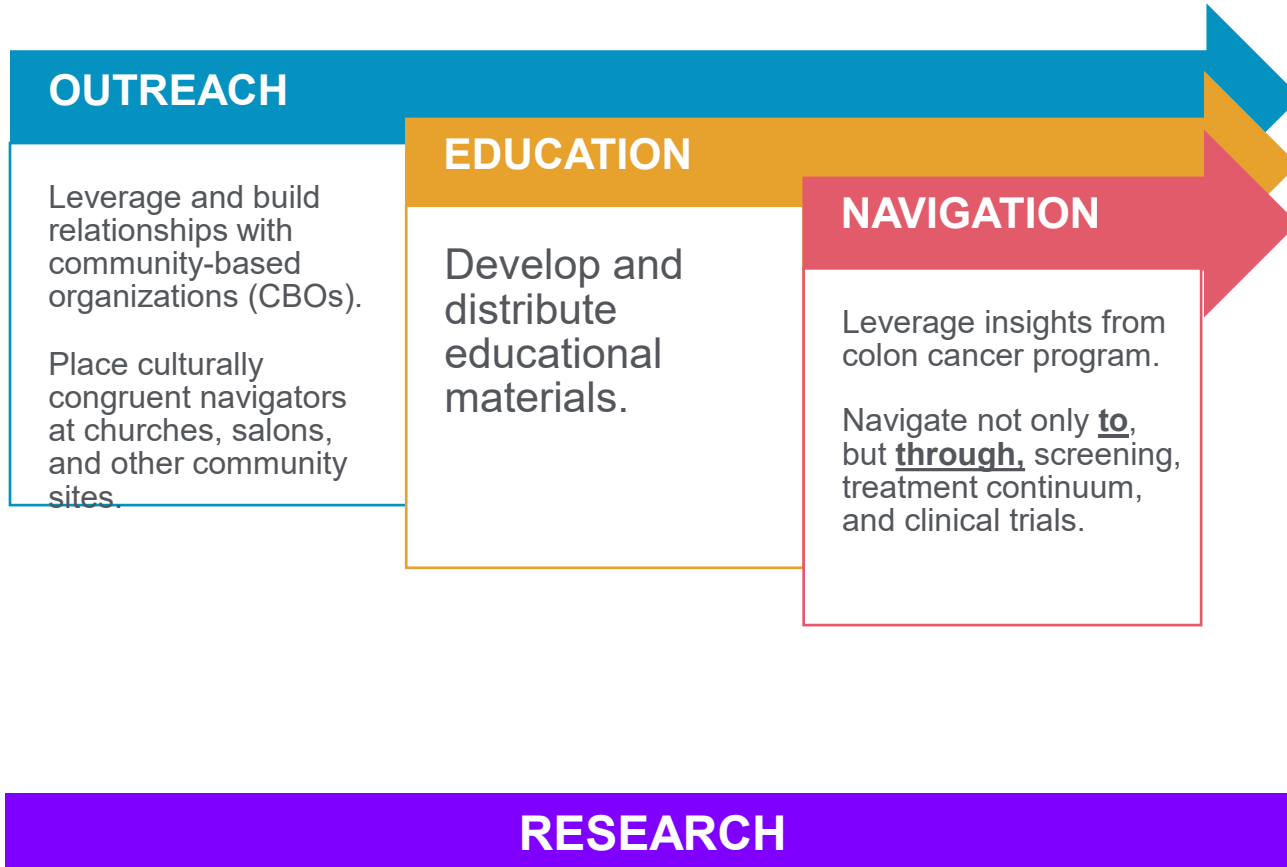


The **Beatrice W. Walters Breast Health Outreach and Navigation Program** brings a vigorous focus on reducing barriers to, and disparities in, excellent screening and care for medically underserved women. The program also assists women in navigating the healthcare system through **one-on-one guidance** and **direct interaction**.

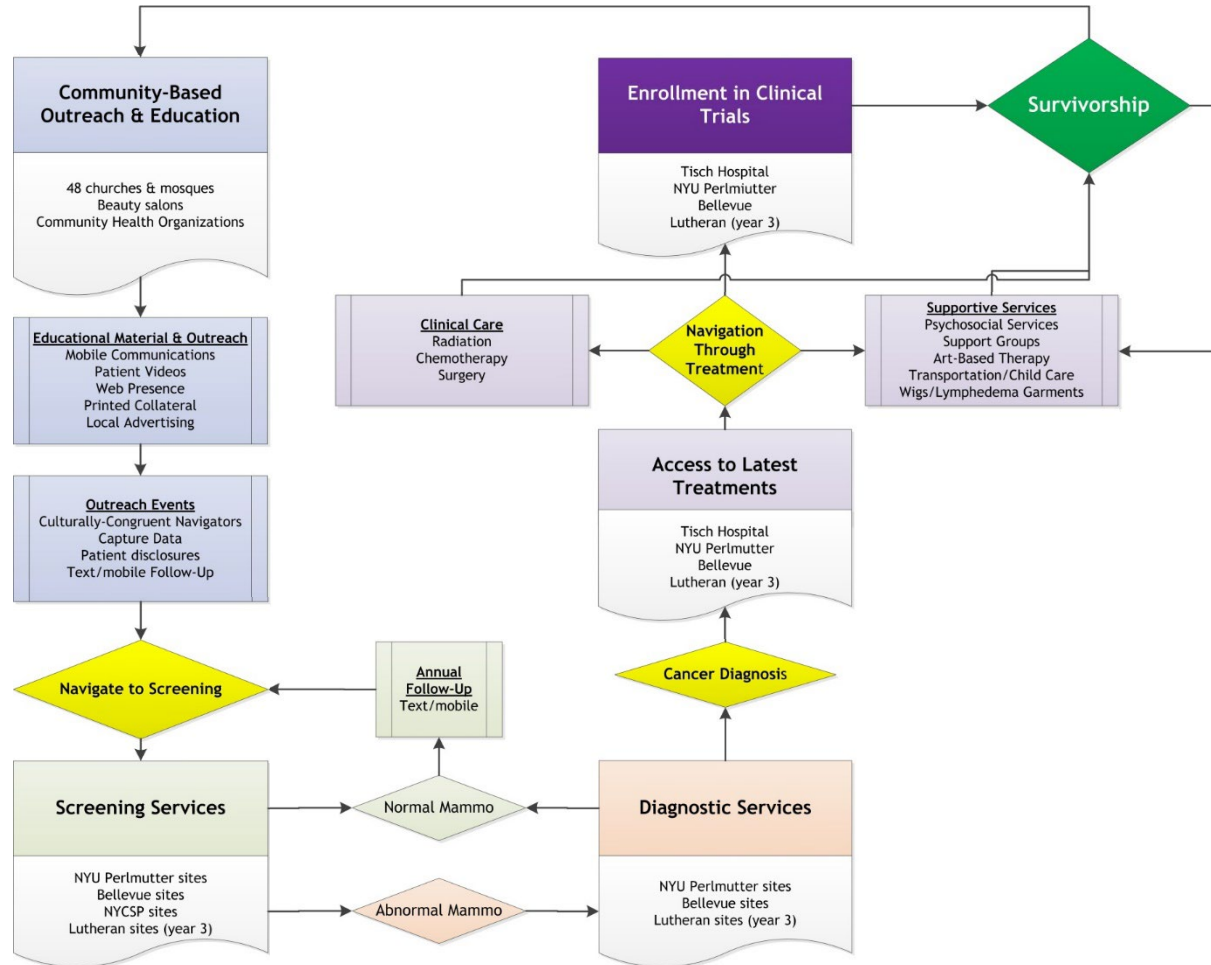
Through the **Walters Program**, patient navigators identify women who could benefit from breast cancer screening through outreach and educational programs in community venues that women routinely visit. Our patient navigators also help women secure breast health services, such as free or low cost mammograms, and provide them with active support, from diagnosis and treatment to survivorship.

This program aims to be a model for other cities to follow to improve outcomes in breast and other types of cancer.

Achieving the Mission



FLOW CHART





NYULMC CANCER PREVENTION NAVIGATION PROGRAM

- \$4,050,000 grant awarded from the NYC Department of Health and Mental Health
- Allows expansion of Beatrice W. Welters Breast Cancer Program
- 7 additional patient navigators
- Outreach and navigation in beauty salons, barbershops and faith-based organizations
- Clinic-based navigation at six primary care sites, including NYU Brooklyn

Geographic Reach



-  Health Fair/Community Event
-  Church
-  Social Service Organization
-  Senior Center
-  Healthcare facility

Comprehensive Overview and Impact

Year Two Tailored Materials

Who should be screened for breast cancer? 誰應該接受乳房篩檢?

- Women ages 20 to 39 should have clinical breast exams at least once every three years.
- Women ages 40 to 69 should have mammograms every year.
- Women ages 70 and older should continue to have mammograms every year as long as they are healthy.
- 年齡介於 20 到 39 歲之間的女性,至少應每三年接受一次臨床乳房篩檢。
- 年齡介於 40 到 69 歲之間的女性,每年應接受一次乳房篩檢。
- 年滿 70 歲的女性,只要身體健康,每年應接受一次乳房篩檢。

How can I become involved with the Welters Program? 如何加入 Welters 計畫?

To participate in a breast cancer screening, learn more about the Welters Program, or host a presentation for your parent navigators, please call Anita Mufarreh at 844-908-9056 or 844-902-9350 or email the Welters Program team at BeWell@nyulangone.org.

若要參加乳房篩檢,加入 Welters 計畫,或是邀請我們的專業指導人員到府開講座,請撥打 844-908-9056 或 844-902-9350 與 Anita Mufarreh 聯絡,或傳電子郵件給 Welters 計畫團隊,地址是 BeWell@nyulangone.org.

Breast Cancer can impact any woman. 乳癌可能會影響任何一位女性。

That's why every woman - regardless of her race, ethnicity, religious and cultural background, income or insurance status - should have access to quality care. 因此,不論種族、族裔、宗教或文化背景、收入或保險身分,每一位女性都應享有優質的醫療服務。

What is the Beatrice W. Welters Breast Health Outreach and Navigation Program? Beatrice W. Welters 乳房健康外展與指導計畫是什麼?

The Welters Program helps medically underserved women in New York City access screening, diagnosis, treatment, and post-treatment services support by:

- Educating women about the risks of breast cancer
- Building community partnerships to connect women with screening services
- Guiding those with a breast cancer diagnosis through the latest treatment options with personalized support and assistance

Our patient navigators are central to the Welters Program. Working within their communities, our navigators organize outreach events at places of worship, nursing homes, community-based organizations or centers, and businesses, etc. to provide breast health information and encouragement to get screened and treated, if necessary.

Welters 計畫透過下列方式,協助紐約市醫療服務不足的女性接受篩檢、診斷、治療及後續的照護:

- 建立社區、族裔及宗教團體間的聯繫
- 以社區為中心,協助女性接受乳房篩檢
- 與社區、商業及宗教團體合作,為醫療服務不足的女性選擇最新的治療方式

患者指導人員是 Welters 計畫的關鍵人物。我們的指導人員在各個社區提供醫療服務,包括宗教場所、養老院、社區服務中心及社區中心,向有需要的女性提供乳房健康資訊,也會視需要協助人們接受診斷與治療。



PERLMUTTER CANCER CENTER Beatrice W. Welters Breast Health Outreach and Navigation Program Beatrice W. Welters 乳房健康外展與指導計畫



cancer?

g women, accounting for women. Many women who an women in other racial are been steadily increasing due to the adoption of a slightly higher rates among result. Chinese women are cancer.

乳癌女性患者數目的增加,也意味著曾經被醫療服務不足的女性將三分之一,許多沒有任何風險因子的女性仍然發展了乳癌。

導致女性罹患乳癌的機率低於其他種族的女性,但這個人口群中乳癌的持續增長,顯示了文化、種族因素的影響。這可能是在於生活方式與種族背景。此外,華裔女性接受乳房健康服務的機率仍然偏低,因此,華裔女性接受醫療服務乳癌的可行性仍然低。

What are some of the risk factors for breast cancer? 乳癌有哪些風險因子?

Although it's important to remember that many women who develop breast cancer have no known risk factors, you may be at greater risk if you:

- Are a woman age 45 or older; however, average age at breast cancer onset is approximately 60 years earlier among Chinese women as compared with Western women
- Have a family history of breast cancer or specific inherited genetic mutations, such as BRCA
- Are overweight, or consume alcohol
- Received a previous breast cancer diagnosis or abnormal cell growth in the breast (lobular carcinoma in situ/LCIS, atypical ductal hyperplasia), or underwent previous radiation therapy
- Experienced your first period before 12 years old, had a late pregnancy (age 30 or older), have never been pregnant, late menopause, or used hormone replacement therapy during menopause

雖然要牢記一點,許多沒有已知風險因子的女性仍然發展了乳癌。儘管如此,若您有以下條件,罹患乳癌的風險也會更高:

- 45 歲以上的女性:不過,相較於西方女性,華裔女性患乳癌的年齡較大的平均年齡 10 歲
- 有乳癌或特定基因突變史 (例如 BRCA) 的家族病史
- 體重過重、或常飲酒精
- 過去曾經接受過乳房手術,或乳房有不正常的細胞生長 (例如原位癌 Lobular carcinoma in situ/LCIS, 非典型性腺泡增生),或是過去接受過乳房放射線治療 (例如乳房癌後遺症)
- 於年齡早於 12 歲、經期開始早 (30 歲前經閉),或產後、晚產,或是曾經使用過荷爾蒙替代療法



Who is Beatrice W. Welters?

Diagnosed and treated for breast cancer at NYU Langone Health's Perlmutter Cancer Center, philanthropist and former U.S. Ambassador Beatrice W. Welters recognized an opportunity to expand access to screening, diagnosis, and treatment for communities throughout New York City. To achieve this goal, she partnered with Perlmutter Cancer Center to launch the Welters Program in the fall of 2016.



PERLMUTTER CANCER CENTER Beatrice W. Welters Breast Health Outreach and Navigation Program



Beatrice W. Welters Breast Health Outreach and Navigation Program
844-908-9056 | 844-902-9350 | BeWell@nyulangone.org

and Navigation Program?

The Welters Program helps medically underserved communities in New York City access screening, diagnosis, treatment, and post-treatment services and support by:

- Educating communities about the risks of breast cancer
 - Building community partnerships to connect people with screening services
 - Guiding those with a breast cancer diagnosis through the latest treatment options with personalized support and assistance
- Our patient navigators are central to the Welters Program. Working within their communities, our navigators organize outreach events at places of worship, senior centers, community-based organizations and businesses etc. to provide breast health information and encouragement to get screened and treated, if necessary.

What should you know about breast cancer?

Breast cancer is the most common cancer among us women. Trans women on hormone therapy and trans men who have not had a bilateral mastectomy, accounting for nearly one in three breast cancer diagnoses in the group of people.

Many people who develop breast cancer have no risk factors. **Hisp/Latino cis women, trans women on hormone therapy and trans men who have not had a bilateral mastectomy**, have lower rates and risk of death from breast cancer compared to non-Hispanic African American/Black and Caucasians. However, breast cancer is the most common cancer - and leading cause of cancer deaths - among this group. They are also more likely than Caucasians to be diagnosed with aggressive breast cancers, which may be due to lower mammography rates and more delays in follow-up after an abnormal mammogram or

African American/Black cis women, trans women on hormone therapy and trans men who have not had a bilateral mastectomy, are much more likely to die of breast cancer than Caucasians, and are nearly twice as likely to be diagnosed with triple-negative breast cancer, a more aggressive form of breast cancer that is harder to treat. Although African

Expanding access to breast cancer screening and care across New York City

the point. They are now diagnosed at a rate equal to that of Caucasians.

What are some of the risk factors for breast cancer?

- Although it's important to remember that many people who develop breast cancer have no known risk factors, you may be at greater risk if you:
- Are a cis woman, trans woman on hormone therapy or trans man who has not had a bilateral mastectomy, age 45 years or older
- Are a trans woman over the age of 50 who has been using hormone therapy for at least 5 years
- Have a family history of breast cancer, or specific inherited genetic mutations, such as BRCA
- Are overweight, or consume alcohol
- Received a previous breast cancer diagnosis or abnormal cell growth in the breast (lobular carcinoma in situ/LCIS, atypical ductal hyperplasia), or underwent previous radiation therapy
- Experienced your first period before 12 years old, had a late pregnancy (age 30 or older), have never been pregnant, or used hormone replacement therapy during menopause

Who should be screened for breast cancer?

- Cis women and trans men who have not had a bilateral mastectomy ages:
 - 20 to 39 should have clinical breast exams at least once every three years
 - 40-69 should have mammograms every year
 - 70 and older should continue to have mammograms every year as long as they are healthy
- Trans women over the age of 50 who have been using hormone therapy for at least 5 years
- *Excess testosterone in the body can be converted to estrogen. Trans men taking testosterone may be at increased risk for breast cancer

Refined Barriers to Screening Assessment

Updated barriers assessment based on *HealthLeads Social Needs Screening Toolkit*

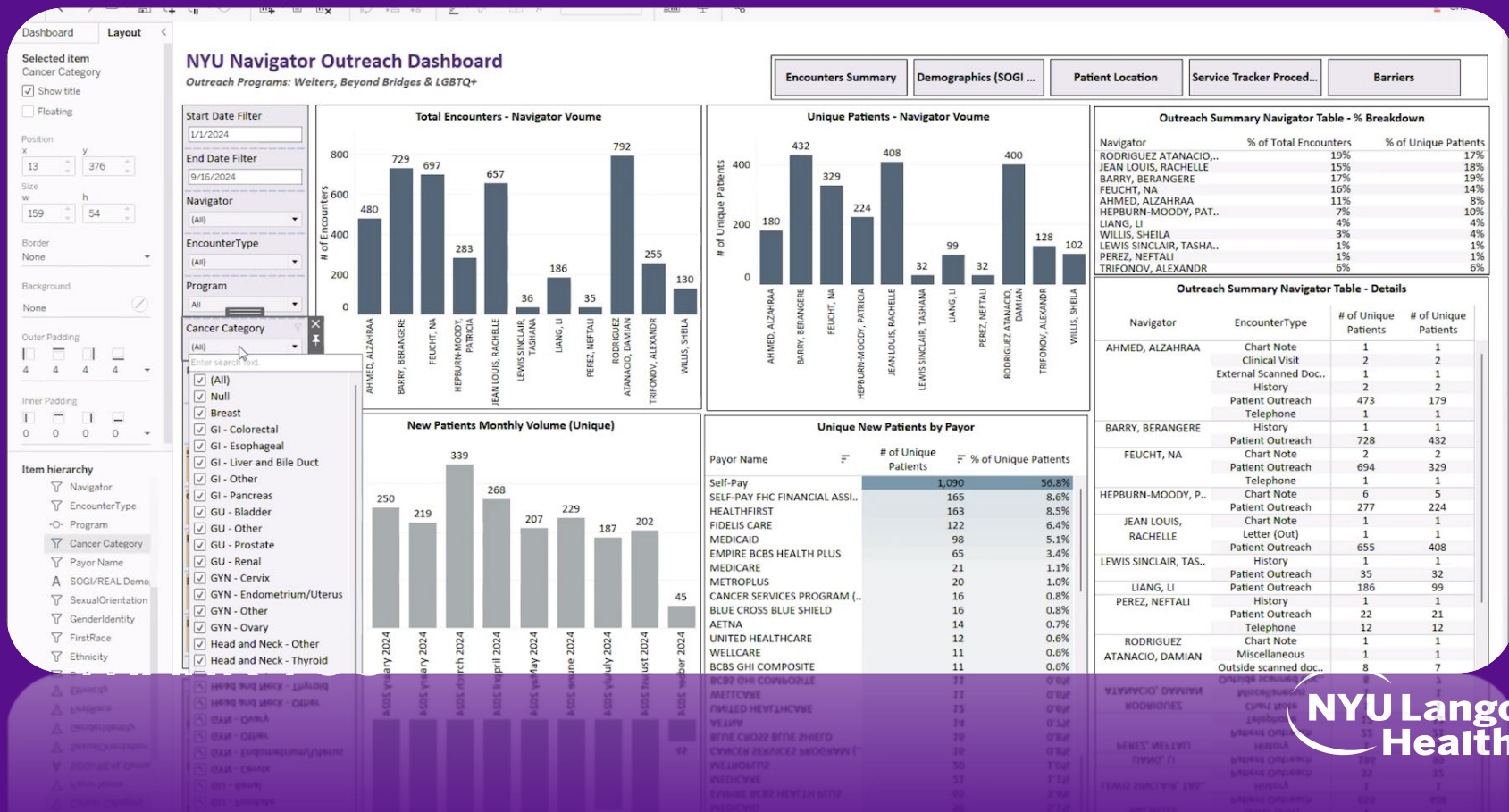
Captures social determinants of health across fourteen domains

Domains:

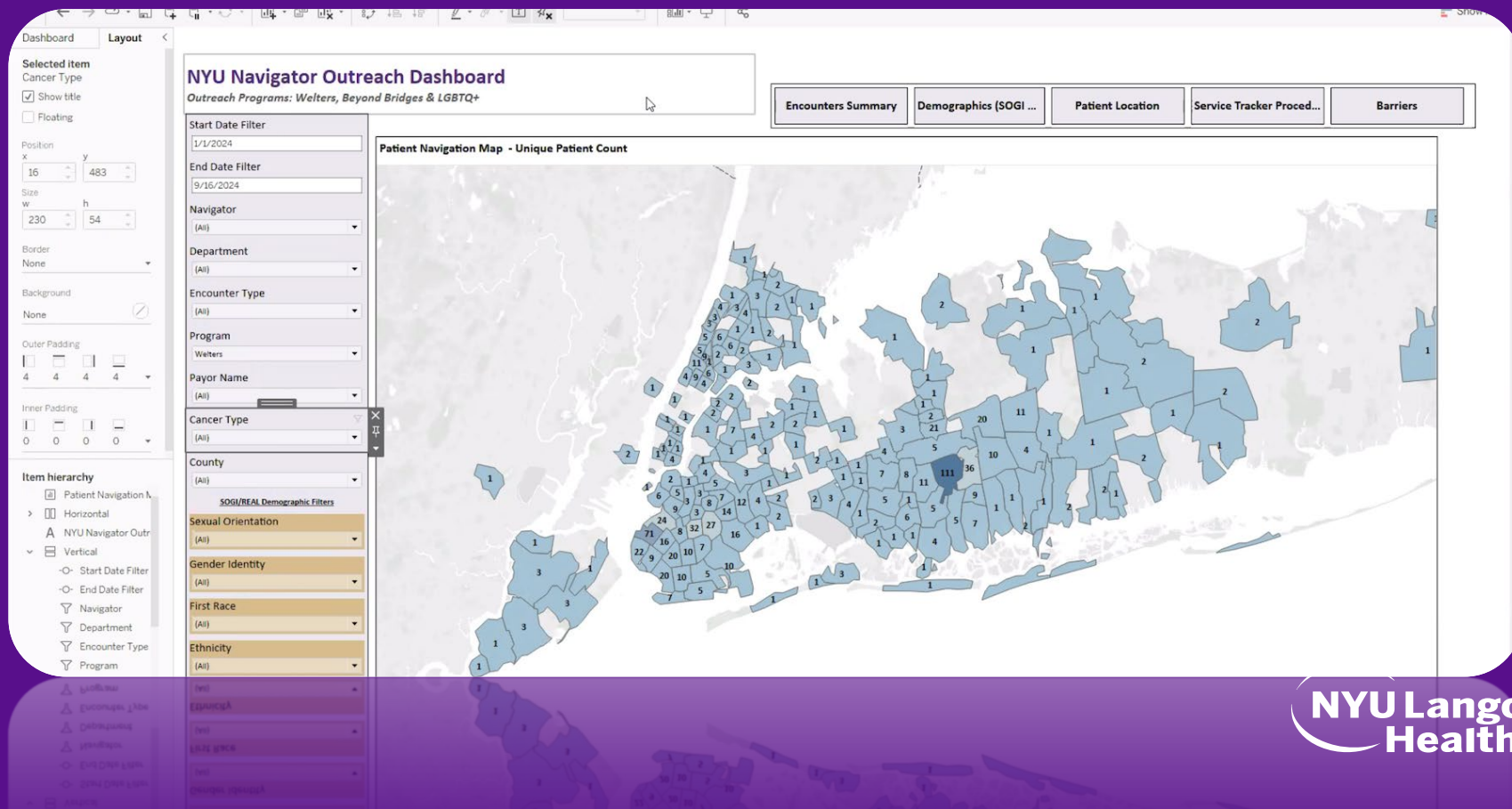
- Financial resource strain
- Food insecurity
- Housing instability
- Utility needs
- Dependent care
- Transportation challenges
- Exposure to violence
- Education/health literacy
- Physical comorbidity
- Social isolation & support
- Immigration status
- Employment
- Mental health



Designed a new data management system



Designed a new data management system



Designed new data management system

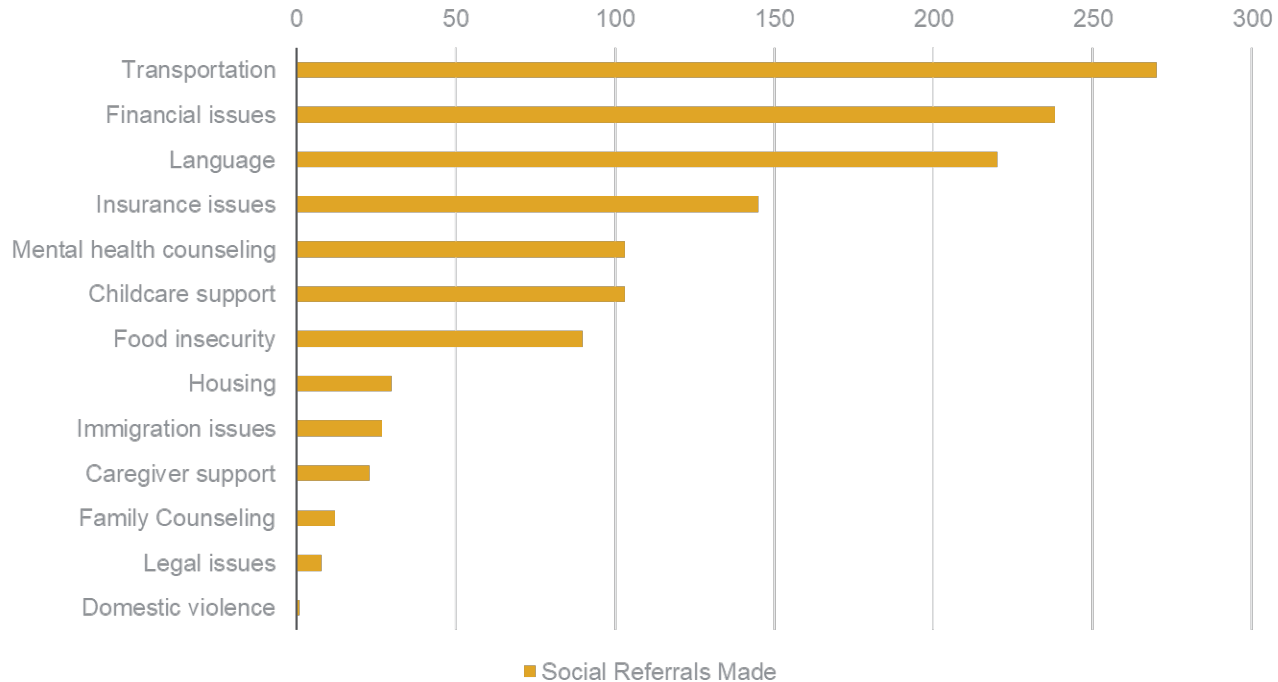
The screenshot displays the Epic Care Management interface for a patient named Samantha Gambia. The interface is divided into several sections:

- Header:** Includes the Epic logo and various navigation tabs like Reports, Snapshot, Chart Review, Call Initiation, and Care Management.
- Left Sidebar:** Contains patient information (Samantha Gambia, Female, 67 y.o., 6/3/1954, MRN: 9969139), COVID-19 status (Unknown), and a list of providers (Mallory Ma, PCP - General).
- Main Content Area:**
 - Enrollment:** Shows a 'New Reading' button and a message 'No data found.'
 - Service Tracker:** A section for tracking services, including a 'Disease Type' dropdown (set to 'Breast') and a 'Facility' table.

Facility	American-Italian C...	Bellevue Breast Cl...	BRMI	CSP
Cumberland	Gotham Clinics	Gouverneur Hospital	Lenox Hill Radiology	
Metropolitan Hospital	Mt. Sinai Scan Van	NYU Langone Health	NYU Langone Hos...	
Planned Parenthood	Project Renewal	Sydenham		
 - Procedure:** A list of medical procedures with checkboxes, including 'Screening mammogram' (checked), 'Diagnostic mammogram', 'Breast ultrasound', 'Magnetic resonance imaging (MRI)', 'Biopsy', 'MRI guided biopsy', 'Stereotactic biopsy', 'Ultrasound guided biopsy', 'Surgical consult', 'Clinical breast exam', 'Breast surgery', 'Low-dose CT can', 'Fecal Immunochemical Test', 'Colonoscopy', 'Flexible sigmoidoscopy', 'Papanicolaou test', 'Human Papillomavirus vaccination', 'Hepatitis A vaccine', 'Hepatitis B vaccine', 'Medical Oncology', 'Radiation Oncology', 'Chemotherapy', 'Genetic counseling visit', 'Plastic surgery', and 'Psychiatric visit'.
 - Date of Service:** 8/31/2021
 - Recommended Follow-up:** 3/8/2022
 - Results:** A dropdown menu showing 'Normal' (selected), 'Needs follow up', and 'N/A'.

- Designed and implemented Epic template for cancer-specific patient navigation.
- Navigators can document:
 - Outreach encounters
 - Barrier Assessments
 - Community Resources provided
 - Health outcomes
- Epic reports in development
- Potential to expand use to other disease sites.

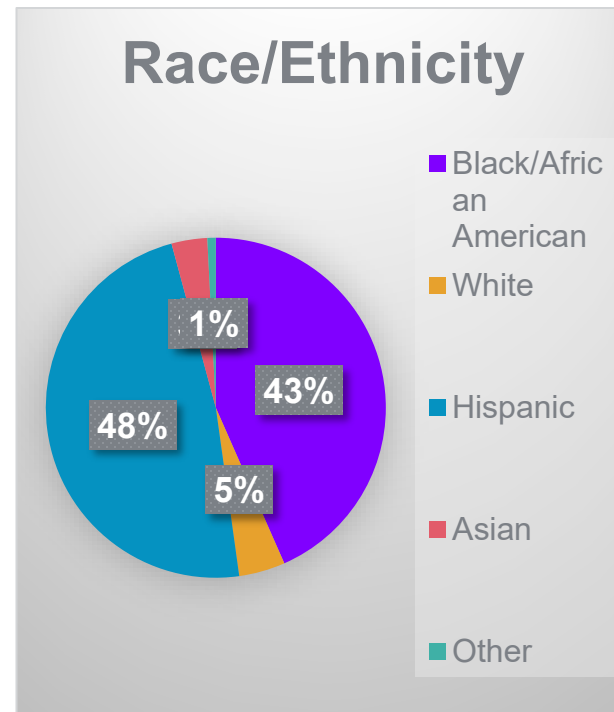
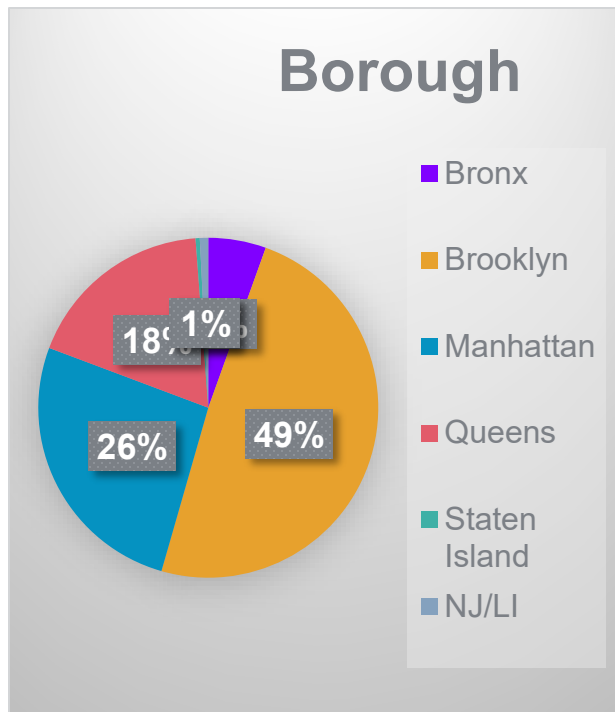
Addressing Social Needs



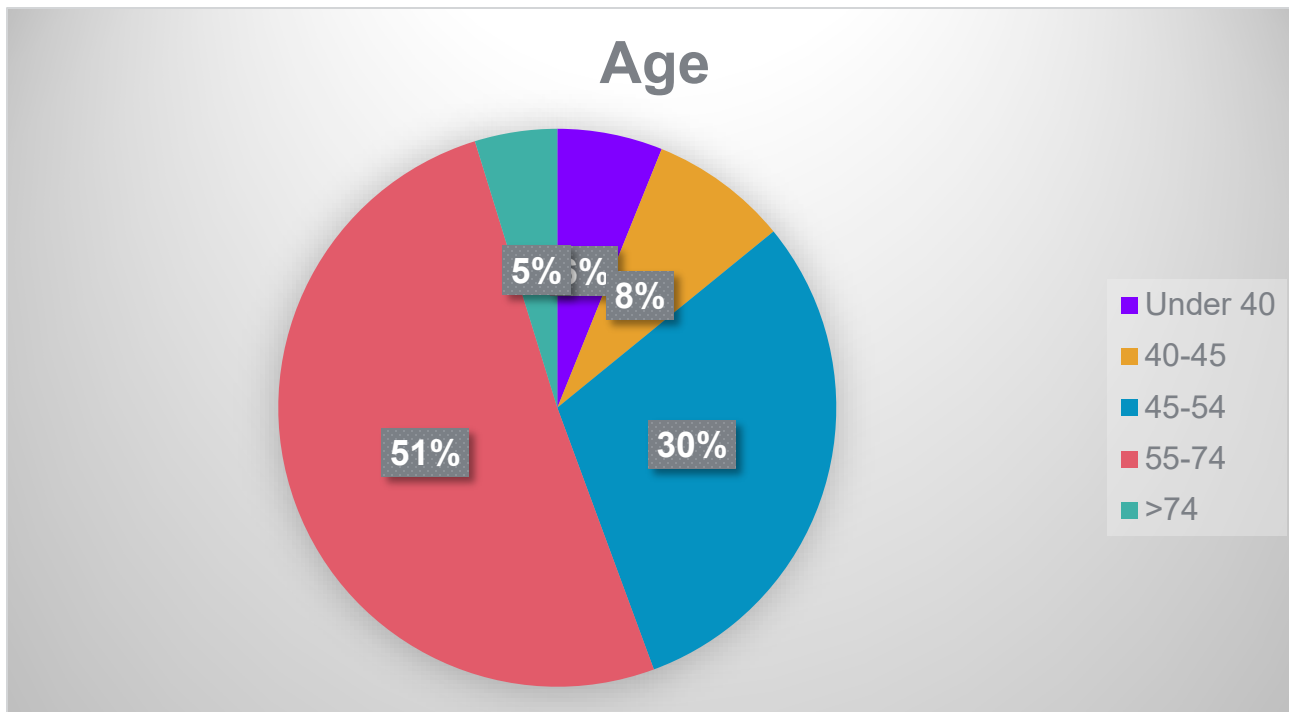
Assessing Barriers to Care



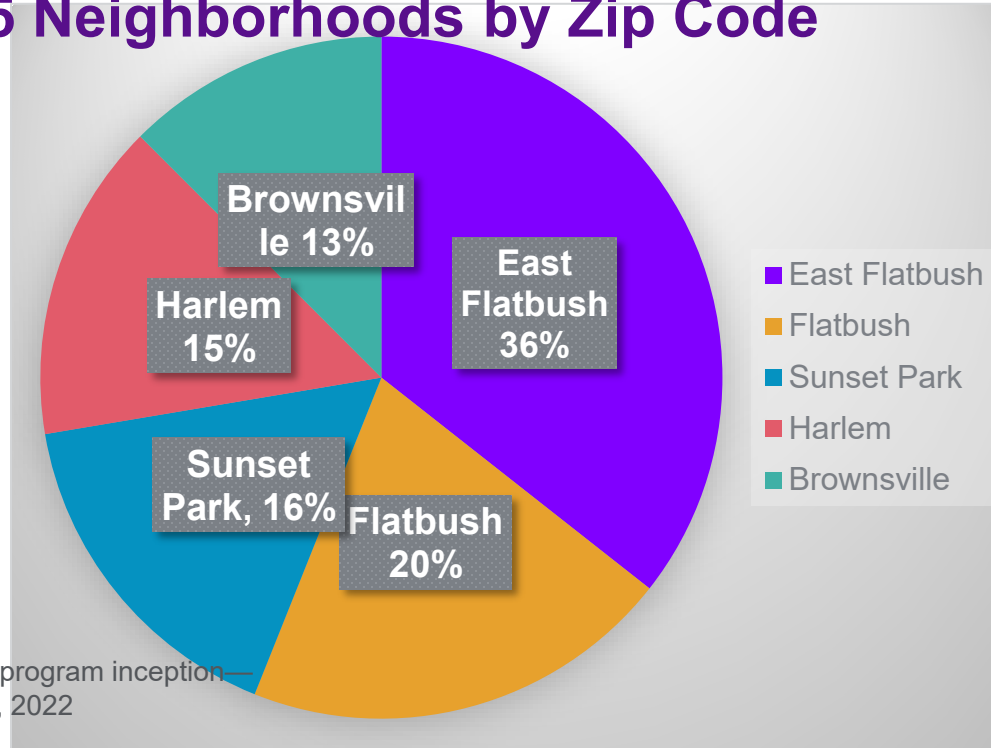
Year 1-5 Patient Demographics



Year 1-5 Demographics



Welters Program— Top 5 Neighborhoods by Zip Code



Data from program inception—
August 31, 2022

Genetic Counseling

- Hybrid Genetic Counseling Services
- Decreased No-Show Rates
- Decreased Wait times
- Less In-person appointments for patients which means less time off from work!
- FORCE-Virtual support groups, men, young previvors, LGBTQIA+ members, Spanish speaking members, and Lynch syndrome carriers

Clinical Trials

- Prescreening of charts for clinical trials
- Increased activation of trials focusing on LABC, triple negative, as well as presurgical
- Patients can be transferred to NYU for eligible trials
- Integration of patient navigators into clinical trial education

SAFETY NET HOSPITALS-GENETIC TESTING

Despite NCCN guidelines for genetic testing, studies have found that fewer than 30% of African Americans and Hispanics were aware of genetic testing for cancer risk assessment and have detected high rates of misperception regarding its use. These findings are alarming given that 22% of AA women who are diagnosed with invasive cancer and have a family history of tumor features associated with germline mutations ultimately test positive for a deleterious mutation.



SAFETY NET HOSPITALS-GENETIC TESTING

Genetic testing rates strongly correlate with discussion of genetic testing by providers

Economic factors are also implicated in reduced genetic testing

There are financial assistance programs available that can help patients overcome these economic barriers



SAFETY NET HOSPITALS- RECONSTRUCTION

Postmastectomy breast reconstruction rates examined at
Bellevue Hospital, a large city hospital in New York City

77.7% of the population studied received Medicaid, majority
non-White population

73.6% of the patient population received postmastectomy
breast reconstruction

Hispanic (89.1%) and Black women (80%) were most likely
to receive reconstruction

33% received autologous reconstruction



Ann Surg Oncol (2019) 26:821–826
<https://doi.org/10.1245/s10434-018-6994-4>

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY



ORIGINAL ARTICLE – RECONSTRUCTIVE ONCOLOGY

Breast Reconstruction in an Underserved Population: A Retrospective Study

Maxime M. Wang, BA, Elizabeth Warnack, MD, and Kathie-Ann Joseph, MD, MPH
Department of Surgery, New York University School of Medicine, New York, NY

ABSTRACT

Background. Breast reconstruction can help restore the shape and appearance of breasts after surgery. Studies have shown that minority and uninsured patients are less likely to receive breast reconstruction after mastectomy.

Objective. We sought to determine if post-mastectomy reconstruction varied by patient ethnicity and insurance status in a medically underserved population.

Methods. This was a retrospective study of mastectomy patients seen at Bellevue Hospital Center, a safety-net hospital in New York City, between January 2010 and December 2015. The Chi square test was used to compare patient characteristics versus type of reconstruction chosen and likelihood of reconstruction. Logistic regression was used to examine likelihood of reconstruction, controlling for patient insurance status, race, age, stage at presentation, and contralateral prophylactic mastectomy.

Results. Of the 750 patients included in the database, 220 underwent mastectomy. Overall, 73.6% of our patient population received breast reconstruction. Patients with Medicare insurance were less likely to get reconstruction compared with patients with other types of insurance (37.5%, $p = 0.04$). Hispanic patients were most likely to receive reconstruction (89.1%), followed by Black patients (80%) and Asian patients (66.7%) [$p = 0.03$]. There were no significant associations between patient race or stage at presentation and type of reconstruction. In a multivariate logistic regression, advancing age was associated with a decreased likelihood of reconstruction (adjusted odds ratio 0.91, $p < 0.001$).

Conclusions. In our underserved patient population, patients received breast reconstruction at rates higher than the national average. Institutional availability of patient navigators and preoperative counseling may contribute to more equal access to breast reconstruction.

INTRODUCTION

Disparities in health care have been demonstrated for minority and underserved patients in a variety of healthcare fields.^{1–4} Low socioeconomic status is associated with fewer immunizations, fewer screening tests for cancer, and lower-quality hospital care.¹ Disparities in care have also been demonstrated for women with breast cancer. For example, women without private insurance, and minorities, are less likely to have timely mammograms.² Underserved women are also less likely to receive guideline-concordant care after diagnosis.³ Disparities in care may translate into poorer outcomes. For example, Hispanic women have a lower incidence of breast cancer compared with White women, yet they have been shown to experience higher mortality rates.⁷

Breast reconstruction can restore the shape and appearance of the breast after mastectomy. The decision for reconstruction is often multifactorial. Greater access to plastic surgeons, greater health literacy, and private insurance status are associated with a greater likelihood of receiving post-mastectomy reconstruction.^{8–11} Evidence suggests that racial and ethnic disparities may exist in the utilization of post-mastectomy reconstruction. Previous studies have suggested that minority patients are less likely to receive post-mastectomy reconstruction compared with White patients.^{12–14} Specifically, several studies suggest that Hispanic patients are less likely than African American patients or White patients to receive reconstruction.^{12,14}

© Society of Surgical Oncology 2018

First Received: 14 August 2018;

Published Online: 7 November 2018

K.-A. Joseph, MD, MPH
e-mail: kathie-ann.joseph@nyulangone.org

SAFETY NET HOSPITALS-CLINICAL TRIALS



- Only 3% of patients participate in cancer trials in the United States
- Participation rates for African-American patients remains one of the lowest at 1.3%
- Lack of access to clinical trials
- Bias on the part of clinicians and investigators that result in suboptimal enrollment of underrepresented groups
- Expansion of access of clinical trials in safety net access is needed

STRATEGIES FOR IMPROVING BREAST CANCER OUTCOMES



- Improve access to health care
- Flexible hours
- More sites in minority communities
- Assistance with travel, medical costs, child care

WHAT IS A SAFETY-NET HOSPITAL?

- There is no one definition for safety-net hospitals
- Having a universally accepted definition can help ensure funding for hospitals in need



CANCER CARE AT SAFETY-NET HOSPITALS?

Improve access to cancer screening

Evidence-based multidisciplinary care

Patient navigation offering multilingual support to breast cancer patients through the entire continuum of care

Efforts made at screening as well as cancer treatment

Expansion of clinical trials at safety net hospitals





Thank you

