

# State of Texas Health Assessment

## To advance cancer prevention, screening and control

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### *Project Lead*

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Biostatistics, Epidemiology,  
Population health, Genetics



### *Co-Leads*

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Health care delivery and outcomes



**Tina Shih, PhD**

Cancer economics



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Surveys, e-Health interventions



**Lorna McNeill, MPH, PhD**

Disparities, community-based  
research



**Lewis Foxhall, MD**

Health policy



**Sonia Cunningham, PhD**

Research planning/development



**Ernest Hawk, MD, MPH**

Cancer prevention, control, early  
detection

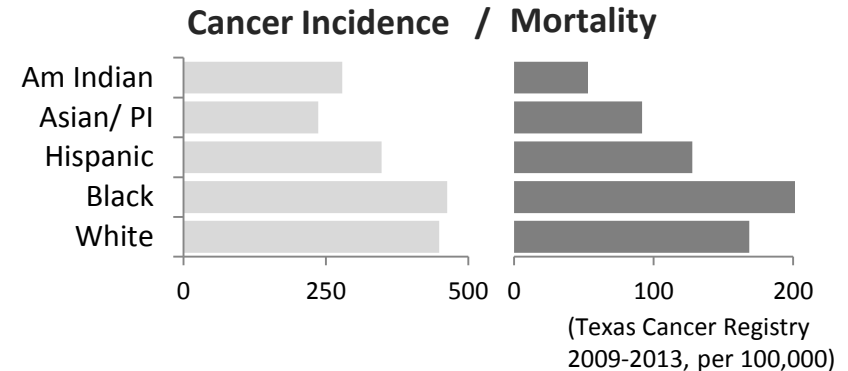
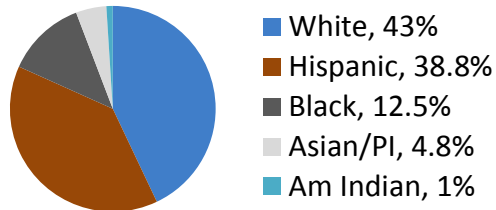
# State of Texas Health Assessment

## MD Anderson's Catchment Area

**State of Texas:** Population rank, 2 (27,862, 596)

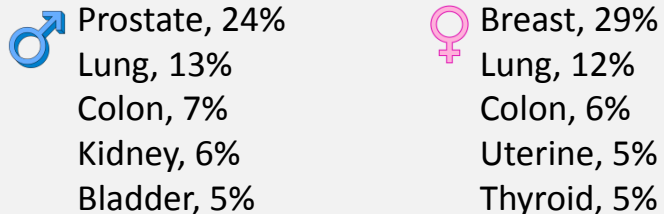
254 counties

77 metro  
177 rural  
32 border  
64 frontier

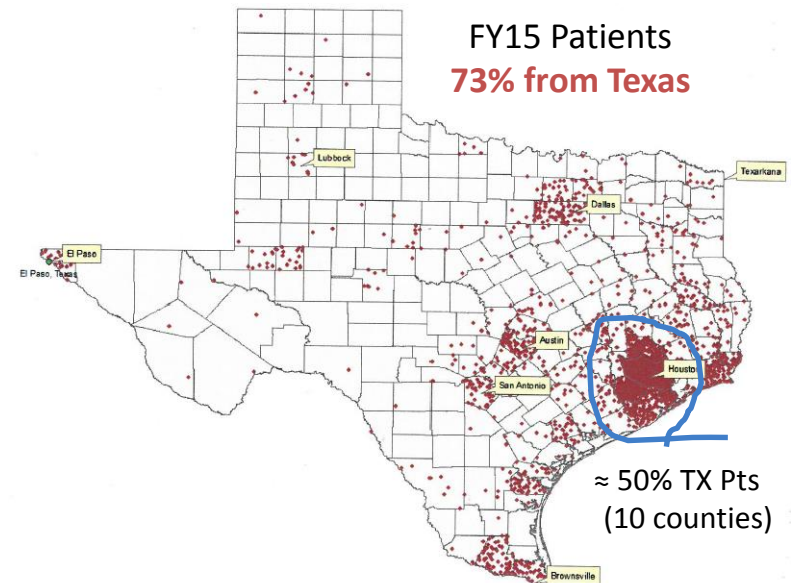
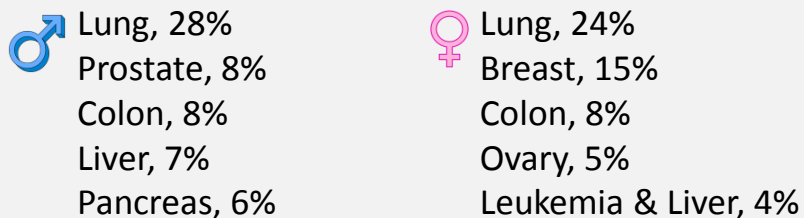


**Top 5 cancers in Texas\***

### Incidence



### Mortality



\*Texas Cancer Registry, estimated 2015

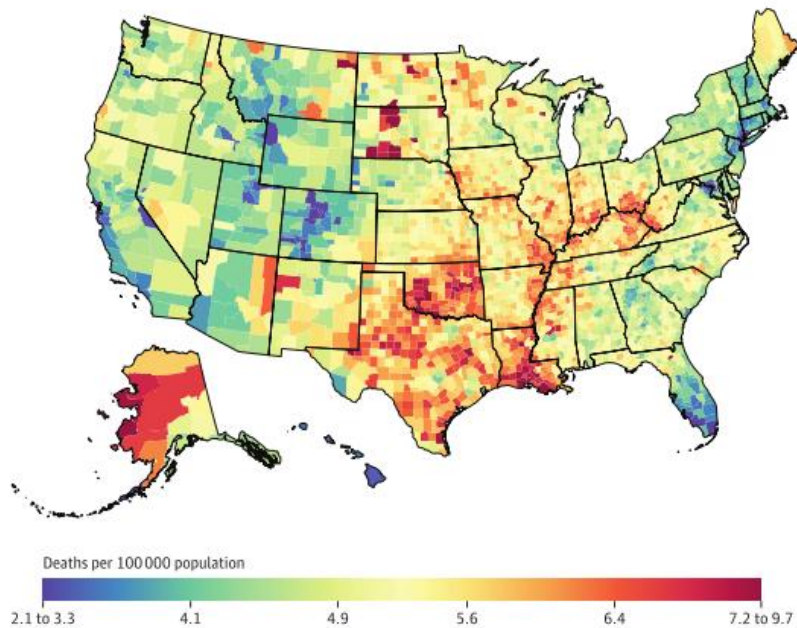
# State of Texas Health Assessment

## MD Anderson's Catchment Area

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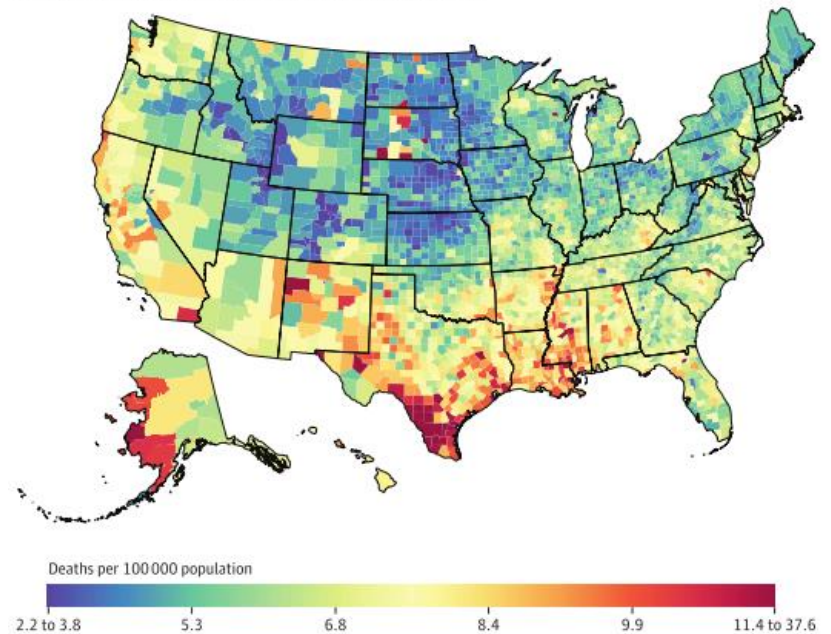
### County-level Mortality Kidney Cancer

A Age-standardized mortality rate from kidney cancer, both sexes, 2014



### County-level Mortality Liver Cancer

A Age-standardized mortality rate from liver cancer, both sexes, 2014



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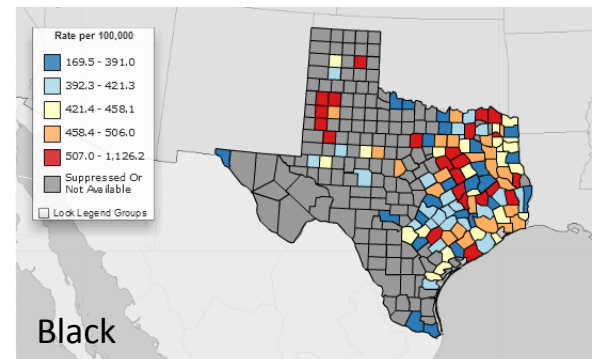
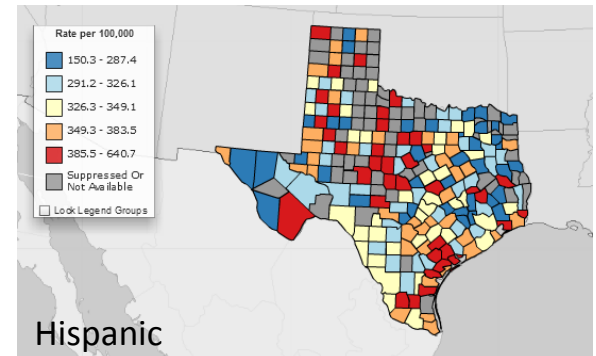
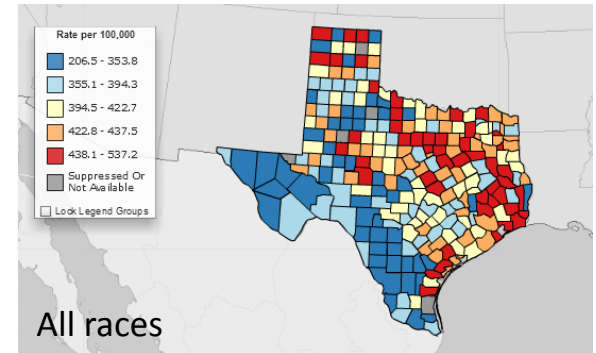
### Texas Cancer Plan Priorities

1. Smoking-adults and youth
2. Screening – breast, cervical, colorectal
3. Supportive & palliative care
4. Cancer health disparities
5. Clinical trials participation

### Critical Issues in Texas, examples

1. Under and un-insurance rates one of highest in nation
2. 41<sup>st</sup> /50 states for compliance with USPSTF guidelines for CRC screening
3. 4-fold ↑ incidence of HCC in Hispanics vs non-Hispanic whites in South Texas
4. HPV-associated cancers projected to increase
5. Substantial health/cancer disparities in Northeast Texas

Age-adjusted incidence rates, 2008-2012  
All cancer sites, both sexes



# Why state of Texas as our catchment area?

- 3/4<sup>th</sup> of our patients are from the state of Texas
- We are a state institution, so it was felt logical for us to serve the state of Texas as the leading cancer center

# State of Texas Health Assessment

## To advance cancer prevention, screening and control

### Survey Design

1. Urban and rural strata
2. Ethnic/Racial strata

### Probability Sampling

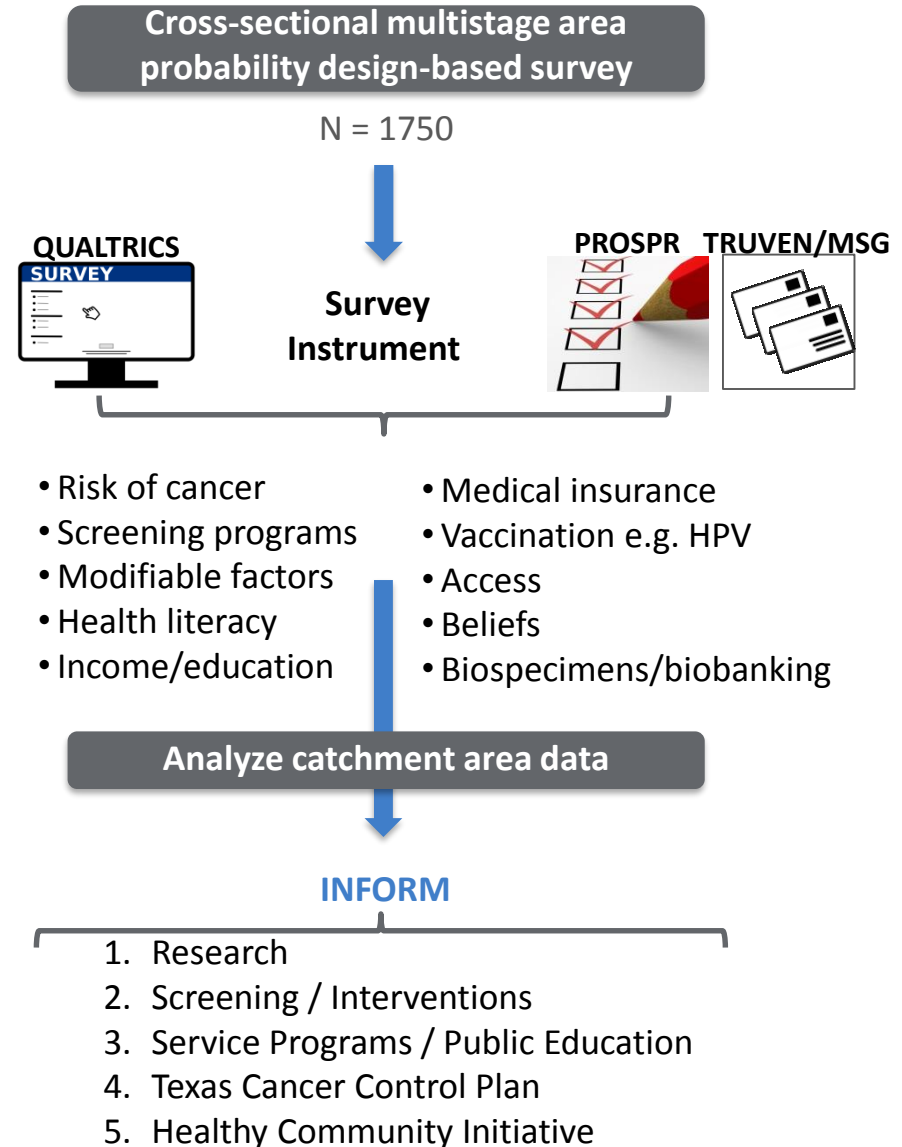
1. Qualtrics (panels)
2. Marketing Systems Group

### Non-Probability Sampling

1. Lower Rio Grande Valley
  - Partner: UT Brownsville
2. North East Texas, rural
  - Partner: UT Tyler - FQHCs
3. Urban/suburban Houston  
*Partner: Mexican American Cohort*

### Survey Instruments

1. Common constructs
2. HINTS, BRFSS, NHIS
3. Rural area questions
4. Houston Health Survey
5. BANKs
6. *English and Spanish*



# Online versus mail-in surveys

- Collecting data using both online and mail-in surveys will
  - allow us to compare the quality and representativeness of these two approaches
  - determine the pros and cons of each method, and adjust for associated biases

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### Questionnaire Sections

- Core Questions
- Prevention and screening
  - Cervical cancer - pap, HPV
  - Skin cancer – sun screen, skin survey
  - Prostate cancer – PSA
  - Lung cancer – CT scan
  - Oral health
  - Health promotion programs
- Women's health
- Predisposing e.g.
  - Hepatitis
  - Obesity
  - Diabetes
- Immunization, HPV, HBV
- Nutrition
- Physical Activity
- Community exposures
- Work schedule / sleep
- Patient Navigation
- Biospecimen / research
- ZIP code (*for online*)



# How data will be used

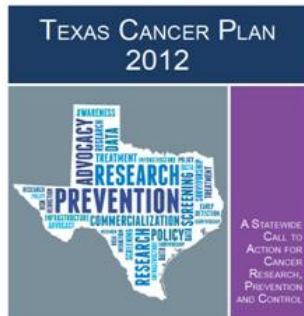
- The data that will be collected will be able to provide us with a better understanding of the needs and opportunities of our vast catchment area.
- Analyses will help tailor the existing cancer control initiatives
- The data will help:
  - provide local estimates related to cancer disparities
  - inform areas of focus for cancer screening and improvements in screening delivery
  - highlight opportunities to reduce risk factors and address missed cancer control opportunities
  - identify opportunities to improve access to quality supportive or palliative care
  - outline opportunities to enhance health literacy, particularly in rural or frontier settings
  - guide evidence-based actions in relevant areas of public policy
  - assess the impact of cancer-relevant policies

# State of Texas Health Assessment

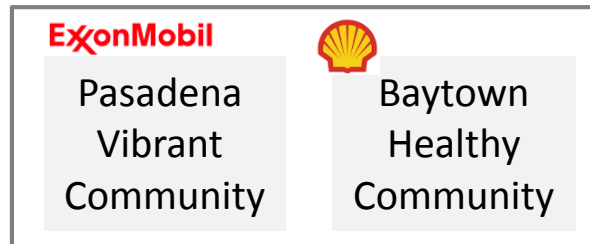
## To advance cancer prevention, screening and control

Inform Outreach and Interventions

### Texas Cancer Plan



### MD Anderson Moonshot Cancer Control Platform



Sustainable partnerships , programs in prevention

### Mexican American Cohort



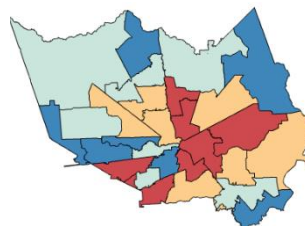
### UT System System-wide Population Health Plan



Population Health Strategic Plan

THE UNIVERSITY OF TEXAS COLLABORATION ON POPULATION HEALTH  
INNOVATION AND IMPROVEMENT

### UT School of Public Health Institute for Health Policy



### TX Primary Care Physicians Network Initiative

- DFI-funded
- PCP survey
- Joint analysis
- Educational programs
- Research projects

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### IRB

1. Protocol PA16-0724: Approved with contingencies (09/19/2016)
2. Authorization of participation – Spanish translation, in progress
3. Awaiting full survey prior to activation

### Project Timeline

