



CO-EXISTING WITH CANCER AND COVID

Ramifications for Ethical, Clinical, and Anti-Racist Oncology Social Work Practice

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ACKNOWLEDGEMENTS

LEARNING OBJECTIVES

- Participants will conceptualize the intersection of the COVID-19 pandemic and the BLM movement and their impact on the delivery of oncology social work services.
- Participants will understand opportunities, inequity, and ethical challenges associated with the shift to tele-oncology social work.
- Participants will recognize and synthesize the impact of shared trauma and collective grief on quality of life.



WHAT A LONG, STRANGE
TRIP IT'S BEEN

“We need to start
planning for a
significant disruption
to our lives.”

CDC Briefing
2/25/2020

TWO WEEKS
LATER
MARCH 13TH

Schools
CLOSED

Work
REMOTE/CLOSED/FURLOUGHED/ESSENTIAL

Restaurants
CLOSED

Non-essential businesses
CLOSED

Day care
CLOSED

Shelter in place orders in many locations.

The introduction of the concept of social distancing.

THE EXPERIENCE OF SHARED TRAUMA AND COLLECTIVE GRIEF

Not only are we the helpers...but we may also need help.

This experience impacts us, our families and our lives just as it does our clients.

Inability to protect ourselves, our families, our friends, our co-workers, and clients.

Shared powerlessness & helplessness.

- Frustration, anger, "COVID fatigue"

So. Many. Losses.

- Validating our collective grief.

THE PANDEMIC HAS ALSO HIGHLIGHTED PRIVILEGE

- “Social distancing is a privilege. It means you live in a house large enough to practice it. Hand washing is a privilege too. It means you have access to running water. Hand sanitizers are a privilege, It means you have money to buy them. Lockdowns are a privilege. It means you can afford to be at home. Most of the ways to ward off [COVID19] are accessible only to the affluent. In essence, a disease that was spread by the rich as they flew around the globe will now kill millions of the poor. All of us practicing social distancing...must appreciate how privileged we are.” (Physician in India)



SOCIAL
WORK &
PANDEMIC
PRIVILEGE

- What communities/populations don't have the resources to practice social distancing?
- What does it feel like to think of the ability to practice social distancing as a privilege?
- What underlying inequities in our society has the pandemic exposed?

GEORGE FLOYD AND THE BLM MOVEMENT

- A MOVEMENT...not a moment.
- Coupled with with the COVID-19 pandemic.
- Highlighted a co-existing public health crisis, **systemic racism**.





SYSTEMIC
RACISM AND
DISPARITIES
IN CANCER
CARE

- Black women are more likely to die from breast cancer than non-Hispanic White (NH) women.
- Black men are more likely to be diagnosed with prostate cancer than NH White men.
- Black men are more likely to die from prostate cancer than NH White men.
- Black men and women are more likely to be diagnosed with multiple myeloma, & leukemia than NH White men and women.

DISPARITIES IN HEALTH AND QUALITY OF LIFE AFTER A CANCER DIAGNOSIS

TWO-FOLD
INCREASED RISK

African American women had a two-fold increased risk of breast cancer-related lymphedema (swelling in the arms that can cause pain and problems in functioning) compared with white women (259).

28%
HIGHER

Adolescents and young adults surviving two or more years after a Hodgkin lymphoma diagnosis who lived in low socioeconomic neighborhoods had 28 percent higher likelihood of respiratory system diseases compared with those in high socioeconomic neighborhoods (260).

MORE THAN
TWICE

Black women with breast cancer who were being treated with HER2-targeted therapeutics had more than twice the rate of heart damage (cardiotoxicity) as white women and therefore a significantly greater probability of incomplete therapy (261).

50%
MORE LIKELY

Colorectal cancer survivors who had low socioeconomic status were 50 percent more likely to report clinically significant anxiety and depression compared with those who had high socioeconomic status (262).

23%
MORE LIKELY

Cancer survivors who lived in rural areas were 23 percent more likely to report psychological distress compared with those in urban areas (263).

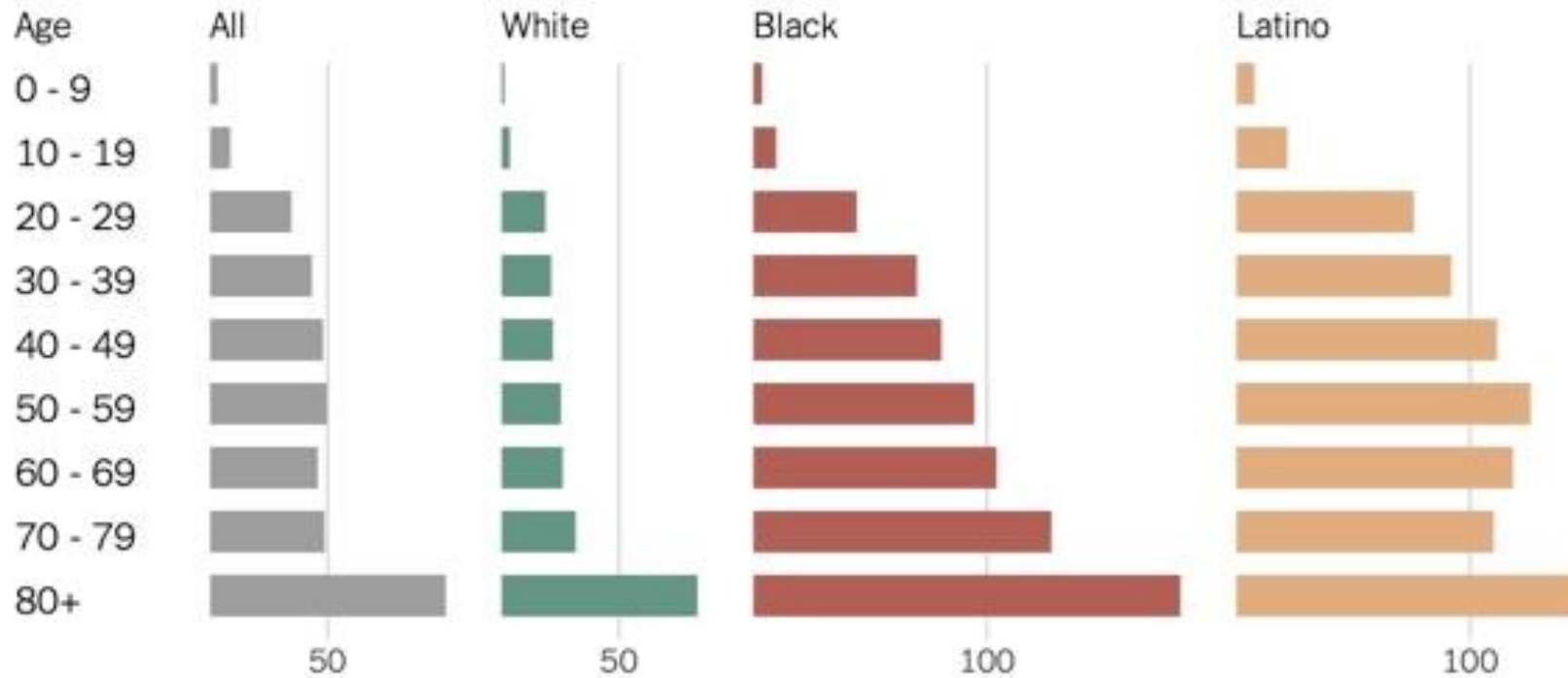


SYSTEMIC
RACISM AND
DISPARITIES IN
THE COVID-19
PANDEMIC

- COVID-19 Infections
 - Disproportionate infection rate across the country---urban, suburban and rural areas.
 - Latinx 73 cases/10,000
 - Black 62 cases/10,000
 - White 23 cases/10,000

New York Times, 5 July 2020

Coronavirus cases per 10,000 people, by age and race

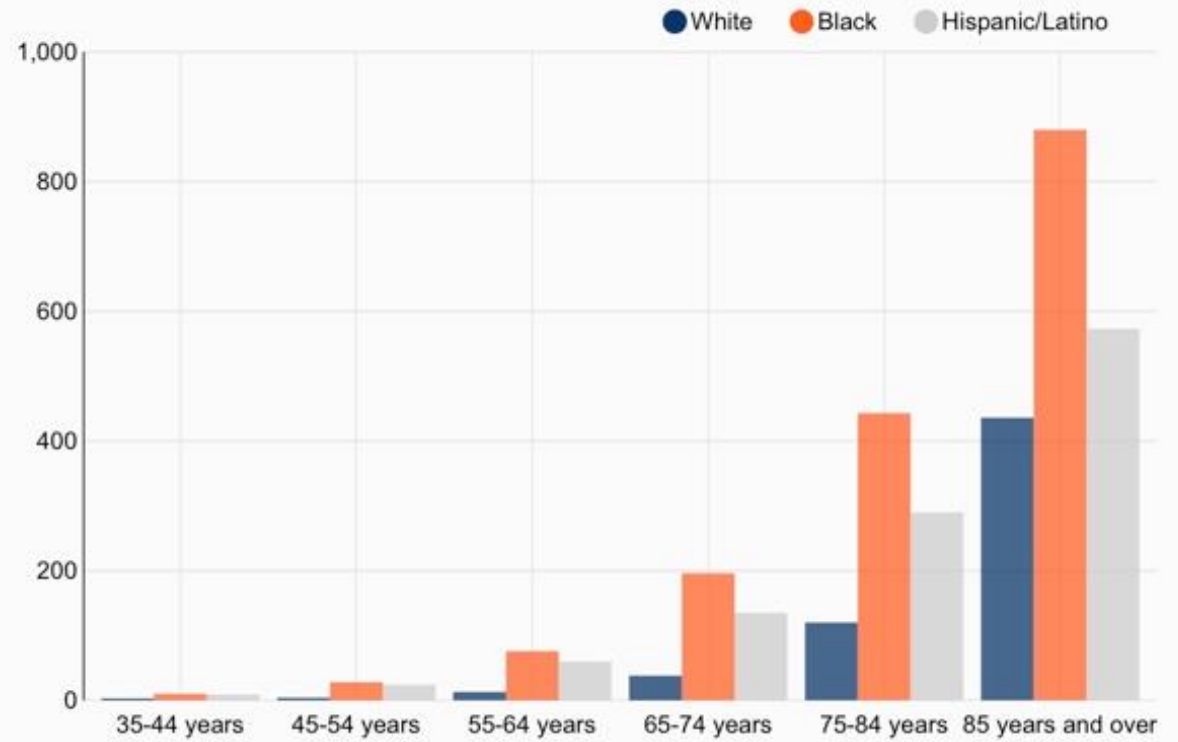


Source: Centers for Disease Control and Prevention | Note: Data is through May 28.

SYSTEMIC RACISM
AND DISPARITIES
IN THE COVID-19
PANDEMIC

Death Rates/COVID-19 by Race

Rates per 100,000

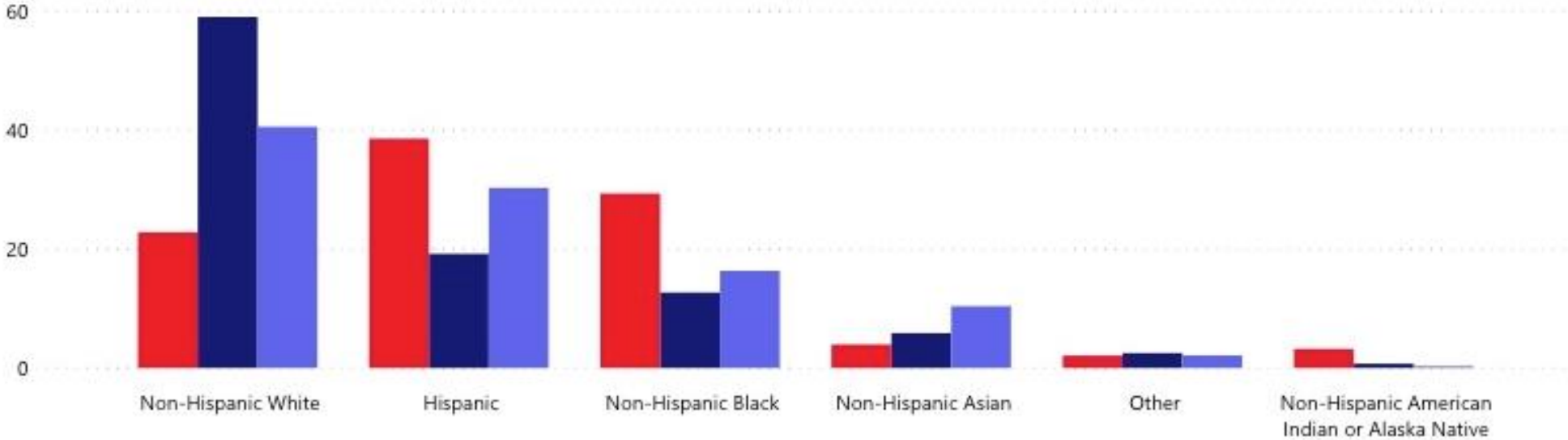


Source: CDC data from 2/1/20-6/6/20 and 2018

Census Population Estimates for USA

BROOKINGS

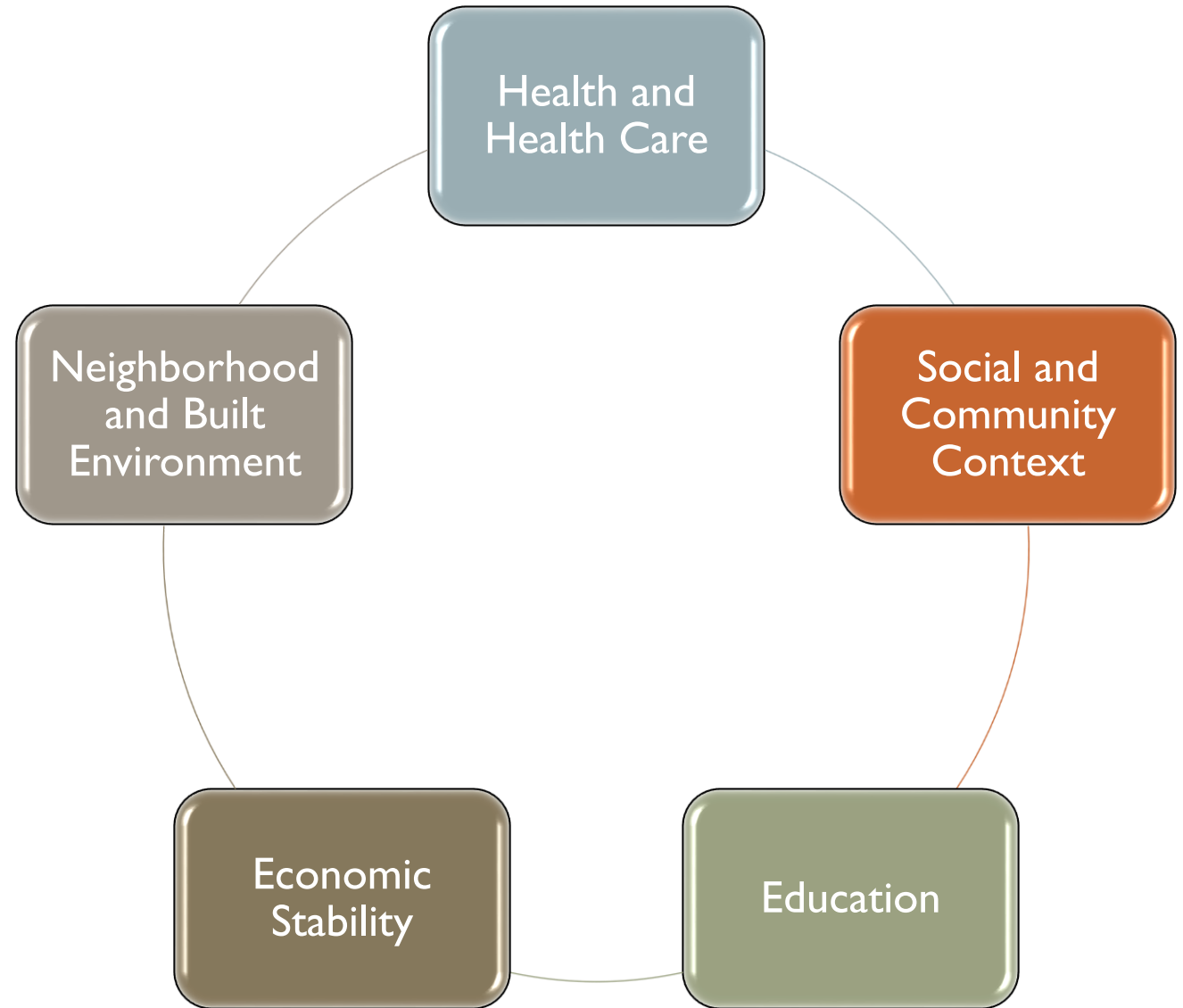
AGE STANDARDIZED ADJUSTED COVID-19 DEATHS (%)



Red= % of Deaths
Dark Blue = Unweighted distribution of population
Blue = Weighted distribution of population

WHY THESE DISPARITIES IN BOTH CANCER AND COVID-19?

Social Determinants of Health





WE MUST PIVOT

PIVOT

- Noun : “ a shaft or pin on which something turns.”
- Verb: ”to turn on or as if on a pivot.”
- Synonyms : revolve, rotate, spin, swing, swirl, turn, twirl, twist, wheel, whirl.
- In this context: change course, adapt, attempt new things, answer a call to action.

CLINICAL PIVOTS

What does it mean to practice socially distant oncology social work?

What does it mean to practice anti-racist oncology social work?

What are the unique challenges?

Social work is essential, but we may not be considered “essential personnel.”

How do we advocate for our work, our clients and ourselves?

OVERNIGHT
MANY OF US BECAME
TELE-OSW'S

OSW PRACTICE IN THE AGE OF COVID-19

- Influenced by setting.
- Access to tele-medicine tools.
- Impact on team collaboration.
- Shift of available resources.

OSW PRACTICE IN THE AGE OF COVID-19: EXACERBATION OF PRE-EXISTING PSYCHOSOCIAL CHALLENGES

Transportation

Caregiving

Food Insecurity

Housing

Social support and social isolation

Communicating with providers

Loss of job/income

Loss of insurance



ETHICAL CHALLENGES AND PIVOTS



SOCIAL
WORK
CORE
VALUES

- Service.
- Social Justice.
- Dignity and Worth of the Person.
- Importance of Human Relationships.
- Integrity.
- Competence.

ETHICAL HOT ZONES

- Informed consent.
- Privacy.
- Confidentiality.
- Accessibility.
- Boundaries.
- Where can we practice and who can we practice with?

INTEGRATING DIGITAL HUMILITY



LEGAL CHANGES DUE TO THE PANDEMIC



HIPAA SUSPENSIONS.



STATE LEVEL CHANGES
IMPACTING LICENSURE,
SUPERVISION.



CMS EXPANSION/TELEHEALTH
WAIVERS

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

TERMINOLOGY MATTERS

- SDOH: (WHO) “the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life including economic policies and systems, development agendas, social norms, social policies and political systems.”
- Structural policy level factors that create/augment risk for health problems at the community and population level.
 - Not inherently “positive or negative”
 - Give benefits to some; cause disparities for others.

SOCIAL NEEDS & SOCIAL RISK FACTORS

Social Needs

- Patient centered and driven.
- What needs to be attended to most immediately.

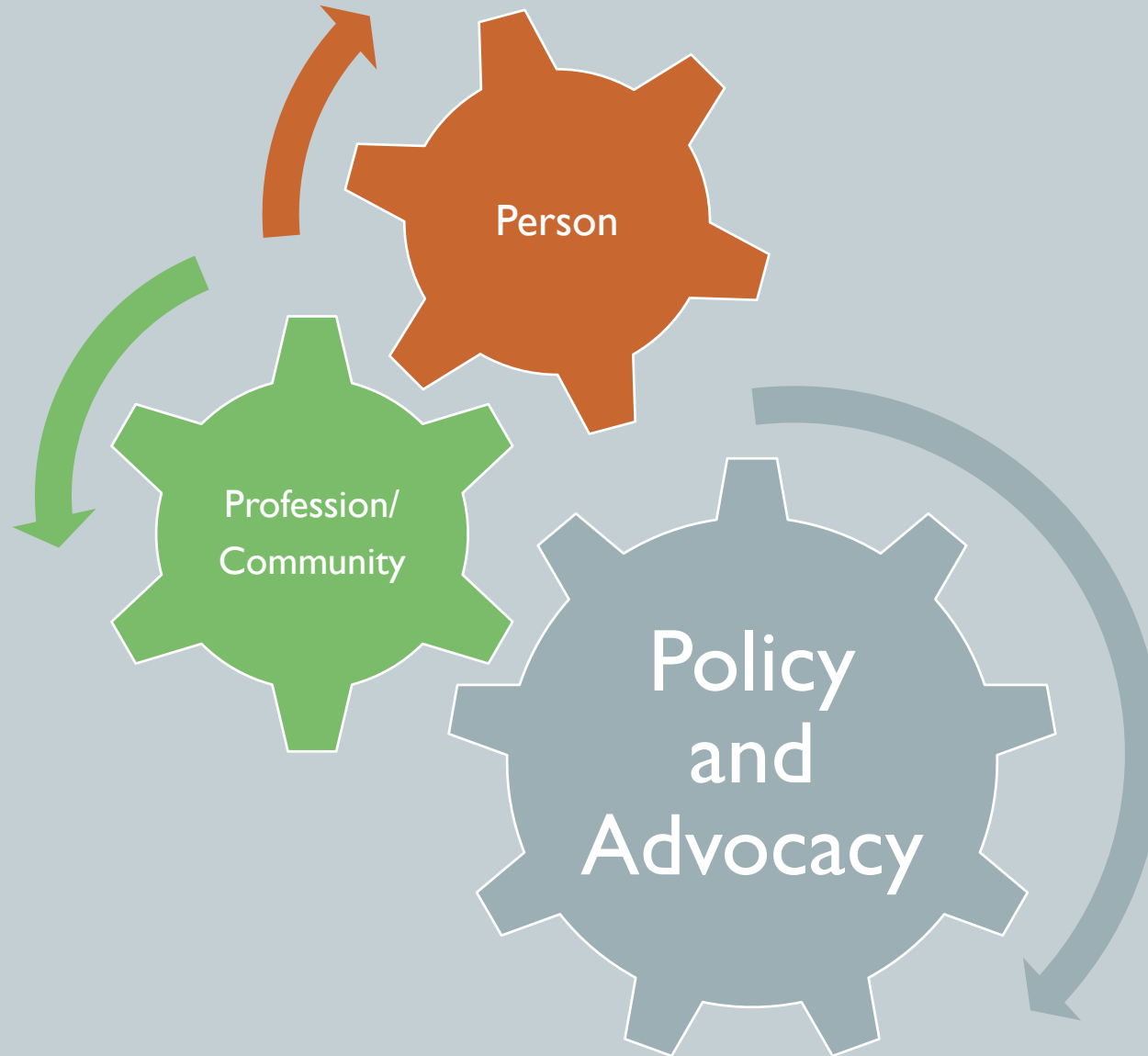
Social Risk Factors

- “Adverse social conditions associated with poor health.”
- Patients may not identify/understand these, but they feel them.
- Screening for unmet, unidentified needs is essential.

SOCIAL JUSTICE

- “Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.”

NASW Code of Ethics



RE-THINKING OUR FUTURE

“We will not go back to normal. Normal never was. Our pre-Corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate, and lack. We should not long to return my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.”

Sonya Renee Taylor



COLLECTIVE EXERCISE

- In the chat box, please share one thing you will do in the next week to learn, change, act, explore, or question systemic racism and its impacts on the pandemic, oncology social work and/or your community.

ANTI-RACIST EDUCATIONAL RESOURCES

- InsightLA--<https://insightla.org/anti-racism-resources/>
- Social Work.career--<https://www.socialwork.career/2020/06/anti-racism-resources-for-social-workers-and-therapists.html>
- Showing Up for Racial Justice--<https://www.showingupforracialjustice.org>
- Kellogg Foundation Racial Equity Resource Guide--
<http://www.racialequityresourceguide.org/organizations/organizations/sectionFilter/Racial%20Healing>
- NASW--<https://www.socialworkers.org/News/News-Releases/ID/2187/Anti-Racism-Now-and-Forever-More>



STAY
CONNECTED!

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