

The Cancer Gap in Racial and Ethnic Minorities

Health Disparities

Cancer health disparities are differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions, beyond what would be expected under equitable circumstances that exist among specific population groups in the United States. These population groups may be characterized by gender, age, race/ethnicity, education, income, social class, disability, geographic location, or sexual orientation.

Health Equity

The state of a population's health such that access to and receipt of appropriate quality preventive, screening, treatment, palliative, and end-of-life care, services and information are not determined or influenced by social, economic, or political barriers. That is, all members of a society, community, or population have equal opportunities for access to services in accordance with societal norms.

The Facts

Disparities in the cancer burden among racial and ethnic minorities largely reflect obstacles to receiving health care services related to cancer prevention, early detection, and high-quality treatment, with poverty (low socioeconomic status) as the overriding factor. According to the US Census Bureau, in 2008, 1 in 4 (25%) African Americans and 23% of Hispanics/Latinos lived below the poverty line, compared to 9% of non-Hispanic whites. Moreover, 19% of African Americans and 31% of Hispanics/ Latinians were uninsured, while only 11% of non-Hispanic whites lacked health insurance.

American Cancer Society Cancer Facts & Figures 2010

Racial and ethnic minorities tend to receive lower-quality health care than whites even when insurance status, income, age, and severity of conditions are comparable. Social inequalities, such as racial discrimination, communication barriers, and provider assumptions, can affect interactions between patient and physician and contribute to miscommunication or delivery of substandard care.

American Cancer Society Cancer Facts & Figures 2010

Overall, African Americans are more likely to develop and die from cancer than any other racial or ethnic group. African American males are about 34 percent more likely to die of cancer than white males; African American females are about 17 percent more likely to die of cancer, compared to white females.

American Cancer Society Cancer Facts & Figures 2010

Hispanics have lower incidence rates for all cancers combined and for most common types of cancer compared to whites, but have higher rates of cancers associated with infection, such as uterine cervix and stomach. For example, incidence rates of liver cancer are almost twice as high in Hispanic men and women as in whites.

American Cancer Society Cancer Facts & Figures 2010

Asian Americans and Pacific Islanders have lower incidence rates than whites for the most common cancer sites, but they have a higher incidence of many of the cancers related to infection. They have the highest incidence rates for liver and stomach cancers of all racial and ethnic groups in both men and women, and among the highest death rates for these cancer sites.

American Cancer Society Cancer Facts & Figures 2010

American Indians and Alaska Natives have high mortality rates for kidney cancer, higher than in any other racial or ethnic population.

American Cancer Society Cancer Facts & Figures 2010

The American Cancer Society's Role in Achieving Health Equity

Research

The American Cancer Society recognizes that the burden of cancer is unequal across ethnic groups, and is committed to playing an active role in decreasing and contributing to the elimination of disparities. The Society invests in research directed toward alleviating the unequal burden of cancer across ethnic groups. Since 2000, the Society has awarded 133 grants totaling more than \$113 million in support of cancer disparities research. Currently (April 2011), we have 89 active grants totaling \$72.1 million that support cancer disparities research.

Building on 10 years of targeted funding for research in poor and underserved populations, the Cancer Control and Prevention Research program of the Society's Extramural Grants department recently announced that priority would be given to funding psychosocial, behavioral, health policy, and health services research that will result in reductions in health disparities. These studies can focus on any point along the cancer continuum, from prevention to end of life. Of particular interest are studies that focus on reducing disparities in particular racial/ethnic populations, including African Americans, Hispanic/Latinos, Asians/Pacific Islanders, Native Americans/Alaskan Natives, as well as low income/rural poor.

Other population groups may also be considered, such as those characterized by gender, age, social class, disability, geographic location, or sexual orientation.

Examples of this type of research that the Society has funded in recent years include the work of former Society grantee Laura Linnan, ScD, from the University of North Carolina, Chapel Hill. The North Carolina BEAUTY and Health Project is an intervention that addresses owners, customers, and stylists; interactions between customers and stylists; and the salon environment, as a way to reach African American women with health information and messages in beauty salons. Dr. Linnan concluded that beauty salons represent a promising setting for maximizing reach, reinforcement, and impact of public health interventions aimed at addressing health disparities among African American women.

Current Society grantee Deborah Erwin, PhD, from Health Research, Inc., Roswell Park Cancer Institute, Buffalo, New York, is testing the effectiveness of an innovative program called Esperanza y Vida (Hope and Life). The program aims to increase knowledge of and screening for breast and cervical cancers by Latina women through educational presentations (in Spanish) targeted to both Latino men and women. Presentations feature a survivor telling her story to counter the perception that cancer is a "death sentence," and acknowledge the importance of spiritual concerns for Latinas. The inclusion of Latino men in the presentation as both health educators and participants is intended to increase knowledge and understanding of these health issues by the spouses of the women and to emphasize the importance of keeping women healthy for the good of the entire family.

The results of these studies will be put into action in a number of ways – in peer-reviewed publications, in an upcoming book outlining effective cancer control interventions that reduce disparities, and in the development of evidence-based community programs aimed at reducing disparities.

In addition, the Society's Intramural Research department is actively enrolling a diverse study population for its Cancer Prevention Study-3, a large prospective cohort study designed to help the Society in its research efforts to prevent cancer. CPS-3 will help the Society better understand the genetic, behavioral, environmental, and lifestyle factors that cause or prevent cancer, and ultimately will help eliminate cancer as a major health concern for future generations. Having a diverse study population will help researchers discover information that may help in preventing cancer among racial and ethnic minorities and eliminating existing disparities.

In addition, *Cancer Facts & Figures 2011*, published by the Society's Surveillance Research program, will include a special section that will discuss the impact of eliminating disparities on premature deaths from cancer. This section will provide the number and proportion of premature cancer deaths in 2007 that could potentially have been avoided if disparities in cancer death rates by race and level of education were eliminated. A summary of these findings will also appear in the *Cancer Statistics 2011* article that will be published in the journal *CA: A Cancer Journal for Clinicians*.

Programs and Services

Many of the Society's programs and services have been developed with diverse populations in mind and are available in languages other than English. *Aconseje a su Amiga* is a program that encourages Latina women to get mammograms and Pap tests. *Body & Soul: A Celebration of Healthy Living*, a collaboration with the National Cancer Institute, promotes healthy eating in African American churches to help reduce cancer risk.

By calling the Society's toll-free number (1-800-227-2345), people who speak English, Spanish, and other languages can obtain information about cancer prevention, early detection, and treatment, and can be linked to resources in their communities. The Society's Web site (cancer.org) also includes Spanish and Asian language materials.

Collaborations

The American Cancer Society and its advocacy affiliate, the American Cancer Society Cancer Action NetworkSM (ACS CAN), recognize that winning the fight against cancer is a collaborative effort. To that end, both the Society and ACS CAN have partnered with diverse organizations, ranging from African American Greek letter organizations such as Alpha Phi Alpha, Fraternity, Inc., Alpha Kappa Alpha Sorority, Inc., and Zeta Phi Beta Sorority, Inc., to professional associations such as the National Medical Association. Through these collaborations, the Society and ACS CAN will build on a legacy of service to others by empowering communities with knowledge to foster dialogue around cancer and how it affects minority communities.

Advocacy – American Cancer Society Cancer Action Network

The American Cancer Society and its advocacy affiliate, the American Cancer Society Cancer Action NetworkSM (ACS CAN), support legislation and public policies that help reduce cancer disparities and improve access to quality care for all Americans. ACS CAN is actively engaged in a number of efforts at the state and federal levels that include:

- **Improving access to care** – As a part of their joint Access to Care initiative, ACS CAN and the Society are working to ensure that the health care system works for all people with cancer and their loved ones. This work includes making sure that key provisions of the Affordable Care Act (ACA) that benefit cancer patients and survivors are implemented as strongly as possible and adequately funded.

These provisions ensure that all people with cancer are no longer:

- Denied health insurance due to pre-existing conditions
- Charged more for their health insurance because of health status
- Faced with annual or lifetime coverage limits that cause a sudden termination of care
- Forced to choose between saving their life or their life savings because they lack access to affordable health insurance

Additionally, the following provisions will help address disparities by:

- Providing funding to expand community health centers, which serve communities that face barriers to accessing health care
 - Improving collection and reporting of data on race, ethnicity, sex, primary language, and disability status, which is needed to fully assess the extent of cancer disparities and to identify approaches best suited to reduce them
 - Prioritizing health disparities at the National Institutes of Health, establishing a network of federal-specific offices of minority health, and creating an Office of Women's Health
 - Providing support for Medicaid coverage expansions to all adults who qualify for the program, which will allow all low-income adults below 133% of the federal poverty level to become eligible for Medicaid beginning in 2014 and get access to preventive care and treatment
- **Passing the Colorectal Cancer Prevention, Early Detection and Treatment Act** – This legislation, which was recently introduced in the US House of Representatives and the US Senate, would establish a national program run by the Centers for Disease Control and Prevention (CDC) that would provide grants to states for screening low-income individuals who cannot afford to get tested. The program would bridge the gap for men and women who are within the recommended age for colon cancer screening but are not eligible for new benefits under the Affordable Care Act. It would also educate providers about how best to speak with their patients about colon cancer screening and support a public education campaign for the general public about the

importance of getting tested. ACS CAN is also working in partnership with the Society to pass colon cancer screening and treatment state laws that would establish colon screening and treatment programs for low-income and uninsured patients.

- **Supporting federal funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** – This program provides low-income, uninsured, and underinsured women access to mammograms, Pap tests, and follow-up care. However, under current funding the program serves fewer than one in five eligible women nationwide. Cuts to the program would mean even fewer women would be served.
- **Protecting state Medicaid funding for the Breast and Cervical Cancer Treatment Program** – Treatment for women diagnosed through the NBCCEDP is provided through Medicaid. ACS CAN works in partnership with the Society at the state level to protect Medicaid dollars for state Breast and Cervical Cancer Treatment Programs. Adequate funding will continue to enable low-income, uninsured, and underinsured women to benefit from treatment once they are diagnosed with cancer through the NBCCEDP.
- **Urging Congress to support funding for the Patient Navigator, Outreach, and Chronic Disease Program** – This Health Resources and Services Administration (HRSA) program helps cancer patients navigate the health care system and overcome barriers to health care. Funding would ensure that patient navigators are placed in communities nationwide.
- **Funding the National Institute on Minority Health and Health Disparities** – ACS CAN is working to maintain funding for the National Institute of Minority Health, which was recently elevated from the National Center on Minority Health under the Affordable Care Act. Essential resources are needed to support cutting-edge research that holds the promise of developing cancer treatments and ways to expand access to them.
- **Sustaining funding for the National Center for Chronic Disease Prevention and Health Promotion** – ACS CAN is fighting for funding for this vital CDC center, which includes cancer education, outreach, and screening programs aimed at cancers disproportionately affecting minority communities.
- **Providing funding to cover Medicaid Smoking Cessation Programs** – Although Medicaid coverage of smoking cessation services is one of the most cost-effective disease prevention strategies, many states are reducing or eliminating such coverage. The Society is working in partnership with ACS CAN at the state level to maintain these programs for those who need them most.

Visit acscan.org for more information.