

## *Special Section:* Cancer Disparities and Premature Deaths

### Introduction

There has been remarkable progress in reducing cancer death rates in the United States. Between 1990 and 2007, the most recent year for which mortality data are available, overall cancer death rates decreased by about 22% in men and 14% in women, translating to the avoidance of 898,000 deaths from cancer. However, not all segments of the US population have benefitted equally from this progress.<sup>1</sup> Death rates in persons with lower socioeconomic status, as defined by education, occupation, or

**Table 1. Cancer Death Rates\* by Educational Attainment, Race/Ethnicity, and Sex, Ages 25-64, US, 2007**

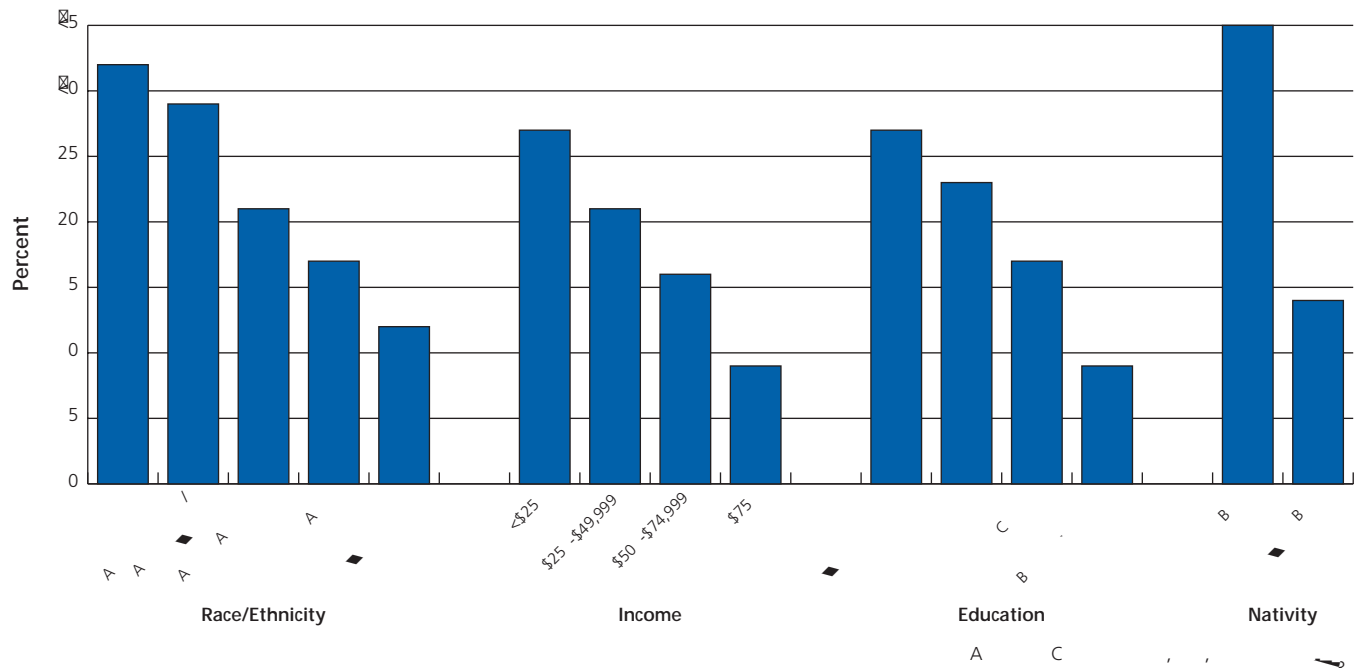
	Men				Women			
	All Races	Non-Hispanic African American	Non-Hispanic White	Hispanic	All Races	Non-Hispanic African American	Non-Hispanic White	Hispanic
All sites								
All education levels	104.36	170.43	101.68	104.06	104.06	104.06	104.06	104.06

communication barriers, and provider assumptions, can affect interactions between patient and physician and contribute to miscommunication or delivery of substandard care.<sup>12,13</sup>

In addition to poverty and social discrimination, cancer occurrence in a population may also be influenced by cultural and/or inherited factors that decrease or increase risk. For example, Hispanic women have a lower risk of breast cancer probably partly because they tend to begin having children at a younger age, which decreases breast cancer risk. Individuals who maintain a primarily plant-based diet or do not use tobacco because of cultural or religious beliefs have a lower risk of many cancers. Higher rates of cancers related to infectious agents (stomach, liver, uterine cervix) in populations that include a large number of recent immigrants, such as Hispanics and Asians, may reflect a higher prevalence of infection in the country of origin. Genetic factors may also explain some differences in cancer incidence. For example, women from population groups with an increased frequency of mutations or alterations in the breast cancer sus-

ceptibility genes (BRCA1 and BRCA2), such as women of Ashkenazi Jewish descent, have an increased risk of breast and ovarian cancers. Genetic factors may also play a role in the elevated risk of prostate cancer among African American men and the incidence of more aggressive forms of breast cancer in African American women. However, genetic differences associated with race are thought to make a minor contribution to the disparate cancer burden between different racial/ethnic populations.

Figure 1. People without Health Insurance by Select Characteristics, US, 2009



year, about 24,560 African Americans aged 25-64 years died of cancer. If all African American men and women of this age were to have the same cancer death rates as the most educated African Americans, more than 10,000 (40%) deaths could have been avoided. In contrast, if all African American men and women were to have the same death rates as their white counterparts with the same level of education, about 5,000 (20%) cancer deaths among African Americans could have been avoided. Thus, among African Americans, eliminating socioeconomic disparities has the potential to avert twice as many cancer deaths as eliminating racial disparities. This underscores the importance of poverty in cancer disparities across all segments of the population. In addition, much of the disparity between African Americans and whites within the same level of education results from differences in risk factors and access to health care that cannot be captured in terms of educational attainment.

The estimated number of premature cancer deaths (deaths occurring between age 25-64) that could be avoided by eliminating socioeconomic and racial disparities was calculated by applying the age- and sex-specific cancer death rates of the most educated non-Hispanic whites in 2007 to all populations. Similarly, the age-, sex-, and educational attainment-specific cancer death rates of non-Hispanic whites in 2007 were applied to the corresponding population of African Americans in order to estimate the total number of premature cancer deaths that could be avoided in African Americans by eliminating racial disparities in cancer death rates.

### What Are the Strategies to Reduce and/or Eliminate Cancer Disparities?

In principle, equal application of existing knowledge about cancer prevention, early detection, and treatment to all segments of the population can substantially reduce and ultimately eliminate cancer disparities. This will require a health care delivery system that emphasizes health promotion and wellness; provides access to prevention, early detection, and treatment for all; is culturally and linguistically competent; is geographically accessible; is capable of appropriate care in a timely manner; and includes diversity within the health care provider workforce. In addition, more research is needed to improve the methodology for public health interventions, including community-based, participatory research, and to better understand how the environment influences health behaviors, and how cancer treatment can be monitored to ensure that all patients receive optimal care. Information is still lacking about how to prevent, detect, and cure many cancers, such as prostate cancer, which disproportionately affects African Americans.

**Health Promotion:** Health promotion and disease prevention are cornerstones of a long, healthy, and productive life. Smoking and obesity are the two major risk factors for cancer in the US, accounting for about 30% and 15%-20%, respectively, of all cancer deaths.<sup>15,16</sup> Since the first Surgeon General's report on the health hazards of smoking was published in 1964, smoking prevalence among US adults has decreased by about 50%. This was possible because of the implementation of proven policies and interventions at the community and state level, including



diagnosis may experience diminished access to care and consistent treatment.

**Cultural Competence and Diversity of Workforce:** Cultural competence is an important element in providing high-quality health care and preventive services. It reflects the ability to acquire and use knowledge about health-related beliefs, atti-



## Public Policy

The American Cancer Society and the American Cancer Society Cancer Action Network<sup>SM</sup> (ACS CAN), the Society's nonprofit, nonpartisan advocacy affiliate, are dedicated to reducing cancer incidence and mortality rates among minority and medically underserved populations. This goal can be achieved by instituting effective policies and public health programs that promote overall wellness and help save lives. Listed below are some of the efforts at both the state and federal levels that the Society and ACS CAN have been involved with in the past few years:

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**Table 4. Select External Initiatives in Eliminating Cancer Disparities**

Program Name	Description	Population Served
National Cancer Institute Programs		
Community Networks Program (CFN)	Reduces cancer health disparities through community-based participatory education, training, and research among racial/ethnic minorities and underserved populations	25 institutions received \$95 million in 5-year grants
Patient Navigation Research Program (PNRP)	Focus on developing and testing patient interventions with respect to disparities in screening and follow up for patients who are racial/ethnic minorities, of lower SES, and rural-area residents	Breast, cervical, prostate, and colorectal cancer patients
Community Cancer Centers Program (NCCCF)	A pilot program to build a community-based research platform to support basic, clinical, and population-based research on cancer prevention, screening, diagnosis, treatment, survivorship, and palliative care at hospitals	Patients of community-based hospitals
Community Clinical Oncology Program (CCOP)	A network for testing and validating medical interventions against cancer. It improves the quality of cancer care in local communities by disseminating research findings and boosts participation of minority and underserved populations in cancer clinical trials.	Cancer patients needing new treatments
Center to Reduce Cancer Health Disparities	<ul style="list-style-type: none"> <li>• Initiates, integrates, and engages in collaborative research studies to promote cancer health disparities research and to identify innovative scientific opportunities to improve outcomes in communities</li> <li>• Leads NCI's efforts to train students and investigators from diverse populations to become competitive researchers in cancer and cancer health disparities research</li> <li>• Creates state-of-the-art regional networks and centers dedicated to cancer health disparities research and care through geographic program management</li> </ul>	Populations experiencing a high burden of cancer

- **National Breast and Cervical Cancer Early Detection Program.** A high priority for the Society and ACS CAN at both the state and federal level is fighting to increase funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This successful program, which recently celebrated its 20th anniversary, provides community-based breast and cervical cancer screening to low-income, uninsured, and underinsured women, about 50% of whom are from racial/ethnic minority groups.<sup>39-41</sup> Due to a large cut in funding, screening rates within the program declined to an all-time low in 2007; rates have been increasing slowly since, but still have not fully recovered. ACS CAN is asking Congress to increase funding to \$275 million for fiscal year 2012 to support continued growth and give women access to lifesaving screening services. While the Affordable Care Act will greatly improve access to screening, the NBCCEDP will remain an essential program for improving breast and cervical cancer screening and treatment in our nation's most vulnerable populations. It will be critical to use the program's infrastructure and community-outreach specialists to help women and their families receive the lifesaving services they need.
- **Colorectal Cancer Prevention, Early Detection, and Treatment Act.** The Society and ACS CAN are advocating for the Colorectal Cancer Prevention, Early Detection, and Treatment Act, a national screening, treatment, and outreach program focused on increasing colorectal cancer screening rates in low-income, medically underserved populations.
- **Patient Navigator Program.** The Society and ACS CAN continue to work with Congress to secure additional funding for the Patient Navigator Program, which helps patients in medically underserved communities work their way through the health care system, provides outreach and education for patients to encourage preventive screenings, and addresses needs that may impact compliance with screening and treatment. ACS CAN supports the Affordable Care Act's reauthorization of the Patient Navigator Program until 2015.

The Society and ACS CAN also are leading efforts to increase federal investment in cutting-edge biomedical and cancer research and treatments, and ways to expand access to them.

To learn more, to get involved, and to make a difference in the fight against cancer, visit [cancer.org/involved/advocate](http://cancer.org/involved/advocate).

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