

HEALTH DISPARITIES IN THE UNITED STATES: FACTS AND FIGURES

Definition of Health Disparities

The U.S. Department of Health and Human Services defines “health disparities” as differences in the occurrence, frequency, death, and burden of diseases and other unfavorable health conditions that exist among specific population groups, including racial and ethnic minority groups.

Disparities in Racial and Ethnic Minorities

In March 2002, the Institute of Medicine issued a report finding overwhelming evidence that racial and ethnic minorities suffer disparities in health care and concluding that the real challenge lies not in debating whether disparities exist, but in developing and implementing strategies to reduce and eliminate such disparities.

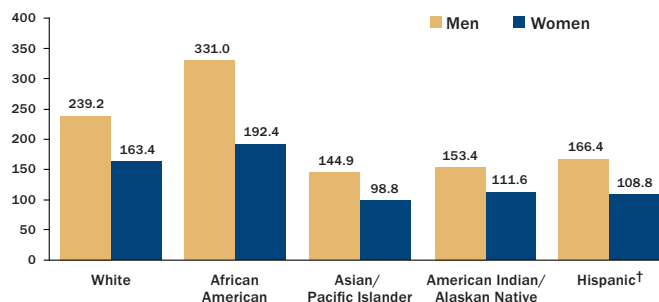
Factors contributing to differences in health care include poverty, lack of access to health care, lack of health insurance, language and literacy barriers, and poor expectations of the result of cancer treatment, the doctors, and/or the health-care system. Although causes that limit access to care are multifactorial, racial and ethnic disparities in health care contribute significantly to this problem in the United States. Research shows that minorities are in poorer health, experience more substantial obstacles to receiving care, are more likely to be uninsured, and are at greater risk of receiving care of poor quality than other Americans.¹

The most recent National Healthcare Disparities Report by the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality finds that limited progress is being made to eliminate health care disparities and that many significant gaps in quality and access have not been addressed.²

Prevalence of Cancer in Racial/Ethnic Minorities

According to data from the National Cancer Institute (NCI), African Americans have the highest incidence and death rates from cancer. As the graphic⁸ below illustrates, death rates for African Americans surpass the rates for other ethnicities, even though African Americans make up a minority of the U.S. population.

Cancer Death Rates*, by Race and Ethnicity, US, 1999-2003



* Per 100,000, age-adjusted to the 2000 US standard population.

† Persons of Hispanic origin may be of any race.

Source: Surveillance, Epidemiology, and End Results Program, 1975-2003, Division of Cancer Control and Population Sciences, National Cancer Institute, 2006.



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Areas of Disparity in Cancer Care

Issues related to disparity in cancer care can be broken down into several key areas, including prevention, diagnosis, treatment and outcome.³

Prevention

Minorities participate to a much lesser degree in cancer prevention programs than do white people. They also may be less likely to use genetic testing to identify whether they have an increased cancer risk.

- Twenty-three percent of Hispanic women reported that they have never had a Pap smear, compared to 17 percent of non-Hispanic white women.¹⁰
- Minority women tend to be more reluctant to undergo BRCA1/2 testing, even when they have a family history of breast or ovarian cancer.⁴

Diagnosis

Diagnosis of cancer is often delayed in people of minority status.

- Nearly 30 percent of Hispanic and 20 percent of African Americans lack a usual source of health care, compared with less than 16 percent of whites.⁵
- Uninsured, African American, Hispanic, and low-income patients are less likely than white, high-income, and insured patients to receive recommended care and are more likely to be admitted to the hospital for potentially preventable conditions.⁶

How Health Care Disparities Affect Different Races/Ethnic Groups

ASCO has compiled the following data from a variety of sources to demonstrate the disparities in health care faced by racial and ethnic minority groups in the United States:

African Americans:

- African Americans are less likely than whites to survive 5 years after being diagnosed with most forms of cancer, at any stage of diagnosis.
- African-American women have a lower incidence rate of breast cancer than white women. Yet black women are more likely to die of breast cancer than white women. The risk of the less treatable, more deadly breast cancer was 2.1 times greater in African American women.
- African-American men have the highest risk of developing prostate cancer, and, due to the development of more aggressive disease, they have more than twice the mortality rate observed for other racial and ethnic groups.⁹
- Despite its preventable nature, colon cancer continues to kill a disproportionate number of African Americans each year. Colorectal cancer incidence rates among African American men and women are about 17 percent higher than in white men and women.⁸

Hispanic Americans:

- Cancer is the second leading cause of death for Hispanics in the United States, accounting for about 20 percent of all deaths.⁸
- Hispanics have lower incidence rates for all cancers combined when compared to whites, but generally have higher rates of cancers associated with certain infections, such as uterine, cervix, liver, gallbladder, and stomach cancers.

Treatment

Differences in outcome of cancer treatment are not only due to delays from lack of access to care and problems with prevention and diagnosis, but may also reflect the lower quality of medical services in some underprivileged areas.⁷

- Physicians treating African American patients are less likely to be board certified and have decreased access to specialists and other technology resources.

Outcome

Overall, minority populations have a higher total incidence of cancer and a higher total death rate. Some of the most common malignancies, including cancers of the lung, prostate and breast produce higher death rates among African-American and Hispanic patients. The section below highlights examples of these health care disparities.

- Liver cancer rates are twice as high in Hispanic men and women compared to whites.⁸
- Colorectal cancer is the second-most commonly diagnosed cancer in both Hispanic/Latino men and women.⁸

Asian Americans:

- Cancer affects Asian Americans in very different ways, based on country of origin. According to a study of the 5 largest Asian-American groups—Chinese, Filipino, Vietnamese, Korean, and Japanese—colorectal cancer rates are highest among Chinese Americans; prostate cancer is more and common and more often deadly among Filipino men; and Vietnamese women have the highest incidence and death rates from cervical cancer of all Asian American women.⁸
- A significant number of Korean Americans have never heard of the Pap test, a decades-old standard for cervical cancer screening.⁸

Native American/Alaskan Natives:

- For all cancers combined and various site-specific cancers, the 5-year cancer survival rate for American Indian women is significantly lower than that for white women.⁹
- Alaska Native women have the highest mortality rate of all ethnic groups for all cancers combined, and for colorectal and lung cancers.⁹

Contributing Factors to Health Disparities among Racial/Ethnic Minorities

Minorities are more likely than whites to lack health insurance. More than one in three Hispanics and American Indians/Alaska Natives do not have health insurance, and one in five African Americans or Asians has no health insurance.¹

- In 2006, the uninsured rate for non-Hispanic whites was statistically unchanged at 10.8 percent.
- The uninsured rate for African Americans increased in 2006 to 20.5 percent, up from 19.0 percent in 2005. The uninsured rate for Asians decreased to 15.5 percent in 2006, down from 17.2 percent in 2005.¹¹
- Among Hispanics, both the number and rate of uninsured people increased in 2006 to 15.3 million and 34.1 percent respectively, up from 13.9 million and 32.3 percent in 2005.¹¹

African Americans and Hispanic Americans are far more likely to rely on hospitals or clinics for their usual source of care than are white Americans (16 and 13 percent, respectively, compared to 8 percent).

To find an array of resources addressing health disparities issues to educate oncologists and other health care providers, people with cancer, and the general public, visit ASCO's Web site, www.asco.org/healthdisparities.

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