

CANCER HEALTH DISPARITIES IN THE UNITED STATES: FACTS & FIGURES

Definition of Cancer Health Disparities

The National Cancer Institute defines cancer health disparities as “differences in the incidence, prevalence, mortality, and burden of cancer and adverse related conditions that exist among specific population groups in the United States.”

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 concluded that the real challenge lies not in debating whether disparities exist, but in developing and implementing strategies to reduce and eliminate such disparities.¹

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.²

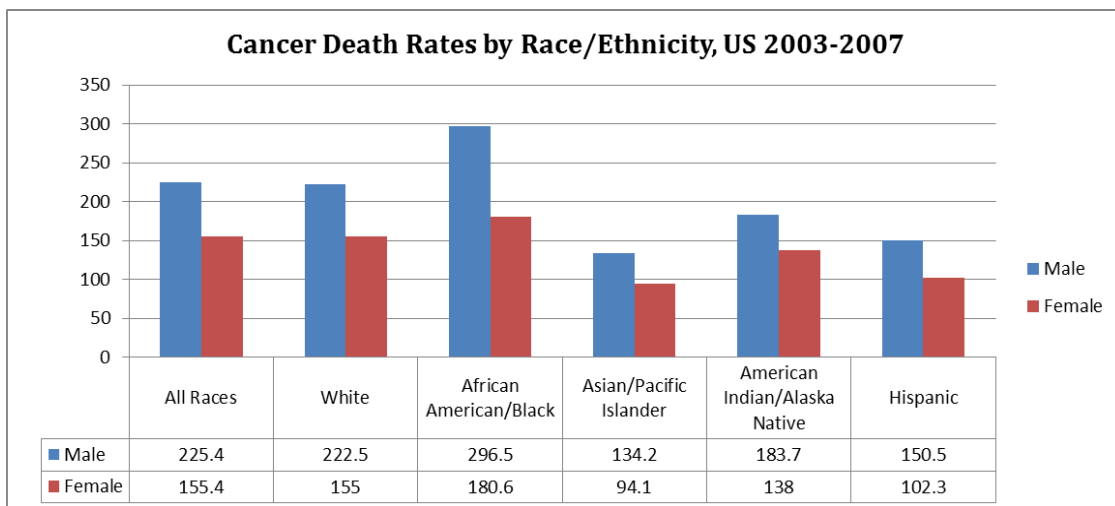
The most recent National Healthcare Disparities Report by the U.S. Department of Health & Human Services, Agency

for Healthcare Research and Quality finds quality is improving slowly but access and disparities are not improving. In addition, minorities and low income individuals receive poorer quality of care and face more barriers to access care.³

In 2009, the number of uninsured people in the United States increased to 50 million, up from 45.7 million. Minorities are more likely to be uninsured. In 2009, 34% of Hispanics, 23 % of African Americans, 28% of American Indians, and 18% of Asians were uninsured compared to 14% of whites.⁴

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 graph below illustrates, death rates for African Americans surpass the rates for other races/ethnicities, even though African Americans make up 12.6% of the U.S. population.⁵ The rate of cancer death among African American men is particularly alarming at 296.5 per 100,000.⁶



Data Source: Howlader, N et al., SEER Cancer Statistics Review, 1975-2008, NCI⁶. Rates are per 100,000 men/women.

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.⁷

Prevention

Minorities participate to a much lesser degree in cancer prevention programs, including cancer screenings, than whites. In addition, minorities are less likely to use genetic testing to identify whether or not they have increased cancer risk.

- Only 38% of Hispanic women age 40 and older have regular screening mammograms.⁸
- Hispanic/Latina, Asian, and American Indian/Alaska Native women have lower rates of breast cancer screening compared to African American and white women.⁹
- Hispanic/Latina, Asian, and Native Hawaiian/Pacific Islander women are less likely to get regular mammograms if they sense racism in the health care settings, according to one study.⁹
- Minority women tend to be more reluctant to undergo BRCA1/2 testing, even when they have a family history of breast or ovarian cancer.¹⁰

Diagnosis

Diagnosis of cancer is often delayed in minorities for a variety of reasons; including low screening rates and access to care.

- Low screening participation rates make Hispanic women more likely to be diagnosed with an advanced stage of breast cancer, leaving them with fewer treatment options.⁸
- Uninsured, African American, Hispanic/Latino, 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.¹¹

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.¹²

- Physicians treating African American patients are less likely to be board certified and have decreased access to specialists and other technology resources.¹²
- Residents of the inner-city and rural areas sometimes receive worse quality of care compared with residents of large city suburbs.³
- Disparities in access to care is common among residents of inner-city and rural areas.³

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 minorities. The section below highlights examples of these disparities.

How Disparities in Cancer Care Affect Patients of Various Racial/Ethnic Background

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

African American/ Black

- African Americans are less likely than whites to survive 5 years after being diagnosed with most forms of cancer, at any stage of diagnosis.¹³
- African American men have the highest risk of developing prostate cancer, and, due to the development of more aggressive disease, they have the highest mortality rate observed for any other racial or ethnic group.¹³
- 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 higher than rates in white men and women.¹³
- African American women face poorer prognosis of breast cancer than other women. For unclear reasons, the basal-like/triple negative subtypes (ER-, HER2-, PR-) of breast cancer are more common among African American women than other women.⁹

American Indian/Alaska Native

- American Indian/Alaska Native populations are threatened more by less common cancers, such as cancers of the liver, kidney, stomach, gallbladder, and cervix, than whites.¹⁴
- The death rate from cervical cancer among American Indian/Alaska Native women continues to be higher in comparison with other women despite declines in incidence rates, and American Indian/Alaska Native women are diagnosed at a later stage of disease than white women.¹⁴
- Breast cancer incidence in American Indian/Alaska Native women has steadily increased over the past 20 years and in Alaska, breast cancer rates in American Indian/Alaska Native women are now as high as the rates for white women.¹⁴
- Although, American Indian/Alaska Native women have lower rates of breast cancer than white women, they are more likely to be diagnosed with late-stage disease.¹⁵

Asian

- 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 Americans¹⁶
- Prostate cancer is more common and more often deadly among Filipino men.¹⁶
- Vietnamese women have the highest incidence and death rates from cervical cancer compared with other Asian American women.¹⁶
- A significant number of Korean women have never heard of the pap test, a decades-old standard for cervical cancer screening.¹⁶

Hispanic/Latino

- Cancer is the second leading cause of death for Hispanics in the United States, accounting for 20 percent of all deaths.¹⁷
- 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.¹⁷
- The death rate for cervical cancer among Hispanic women is nearly 50% higher than that in white women, 3.1 per 100,000 vs 2.1 per 100,000.¹⁷

- Stomach cancer incidence rates are at least 70% higher in Hispanics than in whites.¹⁷

Native Hawaiian/Pacific Islander

- Native Hawaiians/Pacific Islanders are 30% more likely to be diagnosed with cancer, as compared to whites.¹⁸
- American Samoan women are twice as likely to be diagnosed with, and to die from, cervical cancer, as compared to white women.¹⁸
- American Samoan men are eight times more likely to develop liver cancer, and Native Hawaiian men are 2.4 times more likely to be diagnosed with liver cancer, as compared to whites.¹⁸
- Once diagnosed with cancer, outcomes are poorer for Native Hawaiians as indicated by a 5-year relative survival rate that is 18% lower than whites and 15% lower than all races for all cancer combined.⁸

References

1. Smedley BD, Stith AY, and Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Washington, DC: Institute of Medicine, The National Academies Press; 2003.
2. Mead H, Cartwright-Smith L, Jones K, et al., *Racial and Ethnic Disparities in U.S. Health Care: A Chartbook*. The Commonwealth Fund; March 2008.
3. Agency for Healthcare Research and Quality, 2010 National Healthcare Disparities Report, U.S. Department of Health and Human Services; Rockville, MD; 2011.
4. Kaiser Commission on Uninsured and Medicaid, *The Uninsured: A Primer Key Facts about Americans without Health Insurance*, December 2010. Accessed online at <http://kff.org/uninsured/7451.cfm>
5. U.S. Census Bureau: State and County QuickFacts, 2010. Accessed online at <http://quickfacts.census.gov/qfd/states/00000.html>
6. Howlader N, Noone AM, Krapcho M et al., eds. SEER Cancer Statistics Review, 1975-2008, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission,
7. Raghavan D, Disparities in Cancer Care: Challenges and Solutions, *Oncology*, 2007 Apr;21(4):493-6.
8. National Cancer Institute, Center to Reduce Cancer Health Disparities. Examples of Cancer Health Disparities Statistics. Accessed online at <http://crchd.cancer.gov/disparities/examples.html>
9. Susan G. Komen for the Cure, Disparities in Breast Cancer Screening. Accessed online at <http://www5.komen.org/BreastCancer/RacialEthnicIssuesinScreening.html>
10. Armstrong K, Micco E, et al, Racial Differences in the Use of BRCA1/2 testing among women with a family history of breast or ovarian cancer, *JAMA*, 2005 Apr 13; 293 (14):1729-36.
11. Schoen C, Davis K, How SKH, Schoenbaum SC, U.S. Health System Performance: A National Scorecard, *Health Affairs*; 2006; 25(6):w457-475.
12. Barnato AE, Lucas FL, Staiger D, Wennberg DE, Chandra A. Hospital-level racial disparities in acute myocardial infarction treatment and outcomes, *Med Care*, 2005;43:308-19
13. American Cancer Society, Cancer Facts & Figures for African Americans 2011-2012. Atlanta: American Cancer Society, 2011. Accessed online at <http://www.cancer.org/statistics>
14. Kaur JS and Hampton J W, Cancer in American Indian and Alaska Native populations continues to threaten an aging population, *Cancer*, 2008; 113: 1117-1119.
15. Wingo P A, King J, Swan J, Coughlin SS, Kaur JS, Erb-Alvarez JA et al., Breast cancer incidence among American Indian and Alaska Native women: US, 1999-2004, *Cancer*, 2008; 113: 1191-1202.
16. McCracken M, Olsen M, Chen MS, Jemal A, Thun M, Cokkinides V et al. Cancer Incidence, Mortality, and Associated Risk Factors Among Asian Americans of Chinese, Filipino, Vietnamese, Korean, and Japanese Ethnicities, *CA: A Cancer Journal for Clinicians*, 2007; 57: 190-205.
17. American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos 2009- 2011. Atlanta: American Cancer Society, 2009. Accessed online at <http://www.cancer.org/statistics>
18. US Department of Health and Human Services, Office of Minority Health, Cancer and Native Hawaiians/ Pacific Islanders Data & Statistics. Accessed online at <http://minorityhealth.hhs.gov/templates/content.aspx?vl=3&vlID=4&ID=8593>

