

What Are Cancer Disparities?

Cancer affects all population groups in the United States, but certain groups may have higher rates of cancer cases, deaths, and related health complications compared to other groups.

These disparities are frequently seen in people with low socioeconomic status, certain racial/ethnic populations, and those who live in certain geographical areas.

Disparities can also be seen when cancer rates are improving overall, but the improvements are delayed in some groups relative to others.

Although disparities are often considered in the context of race/ethnicity, groups defined by disability, gender/sexual identity, income, education, and other characteristics may experience cancer disparities.

EXAMPLES OF CANCER DISPARITIES



BREAST CANCER

African American women are nearly twice as likely as white women to be diagnosed with triple-negative breast cancer and are much more likely than white women to die from breast cancer.



KIDNEY CANCER

The highest rates of kidney cancer cases and death in the United States occur among American Indians/Alaska Natives.



LIVER CANCER

Rates of liver cancer are higher among American Indians/Alaska Natives and Asian and Pacific Islanders than other racial/ethnic groups.



PROSTATE CANCER

African American men are more than twice as likely as white men to die from prostate cancer.



CERVICAL CANCER

Women in rural areas are twice as likely to die from cervical cancer as women in more urban areas.



MULTIPLE MYELOMA

African Americans are twice as likely as whites to be diagnosed with and die from multiple myeloma.

RISK FACTORS ASSOCIATED WITH DISPARITIES



Genetic and Biological Factors



Health Care Access



Socioeconomic Factors



Chemical and Physical Exposures



Diet



Physical Inactivity

HOW NCI IS ADDRESSING CANCER DISPARITIES



Basic, clinical, and epidemiologic research into factors that may influence cancer risk



Clinical trials that test interventions in diverse populations



Programs that address cancer care delivery in diverse communities



Training to increase diversity in the cancer and cancer disparities research workforce

Cancer Disparities Cancer Disparities

Rachel C. Shelton

Cancer Disparities

Cancer Disparities Ronit Elk, Hope Landrine, American Cancer Society, 2011-10-25 The volume sheds new light on reducing disparities by complementing currently available monographs through the provision of solutions that are not only theoretically innovative but also empirically effective. Indeed, *Cancer Disparities: Causes and Evidence-Based Solutions* admirably achieves two key objectives that are crucial for advances in the field: a) providing an up-to-date overview of cancer-related disparities and b) describing evidence-based interventional approaches to close the cancer-related disparities gap. The implicit promise is that these approaches will enable public health practitioners, cancer control workers, and community members to use or adapt them in their own communities. This volume is essential to help make that promise a reality.

PsycCRITIQUES Cancer is not randomly distributed in the United States. Its incidence varies by race, ethnicity, socioeconomic status, and other geographic and demographic factors. This volume, co-published with the American Cancer Society, is the first to examine the biological, racial, and socioeconomic factors that influence cancer incidence and survival. In addition, it presents 15 previously unpublished evidence-based interventions to reduce and eliminate cancer disparities. The book explains the nature, scope, and causes of cancer disparities across different populations and then presents unique programs proven to reduce such inequalities in the areas of cancer prevention, screening, and early detection, treatment, and survivorship. They represent a variety of cancer populations and communities across the U.S. Descriptions of each intervention include tests of effectiveness and are written in sufficient detail for readers to replicate them within their own communities.

Key Features

- Offers an in-depth look at the latest research behind cancer disparities.
- Written by highly respected and published cancer researchers.
- Includes 15 never-before-published evidence-based interventions that readers can replicate.
- Discusses breast, colorectal, cervical, and other pernicious cancers.
- Includes interventions for African American, Hispanic, Native American, and other populations.

Cancer and Elders of Color: Opportunities for Reducing Health Disparities John A. Capitman, 2019-06-04 Originally published in 2005. The prevention, detection, and treatment of cancer has received enormous scientific and clinical attention in the US and in other developed countries. However, there has been no comprehensive review of the racial/ethnic disparities in cancer among elders nor the opportunities for cancer prevention within the Medicare population. In this important work, John A. Capitman, Sarita Bhalotra, and Mathilda Ruwe address this deficiency. The evidence report summarized in this book offers systematic syntheses of prior published research and qualitative assessments of emerging approaches in order to illustrate and clarify some of the debates surrounding cancer disparities. Based on a large-scale US government funded review of existing literature and case studies of model programs by a multidisciplinary team, this key work provides a comprehensive approach to cancer etiology and prevalence among older people. It integrates genetic, epidemiological, medical, care, health services research, and social science interpretive frames and current knowledge for cancer control. It explores existing research on reduction in cancer risks through lifestyle modification.

and the potential applicability of this research to elders of color Explores the implementation experiences of model programs to reduce cancer care inequalities Develops a conceptual framework of cancer detection and treatment systems across multiple anatomical cancer sites Examines opportunities for screening treatment and follow up service enhancement for elders of color Fills gaps in current published systematic reviews with respect to older people **Toward the Elimination of Cancer Disparities** Howard K. Koh, 2009-05-28 This volume reflects the work of a number of experts in cancer disparities led by members of the Executive Committee of the Program in Development for the Dana Farber Harvard Cancer Center In particular this volume updates a 2005 monograph on the topic Cancer Health Disparities Chanita Hughes Halbert, PhD, 2023-11-08 Despite improvements in strategies for early detection and cancer treatment racial and ethnic groups and individuals from other medically underserved populations continue to experience disparities in cancer morbidity and mortality Research in cancer health disparities has evolved from first generation studies that described racial differences in morbidity and mortality to research that examines the efforts of interventions that focus on increasing access to early detection and treatment As a result of these efforts racial background socioeconomic characteristics access to high quality cancer care and psychological and social factors have been documented as important determinants of cancer health disparities these factors provide the context within which cancer is detected treated and prevented The field of cancer health disparities is now at a critical juncture where it is essential to move beyond descriptive information on determinants of disparities in cancer morbidity and mortality to translational studies that examine basic biological processes and how these processes interact with social psychological and behavioral factors to contribute to disparities in cancer risk and outcomes Empirical evidence about the influence of multilevel determinants has grown and now more than ever efforts are being made to understand the independent and interactive effects of biological psychological behavioral and social determinants of cancer health disparities and to translate this information into sustainable interventions for cancer prevention control and treatment Provides an in depth examination of emerging evidence about multilevel determinants of cancer health disparities Describes novel frameworks and approaches that are being used to understand and address cancer health disparities Presents evidence based interventions that have potential to achieve equity in cancer outcomes Reviews the effects of previous and ongoing approaches to address disparities **Cancer Disparities**, 2017-01-04 Cancer Disparities the latest in the Advances in Cancer Research series provides invaluable information on the exciting and fast moving field of cancer research This latest volume presents a broad introduction to a spectrum of factors contributing to cancer disparities that include ancestral informative markers role in properly identifying race based on genetic ancestry basic biological pathways contributing to cancer disparities epidemiological factors linked to cancer disparities and social behavioral factors influencing cancer disparities Describes the complex interplay of contributors to cancer disparities ranging from the micro to macro level and based on the social environmental and biological determinants of health Provides a range of chapters

reflecting the unique expertise of the authors in these diverse topic areas

Economic Costs of Cancer Health Disparities

,2007 **The Interplay Between Social Determinants of Health and Cancer Related Health Disparities** Tung-Sung

Tseng,Chien-Ching Li,Alicia K. Matthews,2022-05-27

Breast Cancer Quality of Care Brinda Venkatesh,2018 Despite

significant advances that have been made in breast cancer diagnosis and treatment a disproportionate burden of the disease continues to fall on women from minority groups Studies suggest that differentials in the quality of breast cancer care in the treatment stage influence breast cancer disparities Because treatment is defined by medical intervention the health system plays a critical role in understanding breast cancer disparities and needs to be further examined Moreover studies examining such differentials have focused on aggregated racial data which may be masking smaller ethnic groups that may be at higher risk This dissertation attempts to clarify the health system contribution to breast cancer quality of care disparities and highlights the need to examine breast cancer quality of care disparities using disaggregated racial ethnic data in order to help inform the design of more targeted quality improvement efforts Paper 1 examines the relationship between designated specialty cancer centers and breast cancer quality of care In cancer care delivery there has been an emerging trend for cancer centers to obtain special designations from one or more of the following institutions the National Cancer Institute NCI the National Comprehensive Cancer Network NCCN and the American College of Surgeon Commission on Cancer These designations are markers for high quality cancer care yet little is known about the actual effectiveness of the care they provide or the communities that they tend to serve Paper 2 examines breast cancer quality of care differences between Asian women aggregated and disaggregated and non Hispanic White women Cancer disparities research often focus on examining communities in aggregate Recently more scholars are utilizing disaggregated ethnic data when assessing cancer disparities in order to acknowledge the diversity of these large communities Little is known about breast cancer quality of care disparities among Asian American ethnic groups Paper 3 examines the relative contribution of within hospital and between hospital effects on racial ethnic disparities on the quality of breast cancer treatment Existing literature posits that there are two mechanisms at the health systems level that contribute to disparities in the quality of care received by minority groups Some studies suggest that disparities are due to minorities receiving differential treatment within the same institution as White patients while others propose that minorities tend to receive care from lower quality health care settings Studies to date have not examined the ways in which the health system may be contributing to breast cancer quality of care disparities Data from the California Cancer Registry CCR was used for the analyses The study population consisted of women ages 20 years or older and who have had a first invasive primary breast cancer diagnosis between 2011 2014 This dissertation contributes to the existing literature on breast cancer disparities by clarifying the mechanism of the health system contribution to breast cancer disparities and uncovering disparities in disaggregated ethnic groups Findings from this dissertation will provide important information for the development of quality improvement efforts in cancer care delivery

Childhood Cancer Disparities in Texas Md Niaz Morshed, 2019 Cancer is a major public health concern and second leading cause of death in the United States. Although cancer in children represents less than 1% of all new cancer diagnoses it accounts for considerable death and decreases the span of life. Childhood cancer incidence rate has slowly increased by 0.6% each year since 1975. Fortunately, there has been a significant improvement in childhood cancer survival because of advancement in medical science and successful enrollment in the clinical trial. However, neither all people receive benefit from such progress nor all people receive equal benefits. Different population groups of cancer patients experience varying degrees of burden based on the cancer control continuum which includes cancer etiology, prevention, detection, diagnosis, treatment, and overall survivorship. The study investigated childhood cancer disparities in the state of Texas based on data from 1995 to 2014 from the perspective of race, ethnicity, geographic location, and other social domains. This dissertation research used population weighted risk difference to measure the geographic variation of racial/ethnic disparities of childhood cancer late stage diagnosis. Enhanced 2-step floating catchment area (E2SFCA) method was used to calculate the relative spatial access to the Children Oncology Group (COG) hospitals. Geographic variation of childhood cancer stage at diagnosis was measured using spatial scan statistics. Multilevel logistic regression was used to analyze how individual and contextual level factors impact the occurrence of childhood cancer disparity by race, ethnicity, socioeconomic status (SES), socio-cultural factor, education percent, African Americans spatial access to COGs, and rural/urban commuting area, and percent health insurance coverage. In addition, this study used newly developed causal mediation analysis method to examine childhood cancer survival. The study investigated the effect of race/ethnicity on overall survival of childhood cancer patients while mediated through socioeconomic status and spatial accessibility mediators.

AACR Cancer Disparities Progress Report 2020 American Association for Cancer Research, 2020-03-24. Cancer health disparities are one of the most pressing public health challenges we face today in the United States and the AACR Cancer Disparities Progress Report 2020 highlights areas of progress in addressing this challenge. It also emphasizes the need for continued research and for increased collaboration among stakeholders if we are to achieve the bold vision of health equity. Racial and ethnic minorities are among the populations groups that have long experienced significant cancer health disparities although progress in the form of narrowing of the disparities in the overall cancer death rate among racial and ethnic groups in the United States is evident in recent years. We have also made progress in deepening our understanding of the many complex factors that contribute to cancer health disparities. Most important among these are social, clinical, behavioral, cultural, psychological, environmental, and genetic and biological factors. Unfortunately, as pointed out in the report, most data on cancer biology comes from white individuals and there is an urgent need for much more research to increase our understanding of the genes and mutations associated with cancer in racial and ethnic minorities. Despite recent advances in cancer treatment, racial and ethnic minorities are often less likely to receive the standard of care recommended for the type and stage of

cancer with which they have been diagnosed To achieve health equity for everyone stakeholders must work together to remove the barriers that prevent all segments of the population benefiting equally from lifesaving progress in cancer treatment including a serious lack of racial and ethnic diversity among those who participate in cancer clinical trials Over the past decade the field of cancer health disparities research has evolved from simply describing different outcomes among populations into an established multidisciplinary field of research To further accelerate the pace of progress against cancer health disparities concerted efforts by all stakeholders is absolutely critical Thus the report concludes with a call to action to Congress Through robust and sustained funding Congress help us achieve the bold vision of health equity

Understanding Cancer Disparities Using a Social Contextual Framework Rachel C. Shelton,2008 [Cancer Health Equity Research](#),2020-03-31 Cancer Health Equity Research Volume 146 in the Advances in Cancer Research series highlights new advances in the field with this new volume presenting interesting chapters on a variety of timely topics including Pubertal Mammary Development as a Susceptibility Window for Breast Cancer Disparity Review of Patient Navigation Interventions to Address Barriers to Participation in Cancer Clinical Trials Racial Disparities in Ovarian Cancer Research Mighty Men A Faith Based Weight Loss Intervention to Reduce Cancer Risk in African American Men Design of a Patient Navigation Intervention to Increase Rates of Surgery among African Americans with Early Stage Lung Cancer and much *Racial Health Disparity in Cancer: Assessments of Need* Jennie L. Williams,Jennifer Freedman,Patricia Thompson,Folakemi Odedina,Camille Ragin,2023-07-06 **Making Cancer Health Disparities History** United States. Department of Health and Human Services. Trans-HHS Cancer Health Disparities Progress Review Group,2004

Researching and Partnering to Reduce Cancer Health Disparities Center to Reduce Cancer Health Disparities (U.S.),2008 **Cancer Sourcebook, 9th Ed.** James Chambers,2021-10-01 Consumer health information about risks prevention and treatment of major forms of cancer Includes index glossary of related terms and other resources [Wisconsin Cancer Health Disparities Surveillance Reports](#) Nathan R. Jones,Amy A. Williamson,Paul D. Creswell,Rick Strickland,Patrick L. Remington,2009 **Rural Cancer Disparities and Communication Needs** Jennifer Bird,2021 Background Cancer mortality rates are declining slower in rural versus urban areas Rural women receive mammograms less frequently and are diagnosed with breast cancer at a later stage which is associated with increased mortality Perceptions and knowledge about cancer are related to cancer behaviors such as screening and may differ by rurality Rural and urban communities may have different cancer communication needs related to understanding cancer control options Purpose To examine rural urban cancer disparities related to cancer perceptions and knowledge Methods Two national health survey studies were used to examine the associations between mammography use and cancer perceptions across rurality and the associations between breast density notifications rurality and women s knowledge and perceptions about breast cancer screening and risk Interviews with rural Wisconsin community partners and researchers explored resources and barriers to cancer control

Results Women with more trust in doctors have 39% increased likelihood of recent mammography screening and 65% of nonmetropolitan women view doctors as a primary source for cancer information Greater perceived worry and control over cancer were associated with mammography screening likelihood 19 and 9% but the strength and direction of association may differ according to rurality Predicted probability of women knowing dense breasts make cancer difficult to see on mammograms was 60 71% but predicted probability of knowing it increases breast cancer risk was 12 19% Rural women are less likely to want a different type of screening or be worried about screening Rural Wisconsin community barriers to cancer control include lack of knowledge stoicism mistrust in researchers and lack of researcher resources to build trusting relationships with community partners *Exploring Models to Eliminate Cancer Disparities Among African American and Latino Populations* ,2007

Fundamentals of Cancer Prevention David S. Alberts,Lisa M. Hess,2019-09-25 This authoritative work now in its fourth edition presents state of the art knowledge on all key aspects of cancer prevention In addition to detailed summaries on preventive strategies for specific cancers readers will find current knowledge on a range of relevant scientific topics including the benefits of cancer prevention the importance of diet and physical activity innate and adaptive immune responses to cancer hereditary risks cancer health disparities and the preventive role of telemedicine In this new edition of the book the coverage has been expanded to include additional disease sites and to provide up to date information across the range of disciplines in the field of cancer prevention and control Written as a collaborative work by internationally recognized leaders in the field Fundamentals of Cancer Prevention is an essential reference guide and tool for oncologists primary care physicians the research community and students with an interest in reducing the burden of cancer through the implementation of effective preventive strategies

Adopting the Track of Term: An Psychological Symphony within **Cancer Disparities** **Cancer Disparities**

In some sort of consumed by displays and the ceaseless chatter of fast transmission, the melodic splendor and emotional symphony developed by the prepared word often disappear in to the backdrop, eclipsed by the relentless noise and disturbances that permeate our lives. But, nestled within the pages of **Cancer Disparities** **Cancer Disparities** a stunning fictional treasure full of fresh feelings, lies an immersive symphony waiting to be embraced. Constructed by an outstanding musician of language, that fascinating masterpiece conducts visitors on a mental journey, skillfully unraveling the hidden tunes and profound impact resonating within each carefully constructed phrase. Within the depths of the emotional review, we shall explore the book is main harmonies, analyze its enthralling publishing design, and submit ourselves to the profound resonance that echoes in the depths of readers souls.

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Cancer Disparities **Cancer Disparities** Introduction

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