

CANCER HEALTH DISPARITIES IN THE UNITED STATES: FACTS & FIGURES

Definition of Cancer Health Disparities

The National Cancer Institute defines cancer health disparities as “adverse differences in cancer [incidence](#) (new cases), cancer prevalence (all existing cases), cancer death ([mortality](#)), cancer [survivorship](#), and burden of cancer or related health 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

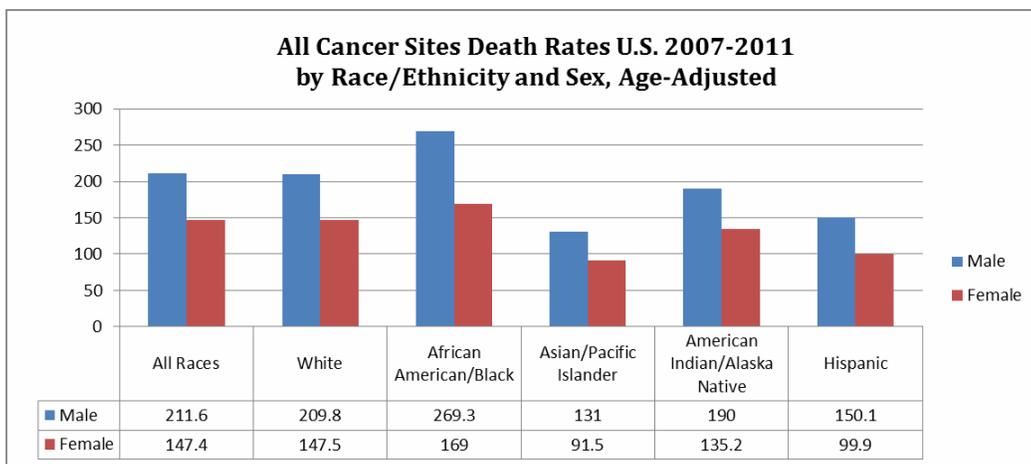
The most recent National Healthcare Quality and Disparities Reports by the U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality finds quality and access to care is slowly

improving but 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 2013, 41.3 million people in the United States were uninsured. Racial/Ethnic minorities are more likely to be uninsured. In 2013, 26% of Hispanics and 21 % of African Americans were uninsured, compared to 12% of White, non-Hispanics. Also, a significant portion of racial/ethnic minorities’ insurance coverage comes from Medicaid or other public sources. In 2013, Medicaid and CHIP provided coverage for about one-third African Americans and Hispanics.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 13.2% of the U.S. population.⁵ The rate of cancer death among African American men is particularly alarming at 269.3 per 100,000.⁶



Data Source: SEER Stat Fact Sheets: All Cancer Sites, NCI⁶. Rates are per 100,000 men/women.

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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.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.

- Asian American and Pacific Islander women have lower rates of breast cancer screening compared to African American and white women.⁸
- It is estimated that screening for colorectal cancer could reduce mortality by 50%, yet screening among Asians, Pacific Islanders and American Indians/Alaska Natives remains lower than the other racial and ethnic groups.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 lower screening rates, access to care, and income.

- Asian American and Pacific Islander women have lower screening participation rates than African American or white women, making them more likely to be diagnosed with an advanced stage of breast cancer, leaving them with fewer treatment options and a decreased chance for survival.⁸
- From 2000-2010, women from poor, low income, or middle income households were less likely to have a mammogram compared with women from high-income households. In addition, uninsured women ages 50-64 were less likely to receive a mammogram compared with those with private insurance.¹¹
- 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.¹²

Treatment

Difference 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.¹³

- Physicians treating African American patients are less likely to be board certified and have decreased access to specialists and other technology resources.^{13 11}
- 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
- Between 2004-2010, African American, Hispanic, and Mexican women under age 70 undergoing breast-conserving surgery were less likely to receive radiation therapy, compared with White women. In addition, women from poor households were less likely to receive radiation therapy compared with those from high-income households.¹¹

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.¹⁴
- 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 in the United States. In addition African American men and Jamaican men of African descent have the highest prostate cancer incidence rates worldwide.¹⁴
- Despite major modifiable factors to decrease the risk of colon cancer, it is the third most common cancer among African American men and women. A disproportionate number of African Americans die from colon cancer each

year. More than half of disparities in colorectal cancer mortality rates are attributed to differences in access to screening and treatment.¹⁴

- 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.¹⁴

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.^{15,16}
- According to a 2014 study, cancer mortality and incidence rates for American Indians/Alaska Natives vary by region and type of cancer in comparison to whites. In addition, death rate trends showed lower progress in cancer control was achieved for American Indians/Alaska Natives compared to whites.¹⁷
- The death rate from cervical cancer among American Indian/Alaska Native women is the highest among any population in the United States. American Indian/Alaska Native women are less likely to have a Pap test, contributing to this higher mortality rate.¹⁵
- Breast cancer is the most common cancer in American Indian and Alaska Native women. American Indian/Alaska Native women in Alaska have the highest rates of breast cancer, slightly higher than the rates for white women.^{8,16}

Hispanic/Latino

- Cancer is the leading cause of death for Hispanics in the United States, accounting for 21 percent of all deaths and 14.5% of deaths in Hispanic children.²⁰
- 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 cervix, liver, and stomach cancers.²⁰
- Hispanic women experience the highest cervical cancer incidence rates of any racial/ethnic group in every region of the United States; with an incidence rate that is 64% higher than that of non-Hispanic white women.²⁰
- Stomach cancer incidence rates are at least 70% higher in Hispanic men than in non-Hispanic white men and more than double for Hispanic women than non-Hispanic white women.²⁰

Asian American

- Cancer affects Asian Americans in very different ways, based on country of origin.^{18,19}
- According to a study of the 8 largest Asian-American groups—Asian Indians/Pakistanis, Chinese, Filipinos, Japanese, Kampuchean (Cambodians), Koreans, Laotians and Vietnamese—prostate cancer was most common among men and breast cancer was the most common among women. However, when these groups are looked at individually the type of cancer with the highest incidence differs.¹⁹
- Liver cancer incidence has increased annually among Vietnamese, Laotian, Kampuchean women and Filipino, Kampuchean, and Vietnamese men.¹⁹
- Breast cancer rates have increased among all Asian American women, except Japanese women, in comparison to declines among non-Hispanic white women.¹⁹
- Lung cancer rates among Filipino and Korean women and Asian Indian/Pakistani men have increased annually.¹⁹

Native Hawaiian/Pacific Islander

- Compared with their counterparts in the continental United States, Samoan and Native Hawaiian women have the highest overall cancer death rates—higher than the rates for non-Hispanic White women and all Asian women.¹¹
- In general, Native Hawaiians tend to be diagnosed with cancer at a younger age and experience lower survival rates compared with other racial groups.¹¹
- Native Hawaiians/Pacific Islanders are 30% more likely to be diagnosed with cancer, as compared to non-Hispanic whites.²¹
- American Samoan women are twice as likely to be diagnosed with, and to die from, cervical cancer, as compared to non-Hispanic white women.²¹
- 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 non-Hispanic whites.²¹

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