Report Outlines Social Determinants' Role in Cancer and Public Health

Latest in American Cancer Society's Blueprint for Cancer Control series

A new report outlines the critical role social determinants play in shaping population health, highlighting that health disparities are systemic, and cut across multiple population characteristics, including race/ethnicity, age, disability status, sexual orientation or gender identity, or other characteristics historically linked to discrimination or exclusion. The report is the latest in the American Cancer Society's Cancer Control Blueprint series, and highlights that many solutions for better health exist outside of the health care system. It appears in CA: A Cancer Journal for Clinicians, the American Cancer Society's flagship journal.

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The World Health Organization defines social determinants as "the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness" that are shaped by the "distribution of money, power, and resources at global, national, and local levels." Social determinants include housing and neighborhood conditions, educational and economic factors, transportation systems, social connections, and other social factors and reflect interconnected social structures and economic systems shaped by the inequitable distribution of power and resources. The National Academies of Sciences, Engineering, and Medicine acknowledge that structural inequities make poorer health outcomes suffered by disadvantaged groups unfair and unjust.

Although cancer mortality rates declined in the United States in recent decades, some cancer disparities between populations of low and high socioeconomic status widened during this period. Many socioeconomic disparities in health persist because disadvantaged communities persistently lack resources that enable them to take advantage of advances that can protect and enhance health. "Addressing social determinants that drive disparities in cancer incidence… because of inequitable risk factor exposure will require policy action beyond the health care system," write the authors.

Among the actions recommended:

- **Address income and wealth inequality**: In recent decades, gains in wealth have been substantially greater for the wealthiest segment of the population compared with other segments. Failure to promote wealth growth in the poorest sectors of society will perpetuate determinants of inequitable health outcomes.
- **Support targeted provisions:** Compared with socioeconomically disadvantaged groups, socioeconomically privileged populations are better able to take advantage of new information and access interventions at earlier stages. Therefore, public policies without explicit provisions for disadvantaged groups may unintentionally widen health inequalities.
- **Support models of care that consider social risk**: Addressing social determinants must systemically acknowledge and attend to social risk resulting from marginalization, stigmatization, and discrimination. Concerns have been raised that providers may be less willing to care for patients with social risk. Given that disadvantaged patients have more complex needs than other patients, policy strategies that enable providers to be incentivized for the provision of more holistic health care warrant close consideration.

"The cancer control continuum comprises a range of intervention targets, from prevention and screening to survivorship and end-of-life care," conclude the authors. "Just as current cancer control efforts must target this entire continuum of influence, so must future cancer control efforts target the entire social determinants continuum of influence, including social-structural factors. Failure to embrace this perspective will inevitably contribute to the perpetuation, and potentially widening, of cancer disparities."

The report was led by Kassandra Alcaraz, Ph.D., MPH, senior principal scientist in the American Cancer Society's Behavioral and Epidemiology Research Group of the Intramural Research Department.

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