The American Cancer Society Releases Updated Report On The Status Of Cancer Disparities In The U.S.

This analysis shows symptoms of inequity in social determinants of health, including institutional racism and economic inequity, are impacting cancer outcomes and what we can do about it

ATLANTA – December 8, 2021 – The American Cancer Society released its report on the status of cancer disparities in the United States for 2021 today in *CA: A Cancer Journal for Clinicians*.

Researchers at the American Cancer Society, led by Farhad Islami, MD PhD, analyzed comprehensive and up-to-date data on racial/ethnic and socioeconomic disparities in cancer occurrence. This includes incidence, stage at diagnosis, survival, mortality, major risk factors and access to and utilization of preventative care and cancer screening in the United States. The report also looks back at some of the major root causes of why these disparities exist. Additionally, the report reviews a variety of programs and resources targeting cancer disparities and provides policy recommendations to mitigate them.

The report shows substantial variations in death rates overall and for specific cancer types and in stage at diagnosis, survival, exposure to risk factors, and receipt of preventive measures and screening by race/ethnicity, socioeconomic status, and geographic location. For example, Black women have a 12% higher overall cancer death rate than their White counterparts despite having an 8% lower incidence rate; kidney cancer death rates by sex among American Indian/Alaska Native people are ≥64% higher than the corresponding rates in each of the other racial/ethnic groups; and the 5-year relative survival for all cancers combined is 14% lower among residents of poorer counties than among residents of more affluent counties.

These disparities have largely been attributed to differences in exposure to risk factors, early detection, and access to preventive care and treatment, which themselves are influenced by social determinants of health (SDOH). SDOH differently impacts the occurrence of cancer between two or more populations through inequalities in educational and job opportunities, income, housing, transportation, public safety, food security, and access to timely and high quality care among other factors compared to White people, for example, Black, American Indian/Alaska Native, and Hispanic people are more likely to experience poverty or food insecurity and to have lower educational opportunities and access to critical digital services, including internet connections and computers (a.k.a., the 'digital divide'). As another example, people without health insurance—many of whom are people with limited income and people of color—are much more likely to delay or to not receive needed medical care due to cost (32.3% in ages 18-64 years) compared to people with Medicaid (9.0%) or private insurance coverage (6.3%).

Racism and discrimination are a deeply rooted SDOH that have downstream effects resulting in social inequities and discriminatory policies, which are the basic causes of health disparities. Effects of structural racism have generally accumulated across generations. For example, mortgage lending bias such as redlining resulted in residential segregation and growing inequities in wealth and underinvestment in some communities.

"Despite some progress in recent decades, cancer disparities are still a major issue in the United States, and they may further widen because of increasing costs of novel treatments and advanced medical technologies. Much more work needs to be done to enhance health equity and mitigate cancer disparities", said Dr. Islami.

The authors state that broad and equitable implementation of known, effective interventions that ensure access to care, such as increasing health insurance coverage through expansion of Medicaid eligibility or other initiatives, could substantially reduce cancer disparities. However, they also note that progress will require not only equitable local, state, and federal policies but broad interdisciplinary engagement to elevate and address fundamental social inequities and longstanding systemic racism. More research is also needed to identify fundamental causes of cancer disparities and appropriate and effective interventions, the authors add.

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