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M E D I C I N E

Understanding Healthcare Disparities in Cancer Care

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FIGURE 1

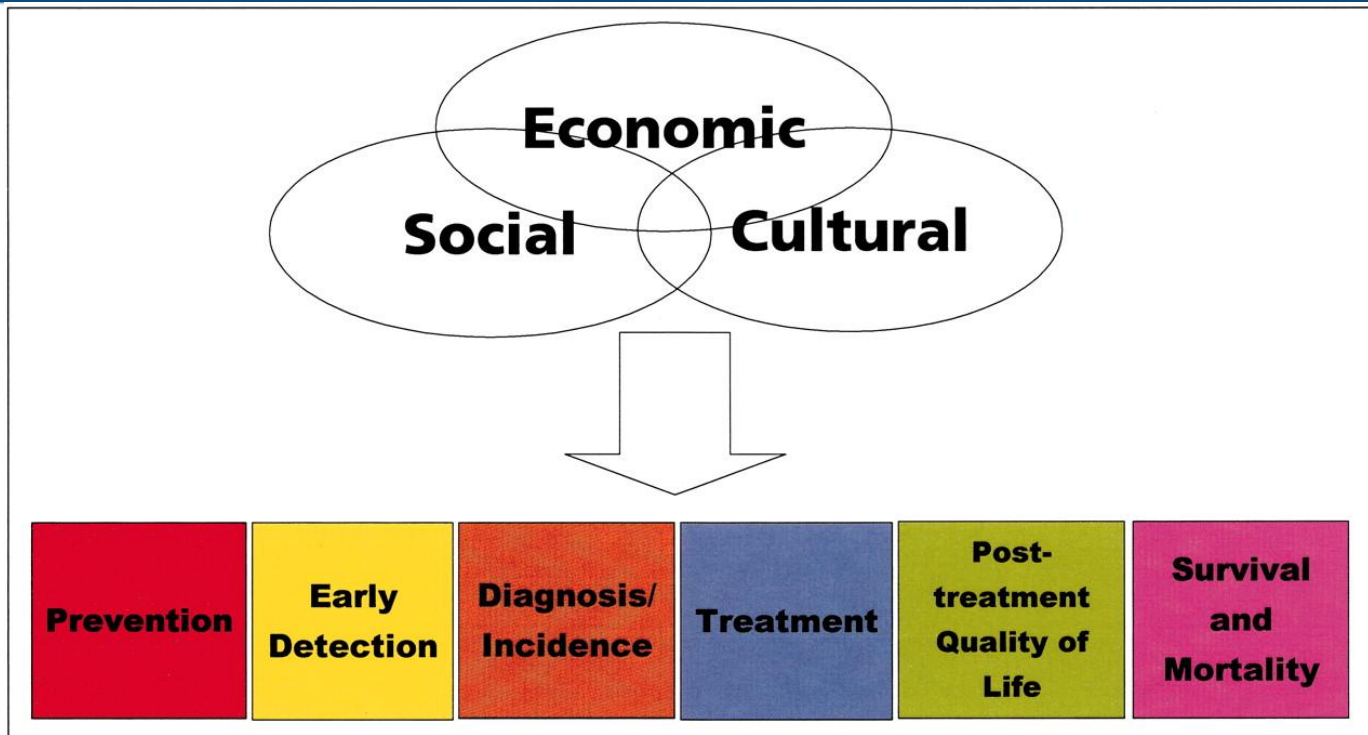


FIGURE 1 Factors That Influence Social Disparities.

Source: Adapted from Freeman, HP³ and Institute of Medicine.⁷

From Ward, E. et al.
CA Cancer J Clin 2004;54:78-93.

TABLE 1 Most Recent Available Data on Socioeconomic Characteristics and Medical Care Access, by Race and Ethnicity

Racial/Ethnic Group	% With Income Below Poverty Level*†	% Graduated High School ‡	% Under Age 65 With No Health Care Coverage§	With No Regular Source of Medical Care§
White (non-Hispanic)	8.0	85.5	11.9	13.9
African American	24.1	72.3	19.2	16.7
Hispanic-Latino	21.8	52.4	34.8	30.8
American Indian/Alaskan Native†	27.1	70.9	33.4	15.9
Pacific Islander	—	78.3	—	—
Asian	10.1	80.4	17.1	18.5
Asian/Pacific Islander	10.3	—	—	—

*Source: Poverty rate as of 2002 for White (non-Hispanic), African-American, Hispanic-Latino, Asian, and Asian/Pacific Islander populations. Poverty in the United States, 2002, US Census Bureau, September 2003.

†Source: Poverty rate as of 1999 to 2000 for American Indian/Alaskan Native population. Poverty in the United States, 2000. US Census Bureau, September 2001.

‡ Source: Educational Attainment, 2000. Census 2000 Brief, US Census Bureau, August 2000.

§ Source: Health, United States, 2003 With Chartbook on Trends in the Health of Americans, Hyattsville, Maryland, 2003.

TABLE 2 Age-standardized Incidence and Death Rates* for Selected Cancer Sites by Race and Ethnicity, US, 1996 to 2000

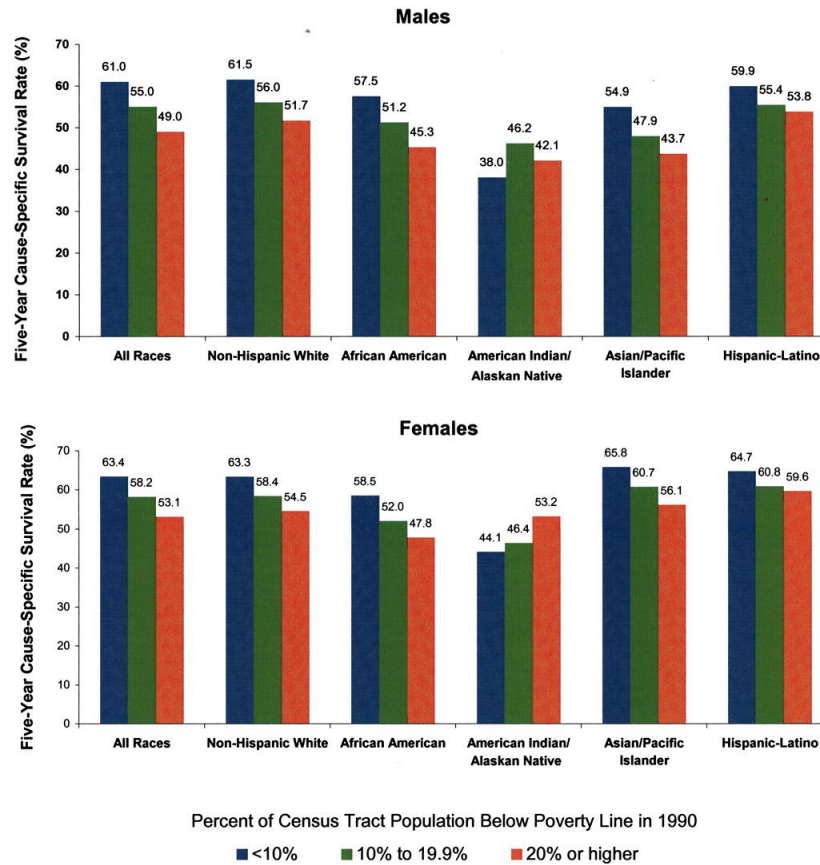
	White	African American	Asian/Pacific Islander	American Indian/Alaskan Native	Hispanic-Latino†
Incidence					
All Sites					
Males	555.9	696.8	392.0	259.0	419.3
Females	431.8	406.3	306.9	229.2	312.2
Breast (female)	140.8	121.7	97.2	58.0	89.8
Colon and rectum					
Males	64.1	72.4	57.2	37.5	49.8
Females	46.2	56.2	38.8	32.6	32.9
Lung and bronchus					
Males	79.4	120.4	62.1	45.6	46.1
Females	51.9	54.8	28.4	23.4	24.4
Prostate	164.3	272.1	100.0	53.6	137.2
Stomach					
Males	11.2	19.9	23.0	14.4	18.1
Females	5.1	9.9	12.8	8.3	10.0
Liver					
Males	7.3	11.0	21.1	6.1	13.8
Females	2.8	3.9	7.7	5.5	5.6
Uterine cervix	9.2	12.4	10.2	6.9	16.8
Mortality					
All Sites					
Males	249.5	356.2	154.8	172.3	176.7
Females	166.9	198.6	102.0	115.8	112.4
Breast (female)	27.2	35.9	12.5	14.9	17.9
Colon & rectum					
Males	25.3	34.6	15.8	18.5	18.4
Females	17.5	24.6	11.0	12.1	11.4
Lung & bronchus					
Males	78.1	107.0	40.9	52.9	40.7
Females	41.5	40.0	19.1	26.2	15.1
Prostate	30.2	73.0	13.9	21.9	24.1
Stomach					
Males	6.1	14.0	12.5	7.0	9.9
Females	2.9	6.5	7.4	4.2	5.3
Liver					
Males	6.0	9.3	16.1	7.6	10.5
Females	2.7	3.7	6.7	4.3	5.0
Uterine cervix	2.7	5.9	2.9	2.9	3.7

*Rates are per 100,000 and age-adjusted to the 2000 US standard population.

†Hispanics-Latinos are not mutually exclusive from Whites, African Americans, Asian/Pacific Islanders, and American Indians/Alaskan Natives.

Source: Ries LAG, Eisner MP, Kosary CL, et al.¹³

FIGURE 2



From Ward, E. et al.
CA Cancer J Clin 2004;54:78-93.

FIGURE 2 SEER Cancer (All Sites Combined) Survival Among Men and Women, 1988-1994 Patient Cohort.
*Survival rates are cause-specific, and represent the probability of escaping death due to the underlying cancer in the absence of other causes of death.

Source: Singh GK, Miller BA, Hankey BF, Edwards BK.¹⁷



FIGURE 3

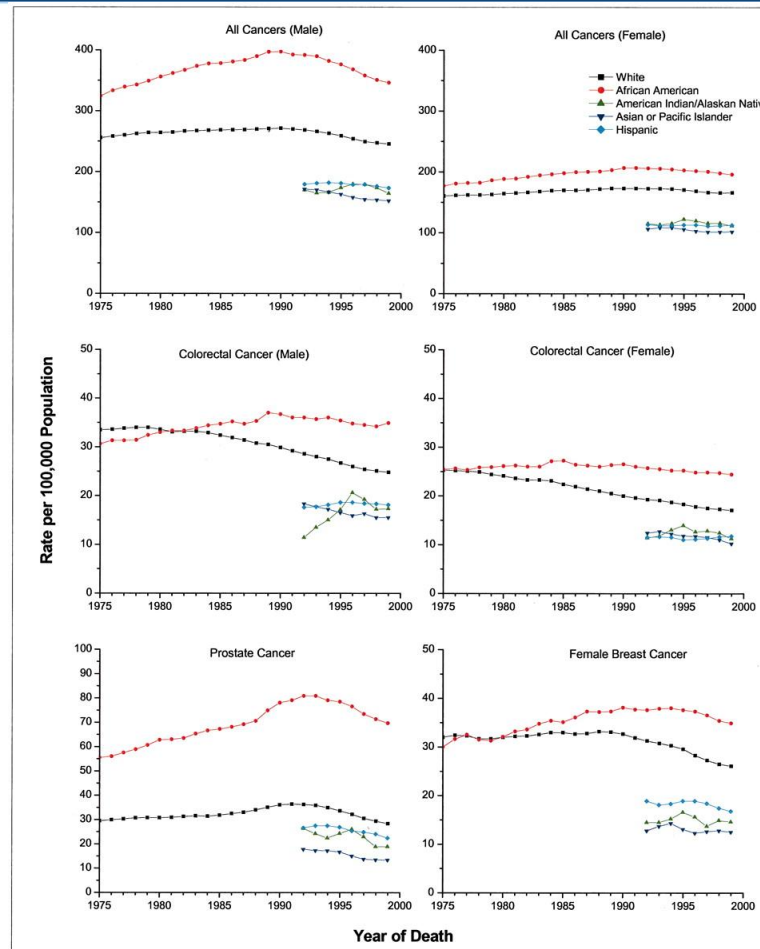


FIGURE 3 Trends in Mortality for All Cancers Combined, Colorectal, Prostate and Female Breast, by Race and Ethnicity, 1975 to 2000.
 Source: Surveillance, Epidemiology, and End Results Program (SEER), 1975 to 2000, Division of Cancer Control and Population Sciences, National Cancer Institute, 2003.

From Ward, E. et al.
 CA Cancer J Clin 2004;54:78-93.

TABLE 3 Prevalence of Major Cancer Risk Factors by Race/Ethnicity and Highest Level of Education, Adults 18 and Older, US, 2000*

Characteristic	% Current Smokers		% With No Leisure Time Physical Activity		% Obese†	
	Males	Females	Males	Females	Males	Females
Race/Ethnicity						
White (non-Hispanic)	25.7	23.0	33.1	36.8	21.3	19.6
African American (non-Hispanic)	25.5	20.4	47.3	55.7	24.4	35.9
Hispanic-Latino	23.2	12.8	51.9	56.5	23.0	26.1
American Indian/Alaskan Native‡	27.4	38.6	46.5	52.1	38.9	43.2
Asian American§	19.6	7.9	29.1	42.1	6.0	8.3
Education (years)¶						
8 or fewer	29.9	16.1	68.7	71.3	22.5	32.1
9 to 11	39.2	32.1	58.7	59.9	27.5	30.8
12	31.7	26.5	44.0	47.3	23.7	24.1
13 to 15	23.2	20.3	32.9	38.3	24.4	23.4
16	13.4	12.0	22.9	27.8	17.1	15.4
More than 16	8.7	7.2	17.6	23.6	15.7	12.4
Income						
Below poverty level	36.5	30.0	52.7	58.3	21.8	30.4
100% to 200% above poverty level	34.5	26.8	49.5	51.9	22.6	27.1
>200% above poverty level	22.6	18.5	29.2	32.9	21.8	19.5
Unknown	23.6	20.6	44.8	49.1	19.5	21.8
Total	25.0	21.0	36.6	41.5	21.5	22.0

*Percentages are adjusted to the 2000 US standard population.

†Body Mass Index (BMI) ≥ 30 kg/m², Age ≥ 20 yrs.

‡Estimates should be interpreted with caution because of small sample sizes.

§Does not include Native Hawaiians and other Pacific Islanders.

¶Persons aged 25 or older.

Source: National Health Interview Survey 2000, National Center for Health Statistics, Centers for Disease Control and Prevention.¹⁹

TABLE 4 Percent* Utilization of Screening, by Race/Ethnicity, Education, and Income

Characteristic	Mammography Prevalence in Women ≥ 40		Colorectal Cancer Screening in Adults ≥ 50		Pap Test in Women ≥ 18
	(within two yrs) [†]	(within last yr) [‡]	Fecal Occult Blood Test [§]	Endoscopy [¶]	(within three yrs) ^{**}
	%	%	%	%	%
Gender					
Male	—	—	17.1	33.5	—
Female	—	—	17.6	27.0	—
Race/Ethnicity					
White ^{††}	72.1	56.9	18.3	31.3	83.9
African American ^{††}	68.2	52.8	14.9	27.0	85.5
Hispanic-Latino	62.6	48.0	9.8	21.8	77.9
American Indian/Alaskan Native ^{††}	52.0	36.6	14.0 ^{§§}	25.2 ^{§§}	78.4
Asian	57.0	47.8	14.5	19.2	68.2
Education (years)					
11 or fewer	56.8	41.7	12.1	22.0	74.3
12.0	68.9	54.7	16.4	28.1	82.5
13 to 15	73.3	58.2	19.4	31.9	86.2
16 or more	80.1	65.1	23.0	40.4	90.1
Health insurance coverage					
Yes	73.6	58.3	17.9	31.0	85.2
No	39.5	27.9	13.0	14.4	64.1
Immigration					
Born in US	71.6	56.2	18.1	30.9	84.1
In US ≤ 10 years	41.4	33.7 ^{§§}	3.37 ^{§§}	14.3 ^{§§}	59.3
In US 10+ years	65.0	50.9	12.7	23.8	79.2
Total	70.3	55.3	17.3	30.0	82.3

*Percentages are adjusted to the 2000 US standard population.

[†]A mammogram within the past two years.

[‡]A mammogram within the past year.

[§]A fecal occult blood test within the past year.

[¶]An endoscopy (tests include sigmoidoscopy, colonoscopy, or proctoscopy) within the past five years.

^{**}Pap test for women with intact uterus.

^{††}Non-Hispanic.

^{§§}Estimates should be interpreted with caution because of small sample sizes.

^{¶¶}Age ≥ 25 for Pap test prevalence by level of education.

Source: National Health Interview Survey, 2000, National Center for Health Statistics, Centers for Disease Control and Prevention.¹⁹

TABLE 5 Stage at Diagnosis, Among Cases with Stage Information, by Census Tract Poverty Rate, All Races, 1995 to 1999, 11 SEER Registration Areas

	Area Poverty Rate					
	<10%			≥20%		
	Localized (%)	Regional (%)	Distant (%)	Localized (%)	Regional (%)	Distant (%)
Lung						
Male	17.7	27.7	54.6	15.7	25.3	59.0
Female	21.5	26.5	52.0	18.8	24.4	56.8
Colorectal						
Male	43.2	37.8	19.0	40.0	36.3	23.7
Female	41.5	40.0	18.5	38.7	39.2	22.1
Prostate*						
Male	95.2	—	4.8	90.9	—	9.1
Breast						
Female	67.0	28.0	5.0	59.0	32.4	8.6
Cervix						
Female	59.6	32.2	8.2	52.3	37.9	9.8

*For prostate cancer, the percent for localized stage represents local and regional stages combined.

Source: Singh GK, Miller BA, Hankey BF, Edwards BK.¹⁷

TABLE 7 Selected Programs and Resources Targeting Cancer Disparities

Name of Program and Web Address	Sponsors/Partners	Description
Intercultural Cancer Council (ICC) http://iccnetwork.org	Baylor College of Medicine	The ICC, established in 1995, promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories. Prepares Cancer Fact Sheets that provide detailed information on cancer occurrence and risk factors among racial and ethnic minorities and the medically underserved.
National Center on Minority Health and Health Disparities (NCMHD)	National Institutes of Health (NIH)	The NCMHD was established in 2000. The Center leads and coordinates NIH efforts to improve the health of minority and medically underserved people.
Center to Reduce Cancer Health Disparities (CRCHD) http://crchd.nci.nih.gov	National Cancer Institute (NCI)	The CRCHD was created in 2001 to carry out NCI's Strategic Plan for Reducing Cancer Health Disparities. NCI's goal is to nearly triple the funding for cancer health disparities in four years. Research will investigate social, cultural, environmental, biological, and behavioral determinants of cancer disparities across the cancer control continuum from prevention to end-of-life care.
Special Populations Networks for Cancer Awareness, Research and Training http://crchd.nci.nih.gov/spn	National Cancer Institute (NCI)	The Special Populations Networks is a program within the CRCHD. The first projects were funded in 2001. Its purpose is to build relationships between large research institutions and community-based programs and to find ways of addressing important questions about the burden of cancer in minority communities. The major goal is to build infrastructure to promote cancer awareness within minority and medically underserved communities, and to launch from these communities more research and cancer control activities aimed at specific population subgroups. Currently the Special Populations Networks consists of 18 projects in 15 states.
Racial and Ethnic Approaches to Community Health (REACH) http://www.cdc.gov/reach2010	Centers for Disease Control and Prevention (CDC)	The REACH program funds community coalitions to develop and implement activities to reduce the level of disparities in one or more of six priority areas, which include breast and cervical cancer screening. The first projects were funded in 1999. The program emphasizes the importance of working more closely with communities to identify culturally sensitive implementation
National Breast and Cervical Cancer Early Detection Program (NBCCEDP) http://www.cdc.gov/cancer/nbccedp	Centers for Disease Control and Prevention (CDC)	The NBCCEDP was created by Congress in 1990 to help improve access to breast and cervical cancer screening among underserved women. This program, funded at \$200.6 million for fiscal year 2003, provides both screening and diagnostic services and has been implemented in all 50 states, five US territories, the District of Columbia and 15 American Indian/Alaskan Native organizations.

My experiences here...

- Providing a survivor volunteer who is “matched” to the patient based on age, race, stage of disease and anticipated treatment plan.
- Conducting breast cancer awareness programs at local inner city churches
 - Demonstrating on breast model what to feel for when doing a breast self exam

My goals for the patient....

- To make her experience with us the least physically and emotionally traumatic we can achieve.
- Transformation surgery...
- One stop service– from screening mammogram onto diagnostic evaluation and biopsy all the same day