Poverty, Culture and Social Injustice

Determinants of Cancer Disparities:

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Causes of Health Disparities

- Social Injustice
- Culture
- Poverty/Low Economic Status

Possible Influence on Gene Environment Interaction

Prevention, Early Detection, Diagnosis/Incidence, Treatment, Post Treatment/Quality of Life, Survivorship

Freeman, H.P., Cancer Epidemiology Biomarkers & Prevention, April 2003 (modified)
The Health Care Continuum

Screening → Abnormal Finding → Diagnosis → Treatment
Key Issues:

- What populations suffer with the heaviest cancer burden?
- The Discovery/Delivery Disconnect in the War on Cancer
- What are the principal determinants of cancer disparities?
Key Issues:

- Who are the poor and the uninsured?
- What is the meaning of race? Who is black?
- What is Patient Navigation?
- How can we reduce or eliminate cancer disparities?
Disease always occurs within a context of human circumstances including economic status, social position, culture, and environment.

These human circumstances are determinants of survival, and quality of life.

Figure 2. Life expectancy by race and sex: United States, 1970–2003
SEER Incidence and US Death Rates
All Cancer Sites, Both Sexes
Joinpoint Analyses for Whites and Blacks from 1975-2007
and for Asian/Pacific Islanders, American Indians/Alaska Natives and Hispanics from 1992-2007

**Incidence**

**Mortality**

Source: Incidence data for whites and blacks are from the SEER 9 areas (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta). Incidence data for Asian/Pacific Islanders, American Indians/Alaska Natives and Hispanics are from the SEER 13 Areas (SEER 9 Areas, San Jose-Monterey, Los Angeles, Alaska Native Registry and Rural Georgia). Mortality data are from US Mortality Files, National Center for Health Statistics, CDC.

a Rates are age-adjusted to the 2000 US Std Population (18 age groups - Census P25-1103).

Regression lines are calculated using the Joinpoint Regression Program Version 3.4.3, April 2010, National Cancer Institute. Joinpoint analyses for Whites and Blacks during the 1975-2007 period allow a maximum of 4 joinpoints. Analyses for other ethnic groups during the period 1992-2007 allow a maximum of 2 joinpoints.

b API = Asian/Pacific Islander.

c AI/AN = American Indian/Alaska Native. Rates for American Indian/Alaska Native are based on the CHSDA (Contract Health Service Delivery Area) counties.

d Hispanic is not mutually exclusive from whites, blacks, Asian/Pacific Islanders, and American Indians/Alaska Natives. Incidence data for Hispanics are based on NHIA and exclude cases from the Alaska Native Registry. Mortality data for Hispanics exclude cases from Connecticut, the District of Columbia, Maine, Maryland, Minnesota, New Hampshire, New York, North Dakota, Oklahoma, and Vermont.
The “War on Cancer”

Signing of the National Cancer Act of 1971
The Discovery-Delivery Disconnect

Discovery --- Delivery

Critical Disconnect

This *discovery to delivery* “disconnect” is a key determinant of the unequal burden of cancer.

_Voices of a Broken System: Real People, Real Problems_, President’s Cancer Panel, Freeman, September 2001
There is a need to distinguish between the meanings of:

- Class (economic status)
- Culture
- Race
- Social Injustice
The Meaning of Poverty

- Substandard housing
- Inadequate information and knowledge
- Risk-promoting lifestyles, attitudes, and behaviors
- Diminished access to health care
The Meaning of Culture

- Shared communication system
- Similar physical and social environment
- Common beliefs, values, traditions, and world view
- Similar lifestyles, attitudes, and behaviors
POVERTY

CULTURE

DECREASED SURVIVAL

Inadequate physical and social environment

Inadequate information and knowledge

Risk-promoting lifestyle, attitude, behavior

Diminished access to health care

Poor Americans have a 10 to 15% lower 5 year cancer survival compared to other Americans.
The Poor and Uninsured

- 43M (14%) Americans are poor.
- 50M (16%) Americans are uninsured.

2010 U.S. Census Bureau Report
Who are the poor?
Poverty Rates by Race and Hispanic Origin: 2 Years 2011 and 2012

White:
- 2011 = 9.8
- 2012 = 9.7

Black:
- 2011 = 27.6
- 2012 = 27.2

Hispanic:
- 2011 = 25.3
- 2012 = 25.6

Asian:
- 2011 = 12.3
- 2012 = 11.7

Who is uninsured?
Percent of People Without Health Insurance Coverage by Race and Hispanic Origin Percentages for 2011 and 2012

- **White**
  - 2011: 14.9%
  - 2012: 14.7%
- **Black**
  - 2011: 19.5%
  - 2012: 19.0%
- **Hispanic**
  - 2011: 30.1%
  - 2012: 29.1%
- **Asian**
  - 2011: 16.8%
  - 2012: 15.1%
The Meaning of Race

Who is Black?
The “One Drop Rule”

Black—The American Definition

Defines as black anyone with even one black ancestor, no matter how remote, and regardless of physical appearance.

Gunnar Myrdal
Sociologist, 1944
Findings of IOM Report on Unequal Treatment, 2003

Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.
Black patients were substantially less likely than white patients to have their non-small cell lung cancers surgically removed. (The rate of surgery was 12.7 percentage points lower for black patients than for white patients)…five-year survival for blacks was 26.4% vs. 34.1 percent for whites...
Report to the Nation on Cancer and the Poor

Findings

- Poor people meet significant barriers when they attempt to seek diagnosis and treatment of cancer.
- Poor people often do not even seek care if they cannot pay for it.
- Poor people experience more pain, suffering, and death because of late stage disease.

American Cancer Society 1989
Report to the Nation on Cancer and the Poor

Findings

- Fatalism about cancer is prevalent among the poor and prevents them from seeking care.

- Poor people and their families must make extraordinary and personal sacrifices to obtain and pay for care.

- Current cancer education programs are culturally insensitive and irrelevant to many people.

American Cancer Society 1989
There is a critical window of opportunity to save lives from cancer between the point of an initial suspicious finding and the resolution of the finding by further diagnosis and timely treatment.
Patient Navigation across the Health Care Continuum

Initial target in Harlem Model

Outreach

Abnormal Finding

Abnormal Results → Diagnosis → Treatment

Resolution

Survivorship

Prevention

Early Detection

Diagnosis/Incidence

Treatment

Post Treatment/Quality of Life

Survivorship

Freeman, 2006.
Signed into law
June 29, 2005
"Patient Navigator Outreach and Chronic Disease Prevention Act of 2005"
P.L. 109-18
Funding for Patient Navigation

- NCI 9 Demonstration Sites
- CMS 6 Demonstration Sites
- Health Resources and Services Administration 6 Demonstration Sites
- American Cancer Society
- Susan Komen Foundation
- Avon Foundation
- Pfizer Foundation
- Amgen Foundation
American College of Surgeons Commission on Cancer

Cancer Program Standards 2012:
Standard 3.1

American College of Surgeons Commission on Cancer mandated that Patient Navigation is to be a standard of care to be met by cancer programs seeking approval beginning 2015.
Affordable Care Act

The ACA requires that states utilize patient navigators to facilitate access to health insurance coverage for uninsured individuals.
How can we eliminate health disparities?
We must apply what we know at any given time to all people, irrespective of their ability to pay.

Provide universal access to health care.
Delineate and target geographic areas with excess cancer mortality with an intense approach to providing culturally relevant education, appropriate access to screening, diagnosis and treatment, and improved social support.
Create a high level of awareness among medical trainees and professionals regarding their role in eliminating bias in medical care delivery.
Provide personal assistance to eliminate barriers to timely care across the entire health care continuum in underserved communities.
Final Thoughts
Disparities in cancer are caused by the complex interplay of low economic class, culture, and social injustice, with poverty playing the dominant role.
There is evidence that race, in and of itself, is a determinant of the level of health care received.
There is a need to disentangle the social and political meaning of race from assumptions about its biological meaning.
Health disparities exact an extraordinarily high human cost and a significant economic cost to this nation.
Knowing is not enough; we must apply

“Willing is not enough; We must do.”

Johann von Goethe
The unequal burden of disease in our society is a challenge to science and a moral dilemma for our nation.
A New Paradigm to Reduce Health Disparities

Biomedical Science

Civil & Human Rights

Social Sciences & History

Freeman, HP, 2005
“What you see depends on where you stand.”

Albert Einstein