

# **Poverty, Culture and Social Injustice**

**Determinants of Cancer Disparities:**

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# Causes of Health Disparities

**Poverty/  
Low Economic  
Status**

**Social Injustice**

**Culture**

Possible Influence on Gene Environment Interaction

**Prevention**

**Early  
Detection**

**Diagnosis/  
Incidence**

**Treatment**

**Post Treatment/  
Quality of Life**

**Survivorship**

# 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.

# Life Expectancy at Birth – USA (1970-2003) (CDC/National Center for Health Statistics Report 2006)

Figure 2. Life expectancy by race and sex: United States, 1970–2003

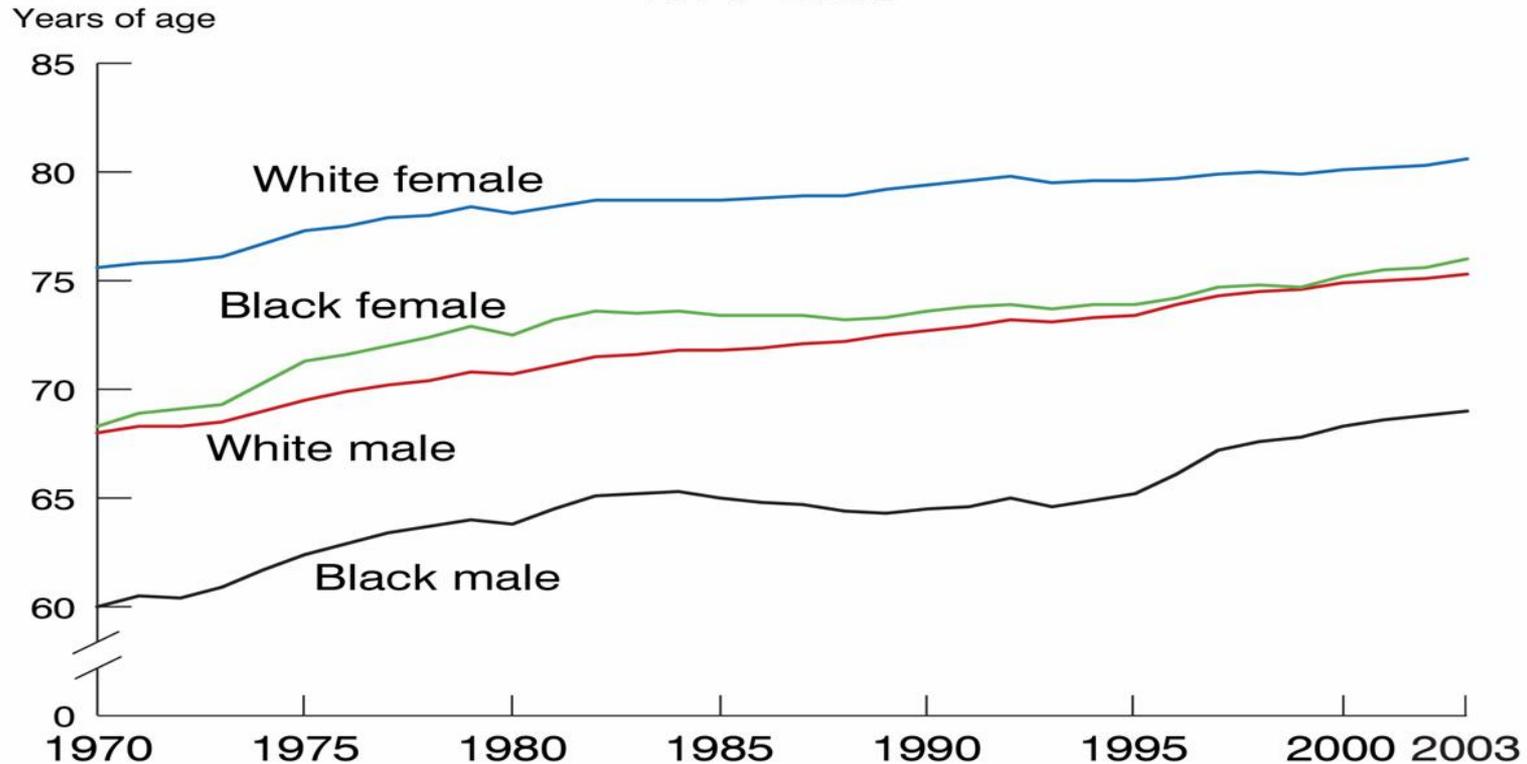


Figure 2.4

# SEER Incidence and US Death Rates<sup>a</sup> 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

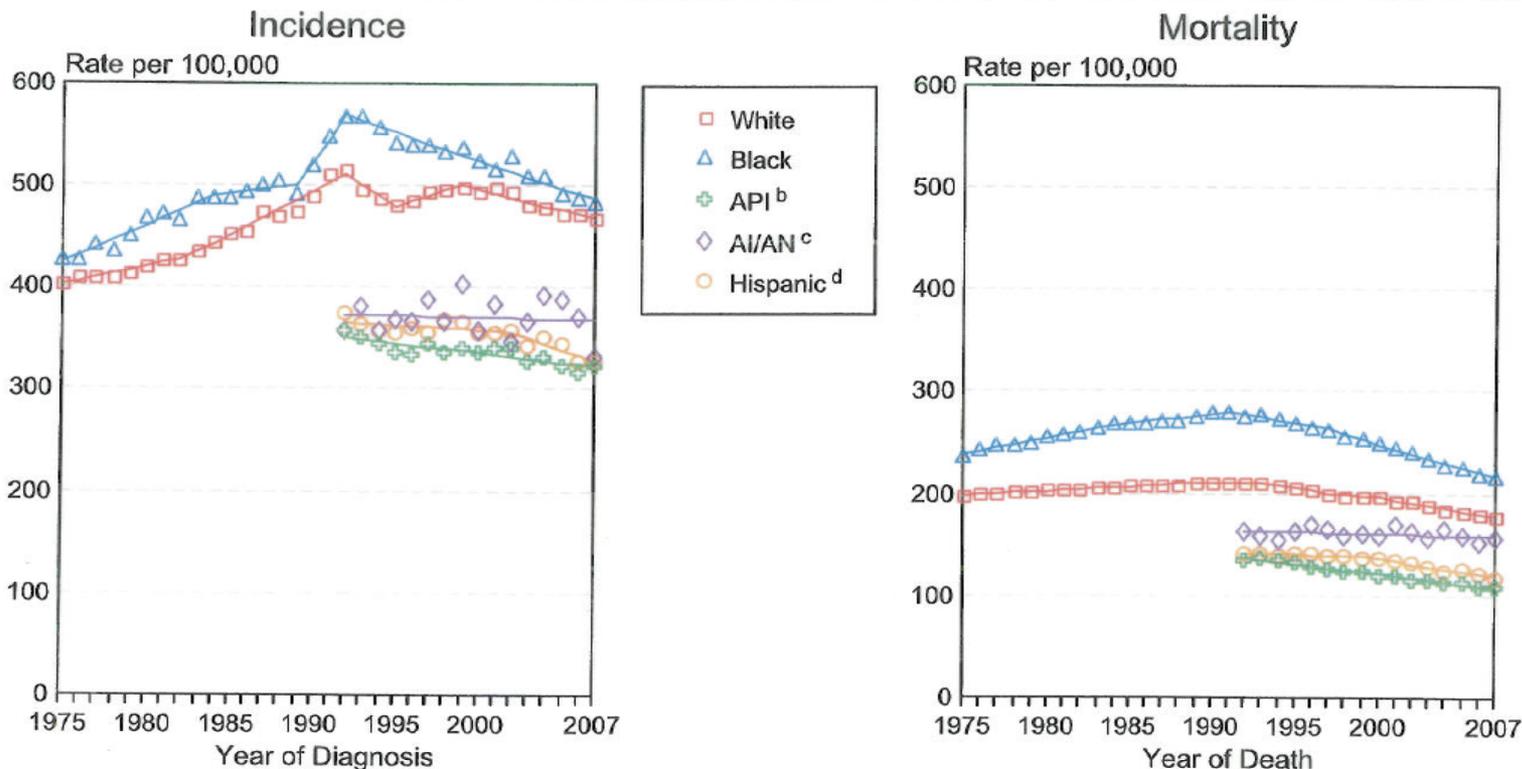


Figure 2.4

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.

<sup>a</sup> Rates are age-adjusted to the 2000 US Std Population (19 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.

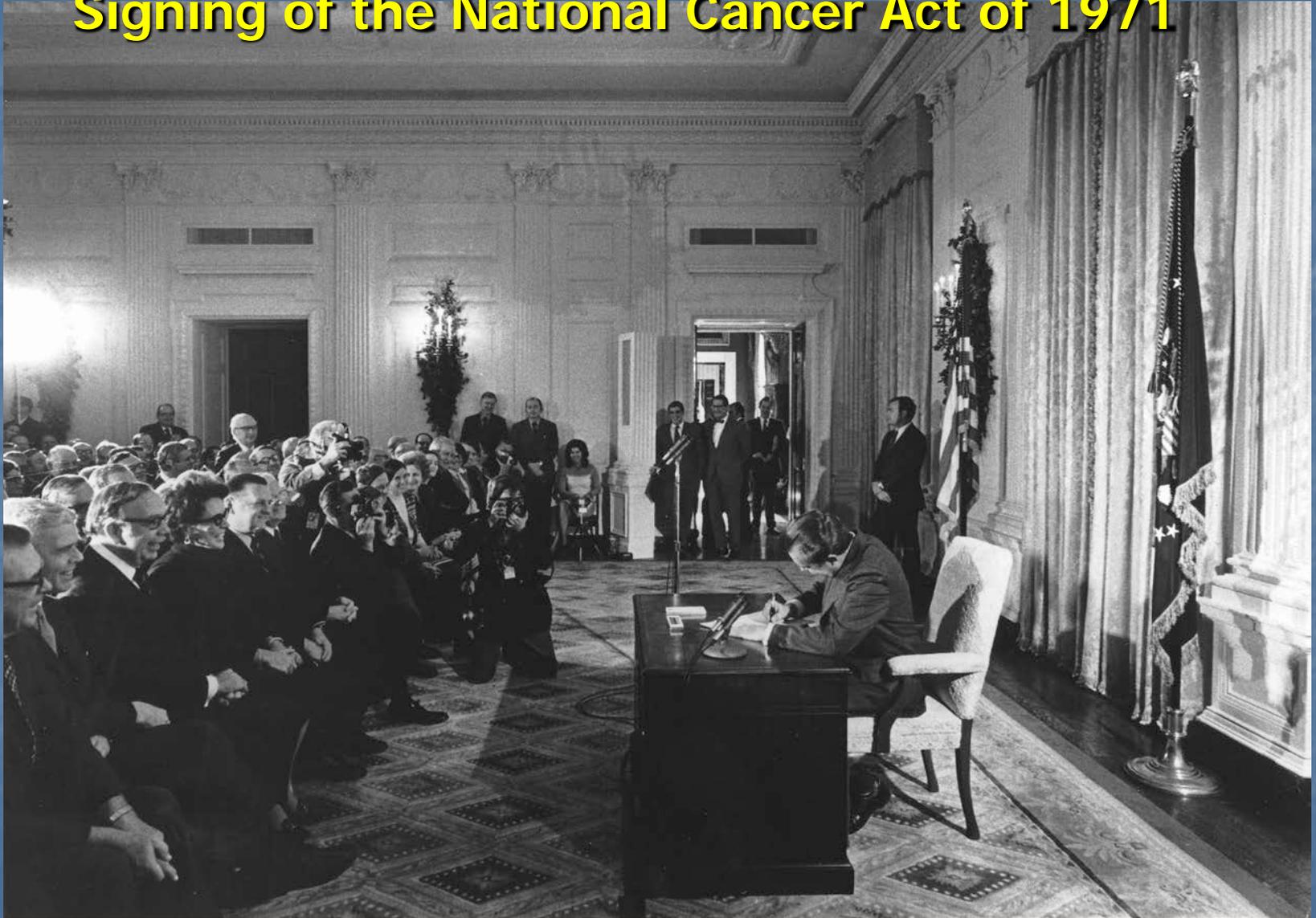
<sup>b</sup> API = Asian/Pacific Islander.

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

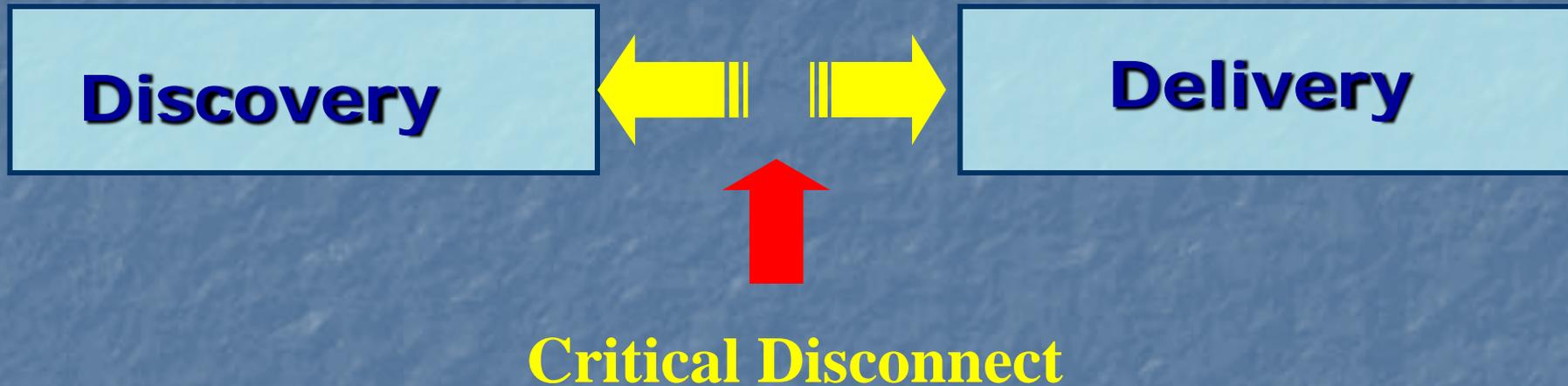
<sup>d</sup> Hispanic is not mutually exclusive from whites, blacks, Asian/Pacific Islanders, and American Indians/Alaska Natives. Incidence data for Hispanics are based on NHIA and exclude cases from the Alaska Native Registry. Mortality data for Hispanics exclude cases from Connecticut, the District 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



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

**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**



Inadequate  
physical and  
social  
environment

Inadequate  
information  
and  
knowledge

Risk-  
promoting  
lifestyle,  
attitude,  
behavior

Diminished  
access to  
health care



**DECREASED SURVIVAL**

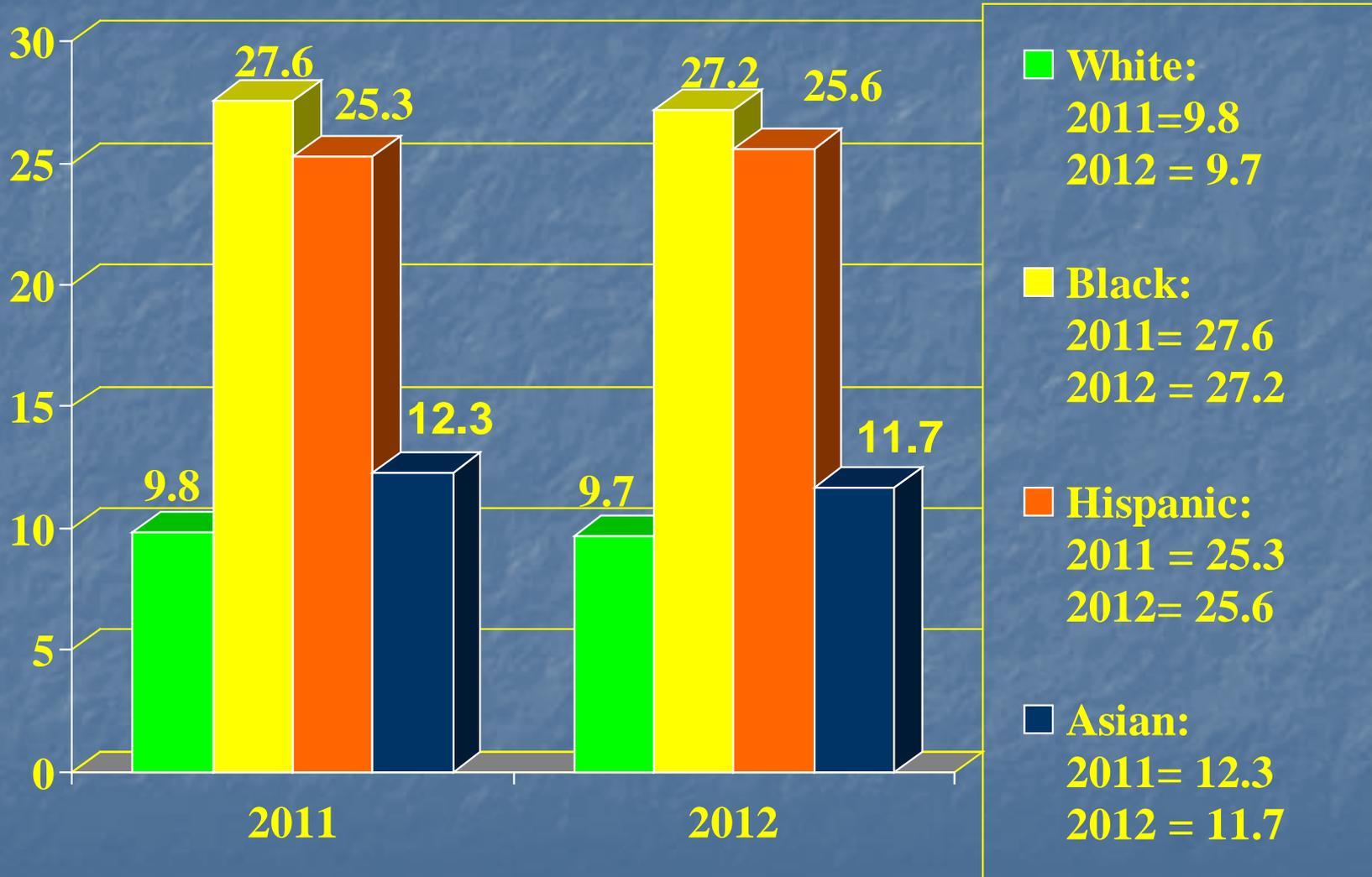
Poor Americans have a  
10 to 15% lower  
5 year cancer survival  
compared to other Americans.

# The Poor and Uninsured

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

**Who are the poor?**

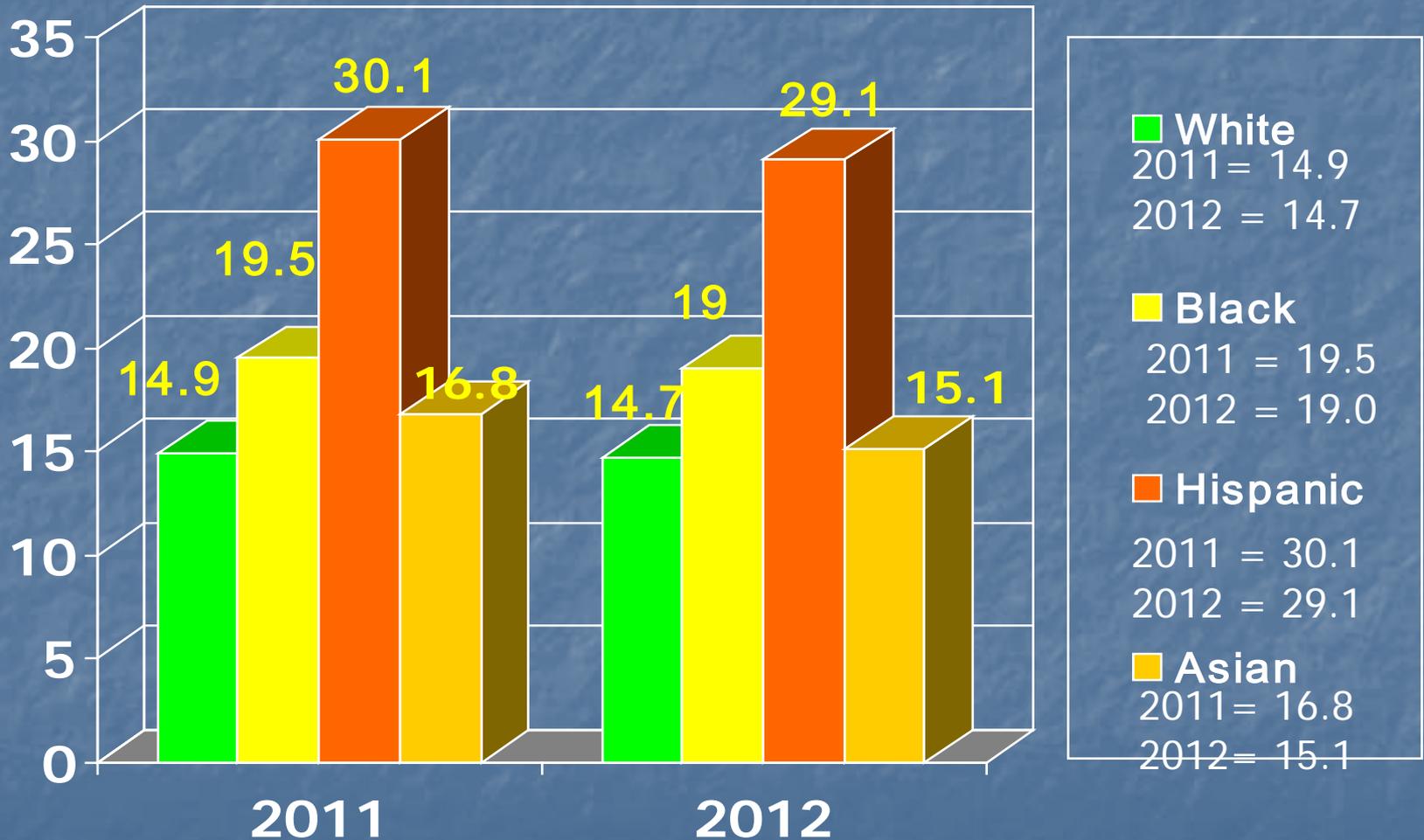
# Poverty Rates by Race and Hispanic Origin: 2 Years 2011 and 2012



**Who is uninsured?**

# Percent of People Without Health Insurance Coverage by Race and Hispanic Origin

## Percentages for 2011 and 2012



# The Meaning of Race

Who is Black?

# The "One Drop Rule"

Black—The American Definition

Identifies 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.

## **Bach, NEJM, 1999**

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.

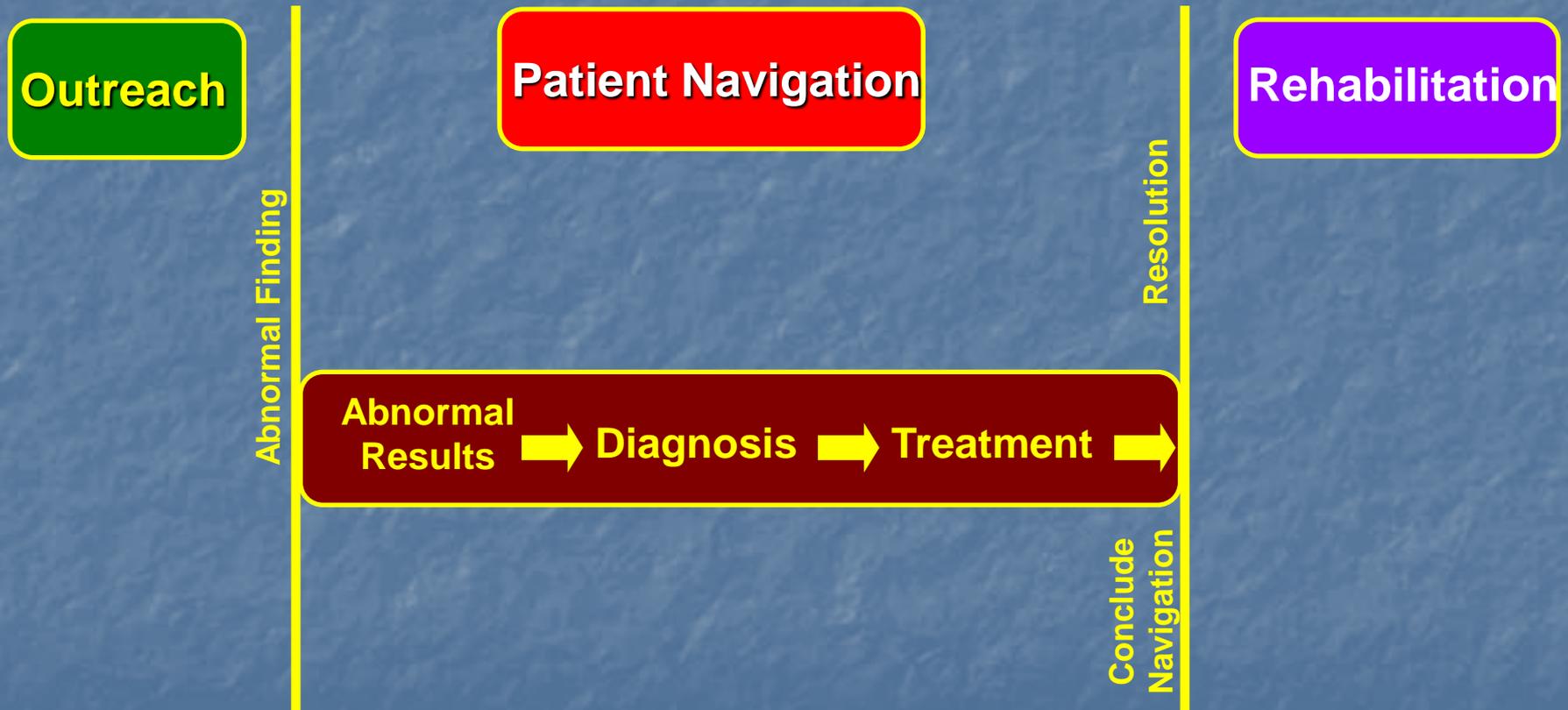
# Report to the Nation on Cancer and the Poor

## Findings

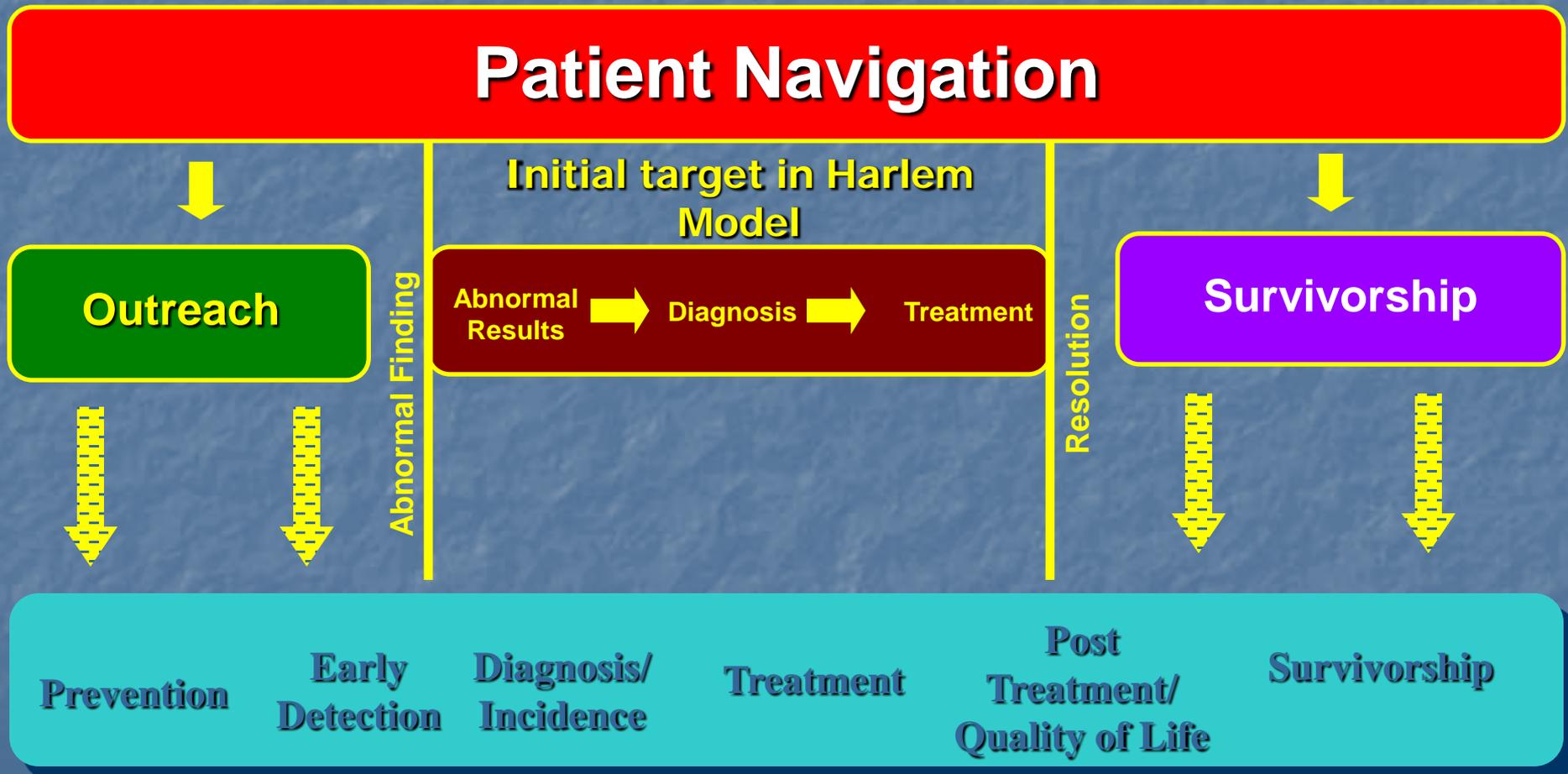
- Fatalism about cancer is prevalent among the poor and prevents them from seeking care.
- Poor people and their families must make extraordinary and personal sacrifices to obtain and pay for care.
- Current cancer education programs are culturally insensitive and irrelevant to many people.

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 Model



# Patient Navigation across the Health Care Continuum



# National Legislation authorizing Patient Navigation Program

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.

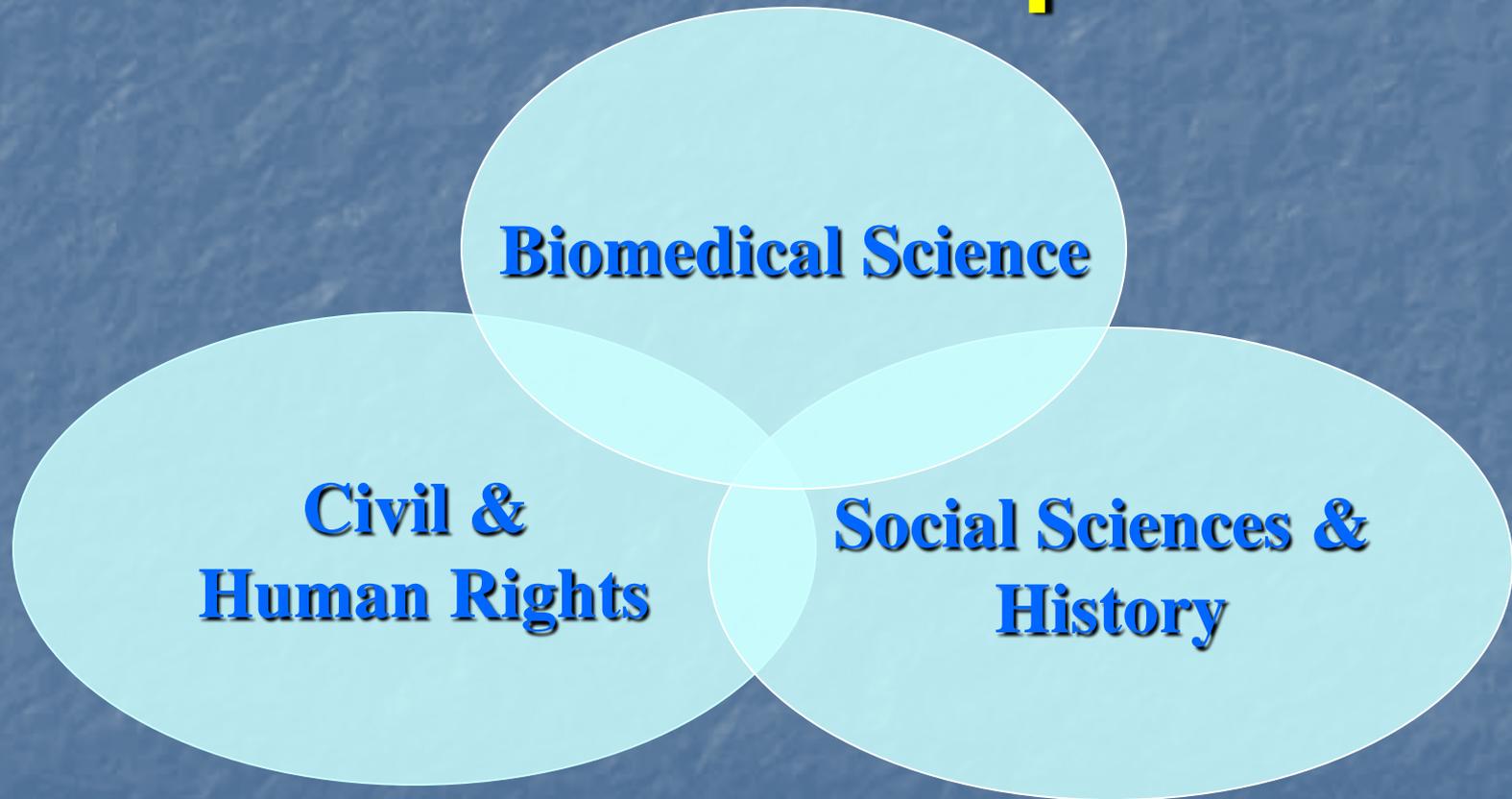
**Knowing is not enough; we  
must apply**

**“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



“What you see  
depends on  
where you stand.”

Albert Einstein