

# P R E S I D E N T ' S C A N C E R P A N E L

NATIONAL CANCER PROGRAM

NATIONAL CANCER INSTITUTE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## **America's Demographic and Cultural Transformation: Implications for the Cancer Enterprise September 22, 2009**

The President's Cancer Panel held the first meeting of its 2009-2010 series, *America's Demographic and Cultural Transformation: Implications for the Cancer Enterprise*, on September 22, 2009, in Seattle, Washington. During this meeting, speakers discussed changes in the proportion of ethnic populations expected to occur in the United States over the next several decades and how this shift may affect the national cancer burden. Underlying causes of and strategies for addressing disparities in health outcomes among ethnic groups were also presented.

Immigration, as well as differing birth and death rates among various racial and ethnic groups, is driving a demographic transformation in the United States that is expected to result in the loss of a majority population by 2050. Among minority populations, the largest population growth is projected for Hispanics, who are expected to constitute nearly one-third of the U.S. population within 40 years. The proportions of African Americans, Native Americans/Alaska Natives, and Asians/Pacific Islanders are also expected to increase. This population shift will likely alter the landscape of the national cancer burden. Many cancer types occur at different rates among racial and ethnic subpopulations, and minorities often exhibit higher rates of cancer mortality. Despite changes in the makeup of the overall population, underrepresentation of minorities within medical professions will almost certainly become more pronounced over the coming decades; because patients often report better experiences with providers of their own racial/ethnic group, this has potential repercussions regarding delivery of and satisfaction with health care.

Inadequate access to health care contributes to the poor health outcomes observed among racial and ethnic minorities, who are less likely than whites to have health insurance. However, disparities are also strongly rooted in social and cultural factors. People are less likely to enjoy long life and good health if they are of low socioeconomic status or have limited education, and cultural factors influence lifestyle decisions and interactions with the health care and research communities. It is important to note that these types of sociocultural characteristics transcend race; consequently, poor health outcomes are also observed among impoverished whites and other medically underserved populations.

Scientific and medical advances, including those made in bone marrow transplantation, have improved cancer care for some racial minorities, but much remains to be done. Indeed, progress in genomics has the potential to exacerbate health disparities between racial and ethnic groups if efforts are not made to ensure that research results are relevant to and benefit all populations. Research on racial and ethnic groups poses several challenges. Personal views and experiences strongly influence individual self-identification with a particular race or ethnicity. Thus, while consideration of race as a social construct may be informative, race and ethnicity designations do not accurately or uniformly reflect ancestry or genetic constitution and their use in biomedical research should be approached with caution.

National surveys and registries that collect information on race and ethnicity have provided valuable insight into the health and health outcomes of minority populations; however, these data sets often fail to capture heterogeneity within ethnic groups. Trends not apparent on a national level are often revealed when data are analyzed by state or county; this has important implications for development and implementation of interventions and policies to improve the health of all populations.

The Panel will summarize findings and recommendations from this meeting along with the other meetings in the series in its 2009-2010 Annual Report to the President of the United States.