



America's Demographic and Cultural Transformation: Implications for the Cancer Enterprise

MEETING DATES BACKGROUND

September 22, 2009

October 27, 2009

December 9, 2009

February 2, 2010

- Despite steady improvements in overall health of the U.S. population, ethnic sub-populations experience higher rates of disease morbidity and mortality than the mainstream (*Byrd, W. M., & Clayton, L. A. (2005). Racial and Ethnic Disparities in Healthcare: A Background and History. In B. D. Smedley, A. Y. Stith, & A. R. Nelson (Eds.), Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare (pp. 455-527). Washington, D.C.: Nat Acad Press*), especially for cancer (*Cancer Incidence & Mortality Statistics and Trends: www.med.nyu.edu/cib/cancer/stats.html*).
- The reasons for these health status disparities are complex and poorly understood. The disparities may largely reflect socioeconomic differences, environmental degradation, and direct/indirect consequences of discrimination (*Williams, D. R. (1999). Race, Socioeconomic Status, and Health: The Added Effects of Racism and Discrimination. Ann NY Acad Sci, 175-188*). However, even at equivalent levels of access to care, gaps persist in cancer incidence rates for ethnic sub-populations (*Institute of Medicine (2002). Unequal Treatment: Assessing Racial and Ethnic Disparities in Healthcare. Washington, D.C.: Nat Acad Press.*).
- Immigration, more than any other social/political/economic process, has shaped the U.S. over the last century. As the next decades unfold, the rate of immigration-driven transformation, which began in earnest in the 1960s, will continue to accelerate. Minorities, now roughly one-third of the U.S. population, are expected to become the majority in 2042, with the nation projected to be 54 percent minority in 2050 (*US Department of Commerce, US Census Bureau. (2008, August). An Older and More Diverse Nation by Midcentury. http://www.census.gov/Press-Release/www/releases/archives/population/012496.html*).

POTENTIAL PARTICIPANTS

Health Care Experts
Scientists
Government Representatives

Scientific/Cancer-Related Organization Representatives
Advocates
Public Health Professionals

QUESTIONS FOR EXPLORATION

- What are the implications for U.S. cancer trends as the proportion of ethnic sub-populations increase in the coming decades?
- As ethnic sub-populations change in proportion over the coming decades will the current cancer screening guidelines continue to be appropriate or relevant?
- Are there biologically based differences between ethnic groups in clinical presentation or response to cancer treatment that justifies difference in the type and intensity of care provided? If they exist, are the differences in response to pharmacologic/therapeutic regimens the result of different genetics, different pathogenesis of disease or the result of different environmental factors such as diet or behavior?
- Does the clinical encounter differ across ethnic groups? To what extent do patients and providers contribute to health disparities? Are there beliefs (or stereotypes) held by providers about the behavior or health of ethnic sub-populations?
- Do patients from ethnic sub-populations experience, understand, and discuss illness differently than mainstream populations? Do patients from ethnic sub-populations have different help-seeking behavior?

CONTACT INFORMATION

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Meetings of the Panel are open to the public; no registration is required.