



THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

Making Cancer History®

Cardiovascular and cancer health disparities: a bold vision to achieve health equity

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I have no financial relationships to disclose.

- and -

I will not discuss off label use and/or investigational use in my presentation.

Defining cancer disparities and health inequity

- Cancer disparities:
 - Differences in “incidence, prevalence, mortality and burden of cancer among specific population groups”
- Health inequities:
 - Unfair/unjust—a consequence of social determinants of health
 - Avoidable—stem from institutional racism/government policies (e.g., taxation, business, healthcare)

Which US
Population
Groups
Experience
Health
Disparities?

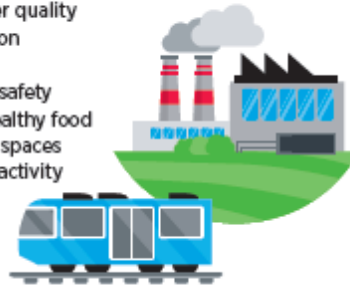
racial and ethnic minority groups; 	individuals of different ancestry; 	individuals of low socioeconomic status; 	individuals with disabilities; 
individuals who lack or have limited health insurance coverage; 	residents in certain geographic locations, including rural areas; 	members of the lesbian, gay, bisexual, and transgender community; 	immigrants; 
refugees or asylum seekers; 	adolescents and young adults; and 	the elderly. 	

Adapted from (3)

What factors contribute to health disparities?

ENVIRONMENTAL FACTORS

- Air and water quality
- Transportation
- Housing
- Community safety
- Access to healthy food sources and spaces for physical activity



BEHAVIORAL FACTORS

- Tobacco use
- Diet
- Excess body weight
- Physical inactivity
- Adherence to cancer screening and vaccination recommendations



SOCIAL FACTORS

- Education
- Income
- Employment
- Health literacy



CLINICAL FACTORS

- Access to health care
- Quality of health care



CULTURAL FACTORS

- Cultural beliefs
- Cultural health beliefs

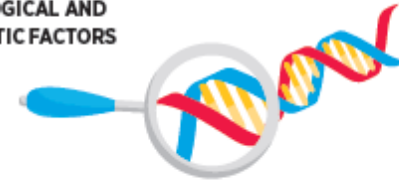


PSYCHOLOGICAL FACTORS

- Stress
- Mental health



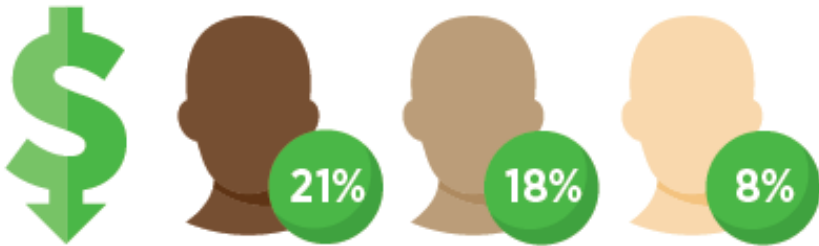
BIOLOGICAL AND GENETIC FACTORS




Social determinants of health

- “Conditions in which people are born, grow, live, work and age, including the health system”
- Considered at the levels of:
 - Individual
 - Communities
 - Society
- Acknowledgement of the role of structural and systemic racism as an important driver of adverse differences in the SDOH and health outcomes experienced by racial and ethnic minorities

Socioeconomic status/health insurance



21% of African Americans, 18% of Hispanics, and 8% of non-Hispanic whites were **living below the federal poverty level in 2018** (46).



34% of cancer deaths among all U.S. adults ages 25 to 74 could be **prevented if socioeconomic disparities were eliminated** (45).

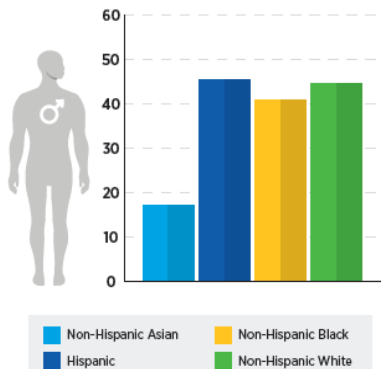
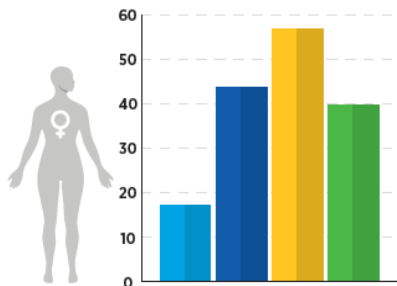


10% of African Americans, 18% of Hispanics, and 5% of non-Hispanic whites were **uninsured in 2018** (54).

Racial and Ethnic Disparities in Obesity Rates

There are significant disparities in obesity rates among different racial and ethnic populations. Among adults age 18 and older, obesity rates are highest among African American women and lowest among Asian men.

PERCENT OF ADULTS WITH OBESITY, 2017-2018



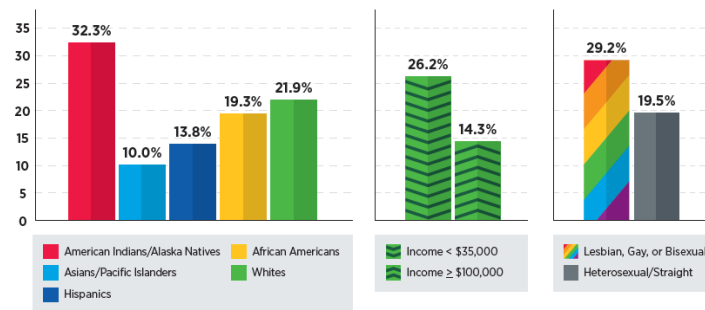
Adapted from (133a)

Disparities in cancer and cardiovascular risk

Disparities in Tobacco Product Use in the United States

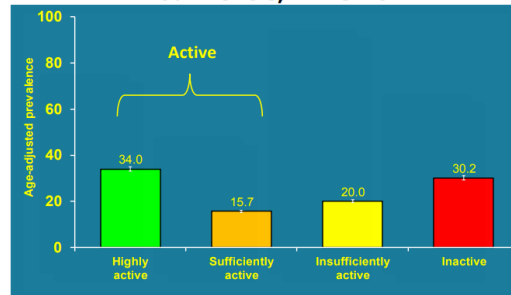
Among adults age 18 and older the use of any tobacco product varies widely by race/ethnicity, annual household income, and sexual orientation, among other characteristics. Among the different racial/ethnic groups, use is highest among American Indians/Alaska Natives and lowest among Asians. Use is also higher among those with an annual household income of less than \$35,000 and lesbian, gay, or bisexual adults compared with those with an annual household income of \$100,000 or higher and heterosexual/straight adults, respectively.

PERCENTAGE OF ADULTS AGE 18 AND OLDER WHO REPORTED TOBACCO PRODUCT USE



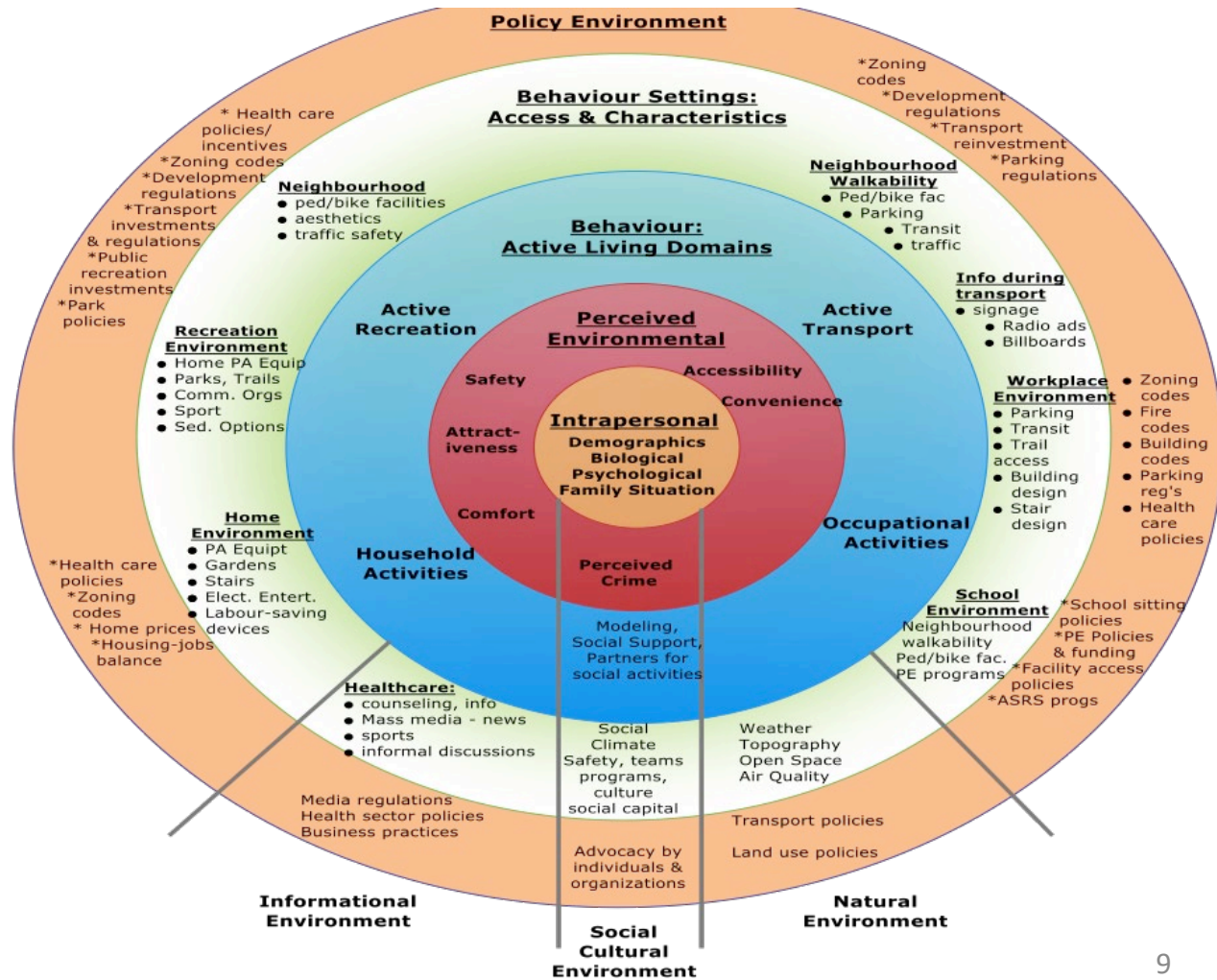
Data from (132)

Prevalence of Aerobic Physical Activity in Four Levels, NHIS 2014



Highly active (>300 min/wk moderate-intensity activity, >150 min/wk vigorous-intensity activity, or equivalent combination), sufficiently active (150-300 min/wk moderate-intensity activity, 75-150 min/wk vigorous-intensity activity, or equivalent combination), insufficiently active (some activity but not enough to meet active definition), and inactive (no activity of at least 10 min/time).

Environmental factors associated with Physical Activity







Would you
rather walk
here?

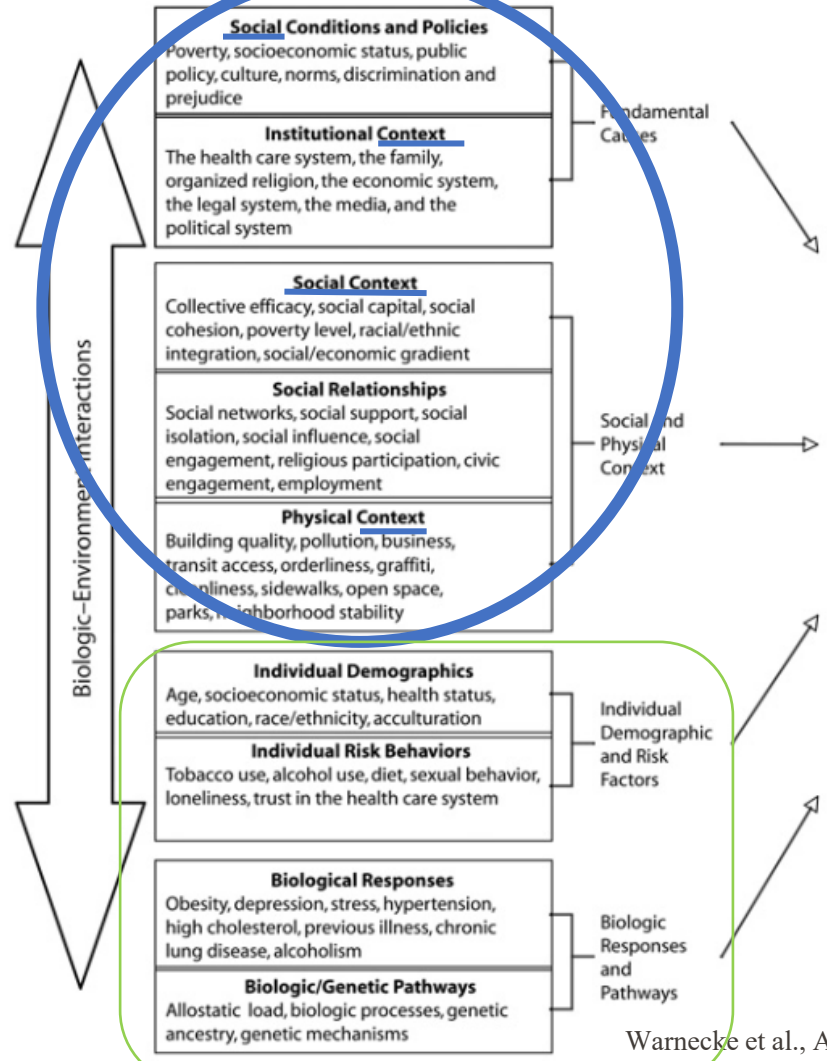


Or here?
Where you live matters!

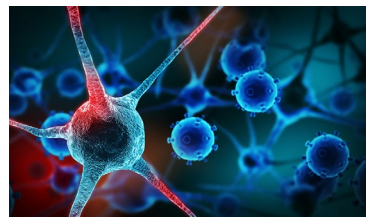
DISTAL FACTORS

INTERMEDIATE FACTORS

PROXIMAL FACTORS



Understanding and addressing cancer disparities requires a biopsychosocial framework that integrates biological, behavioral and community-based research.



Disparate Health Outcomes

Slide borrowed from Melinda Stolley, R25 presentation

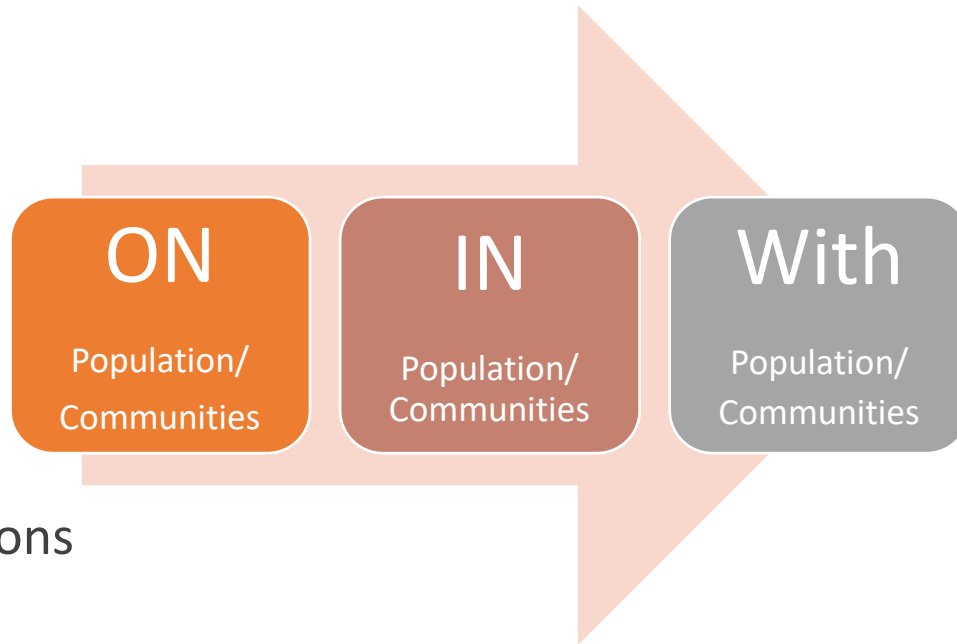


Community engagement is powerful and can increase participation in and relevance of our cancer research



There is a big difference between research performed...

- Communities:
- Patients
- Families
- Non-profits
- Cultural groups
- Faith-based organizations
- Clinical partners
- “the public”



Adapted from Nina Wallerstein, DrPH/Chris Heaney, PhD
NM CARES Health Disparities Center, 2011

African American churches

- Black churches have promoted health, education, business, & political activism within the African American community
- Provide health services and programs
- Effective partners for health promotion efforts, including cancer, diet and PA
- 70% of African Americans regularly attend church
- Families have been members for generations; increases our ability to locate participants in later years.

Implications for cancer and cardiovascular health disparities

Health inequities in cancer and cardiovascular disease have significantly impacted communities of color

- Exposure to preventable risk factors, screening, treatment, etc.
- Address social determinants of health, including racism in health care

Research has driven tremendous progress against cancer and cardiovascular disease; not everyone has benefitted

- Transform the way we ensure clinical trials include populations experiencing disparities

Community engagement and increased community collaboration with all stakeholders can help achieve the bold vision of health equity