

# Understanding and Addressing Racial Disparities in Cancer Outcomes, Care, and Treatment

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# Panelists



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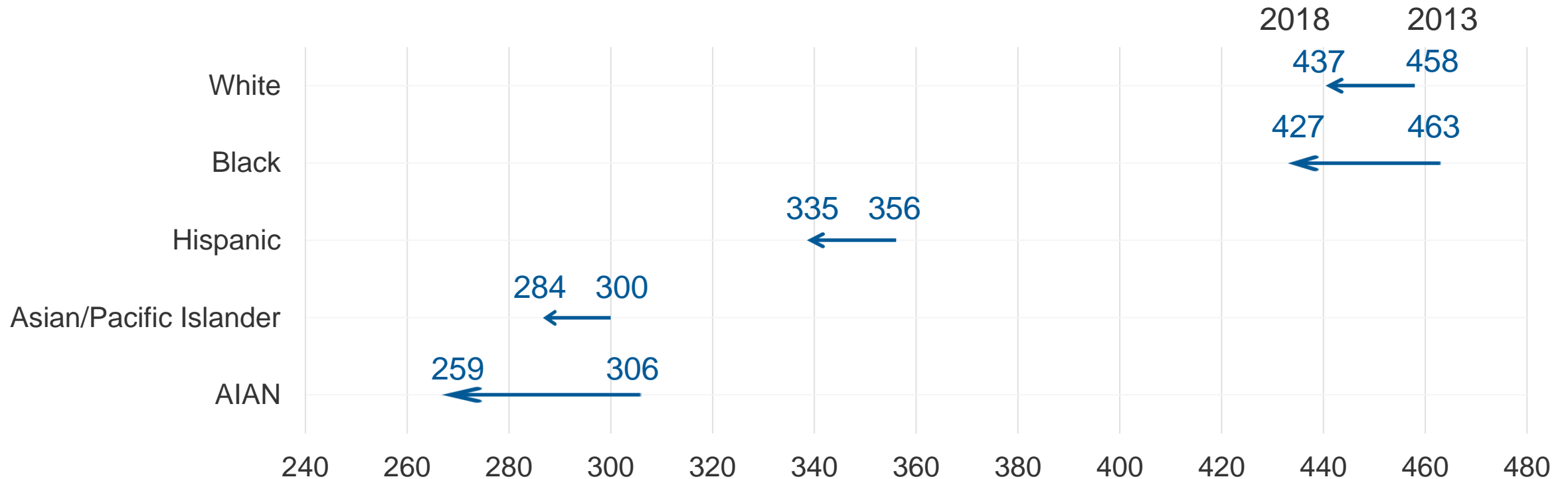
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# Despite Improvements in Cancer Outcomes, Racial Disparities in Cancer Persist.

- Cancer remains a leading cause of death in the U.S.
- Despite overall advancements and improvements in cancer outcomes, racial disparities persist
- Today's focus is on racial disparities in cancer, but disparities occur across other dimensions that intersect with race (e.g., gender, geographic location, immigration status)
- Findings based on KFF analysis of national data and review of published literature

# Overall Decreases in Cancer Incidence Have Narrowed and Reversed Some Disparities.

Age-adjusted rate of all cancer incidence per 100,000 by race/ethnicity, 2013 and 2018



NOTES: AIAN refers to American Indian or Alaska Native. Data for Native Hawaiian or Other Pacific Islander could not be separated from Asian. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Data for groups other than White and Black should be interpreted with caution; see source technical notes for more information. Includes individuals of all ages.

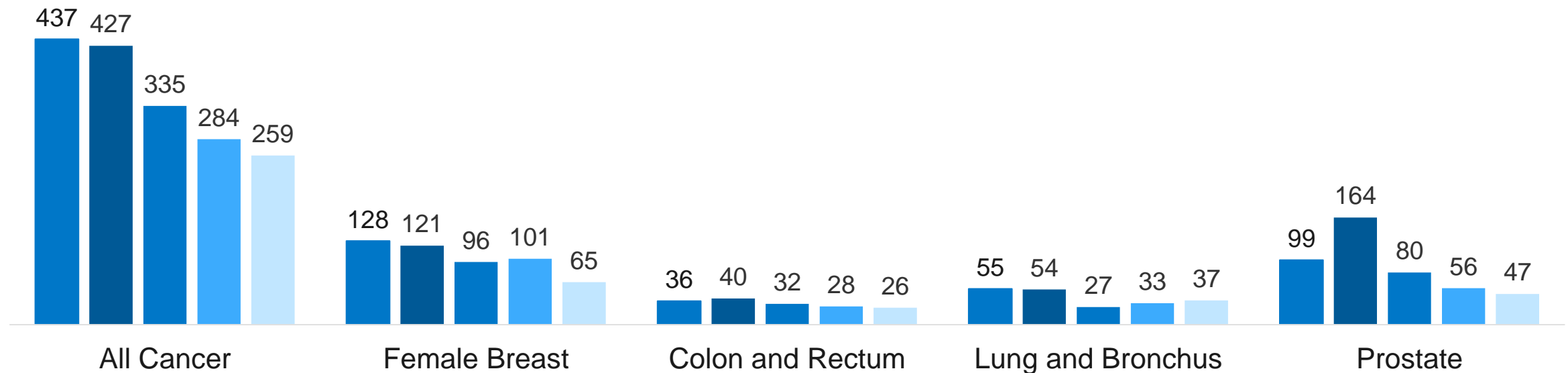
SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute



# White and Black People Have the Highest Rates of New Cancers, but Patterns Vary Across Cancer Types.

Age-adjusted rate of cancer incidence per 100,000, 2018

■ White ■ Black ■ Hispanic ■ Asian/Pacific Isander ■ AIAN

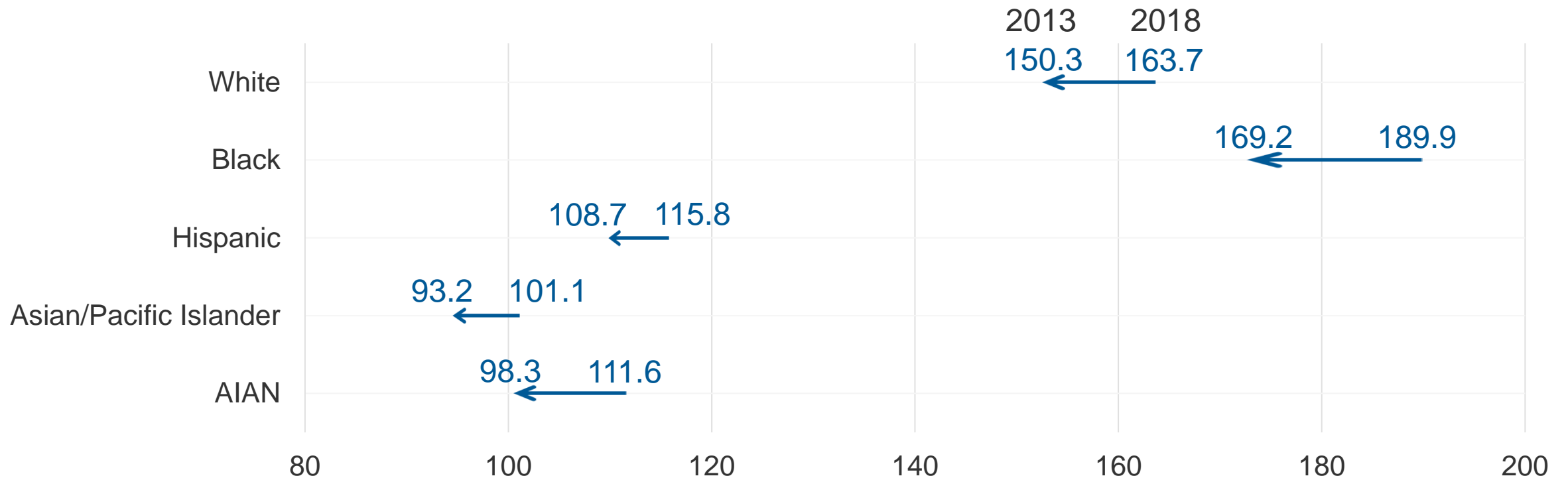


NOTES: All groups statistically significantly different from White people at the  $p < 0.05$  level. AIAN refers to American Indian and Alaska Native. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Data for groups other than White and Black should be interpreted with caution; see source technical notes for more information.

SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Overall Cancer Mortality Rates Decreased Across Groups, but Black People Remain at Highest Risk for Cancer Death.

Age-adjusted rate of all cancer deaths per 100,000 by race/ethnicity, 2013 and 2018



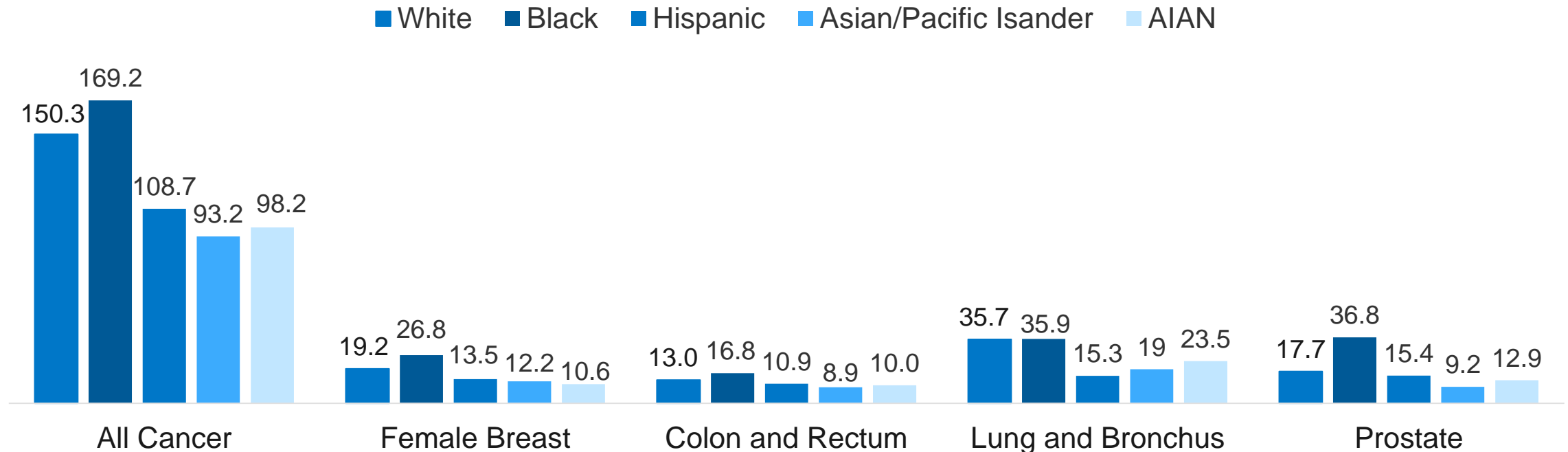
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SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute



# Black People Are at the Highest Risk for Cancer Death Overall and Across Leading Cancer Types.

Age-adjusted rate of cancer mortality per 100,000, 2018



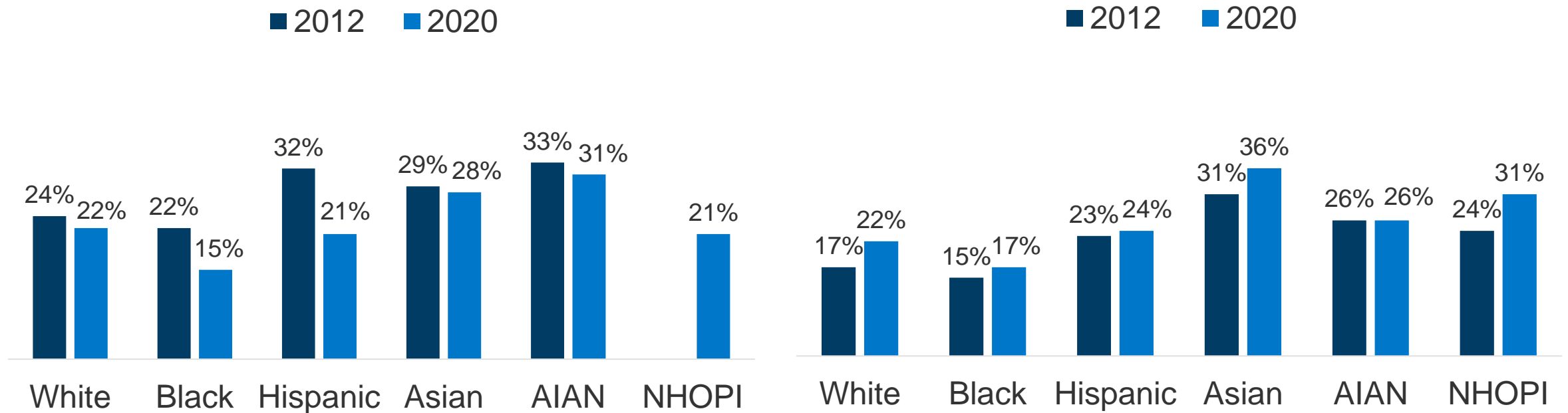
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SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Changes in Cancer Screening Over Time and Patterns Across Groups Vary by Screening Type.

Percent of females ages 50-74 who did not receive a mammogram in past 2 years

Percent of females ages 21-65 who did not receive a pap smear in past 3 years



NOTES: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data based on people who identify as female. 2012 data for NHOPI do not meet minimum standards for statistical reliability. SOURCE: KFF analysis of 2012 and 2020 Behavioral Risk Factor Surveillance System





# People of Color Receive Later Stage Diagnoses for Some Cancer Types and Can Face Delays in Care and Treatment.

- Despite comparable screening rates for some types of cancer, people of color receive later stage diagnoses for some cancer types compared to their White counterparts.
- Data suggest the COVID-19 pandemic contributed to decreases or delays in cancer screening, which may have implications for disparities.
- Racial disparities in cancer care and treatment have also been identified, particularly for diagnostic and treatment delays.
- People of color are more likely than White people to report unmet needs for cancer care, including supportive care.

# Efforts Within and Beyond the Health Care System will be Important to Reduce Ongoing Racial Disparities in Cancer.

- Reducing gaps in health insurance and other barriers to care
- Addressing discrimination and bias within the health care system
- Ensuring availability of linguistically and culturally appropriate care
- Increasing diversity of the health care workforce
- Incorporating patient and family voices into care, treatment, and policy
- Reflecting and representing diversity in cancer screening guidelines and clinical trials
- Addressing social and economic inequities, including exposure to environmental risks