

Why do certain groups of people suffer the consequences of cancer more than others? American Cancer Society research aims to find out.

# CLOSING

BY HILDA BRUCKER

the gap



**D**o we all have an equal chance for a long and healthy life? The answer to that seemingly simple question is, in fact, so complex that in 2007 the American

Cancer Society created the Office of Health Disparities to focus entirely on a single issue: health equity, as it applies to cancer.

Health equity is a new concept for many people, especially if cancer prevention is viewed simply as a matter of adopting healthy behaviors. We can all make the choice to stay well by eating right, exercising and avoiding tobacco, thereby lowering our cancer risk, right? Not exactly, as research shows that our socioeconomic circumstances—our jobs, paychecks, neighborhoods and schools—have as much of an influence on our health status as our behavior and our genes. In fact, the single strongest predictor of health is our position in the social hierarchy. Whether people are ranked by income, education or occupation, those at the top have greater access to health care resources and therefore live longer and healthier lives. Even among smokers, people at the top of the social pyramid have better health outcomes than those at the bottom.

Linda Blount, the Society's national vice president for health disparities, points out that making healthy choices isn't always easy for people of limited means, who may find, for example, that processed food is cheaper than fresh fruit and vegetables. "When you have less education or income, you have fewer choices and less control over your life," says Blount. "All of that plays into your disease expression and your likelihood to develop a certain disease, and not just cancer."

Health inequities are also linked to race and ethnicity. Among people with similar incomes and education, African Americans are more likely to develop and die from cancer than their white

counterparts. Disparities exist for other ethnic populations as well, due to the effects of segregation, social isolation, cultural barriers to health resources and differential treatment by the health care system.

The good news is that the Society is already taking steps to eliminate health disparities and help affected populations stay well and get well—an essential component for creating a world with less cancer and more birthdays.

### **A new research priority**

To accomplish this goal, the Society's Extramural Grants Department has prioritized funding for cancer control and prevention research that promotes health equity. Of particular interest are studies that focus on the target populations of: African Americans, Latinos, Asians, Pacific Islanders, Native Americans and the rural poor.

As cancer researchers submit grant proposals to the Society, Ronit Elk, PhD, scientific program director for cancer control and prevention research, screens the applicants and guides them through the competitive review process. "There are so many ways researchers can contribute to reducing cancer disparities," says Elk. "For example, they might investigate how to reduce cancer risk through exercise and healthy eating, how to enhance cancer screening tests so that we can detect the disease earlier, how to ensure equal treatment for all patients, or how to help all patients and families enjoy improved quality of life and, if the cases arises, a pain-free death."

Elk is especially excited about community-based participatory research (CBPR). The term describes research that is conducted in the field, in partnership with communities and hospitals, rather than in labs. CBPR can test the ability of real-life strategies to improve outcomes in a target population.

One such study is *Esperanza y Vida* (Hope and



“Our work in disparities research is beginning to show that effective solutions involve social and cultural networking.”

AN AMERICAN CANCER SOCIETY GRANT SUPPORTS DR. DEBORAH ERWIN'S EFFORTS TO INCREASE BREAST AND CERVICAL CANCER SCREENING RATES AMONG LATINAS.

## funding matters

More than 1,800 research grant applications were received by the American Cancer Society in 2009. Each year, the Society aims to fund 100 percent of those proposals approved for funding by the Extramural Grants Council and its 20 Peer Review Committees. Yet, there's never quite enough money to go around.

In 2009, for example, 410 research proposals passed the grant review process, but funding was only available for 259 of them. As a result, many worthy projects addressing health disparities and other areas of cancer research could not be supported. Instead, they were designated "Pay-If," meaning those grants will be supported only in the event that additional funds become available.

Fortunately, 45 of those remaining 2009 grant applications eventually did receive funding—thanks to an additional \$10 million in "Pay-If" funds received from Society donors. Visit [cancer.org](http://cancer.org) or call 1-800-227-2345 to learn about cancer research funding opportunities.

Life), designed to increase the use of screening tests for breast and cervical cancers among Latina women who are recent immigrants. The study is being conducted by Deborah Erwin, PhD, a medical anthropologist at Roswell Park Cancer Institute in Buffalo, New York, who has received a four-year Society grant of \$1,803,000.

Erwin is investigating different approaches for delivering cancer information to Latinas in hopes of determining the effectiveness of an intervention designed to increase the knowledge and usage of screening tests. At the core of her study is an educational health presentation conducted in Spanish, in a community setting like a church or school. Participants are divided into two groups: one specifically discusses breast and cervical cancer screening; the other focuses instead on diabetes prevention and screening. Both groups receive printed materials about cancer screening tests.

Erwin's research has yielded some unexpected results. "The hypothesis was that the cancer group would get screened for cancer at a higher rate than the diabetes group," she explains. "But there was no difference—40 percent of the diabetes

photos: (previous spread) Jupiter Images; (this page) Mike Okoniewski

group was also going for cancer screenings. It's totally fascinating, and we are so surprised ourselves!" Erwin believes these results may indicate that the outreach effort—connecting with the immigrant community and building trust—is more important than specific education messages.

Esperanza y Vida has been extremely successful: Just two months after attending the educational sessions, 40 percent of unscreened participants had been screened for cancer, according to preliminary findings.

### Working as a team

Once research shows that a strategy is effective at reducing health disparities, the Society focuses on replicating successful programs and expanding how it promotes health equity. "We want to build our capacity to engage communities and form partnerships," says Blount. "We can't go it alone."

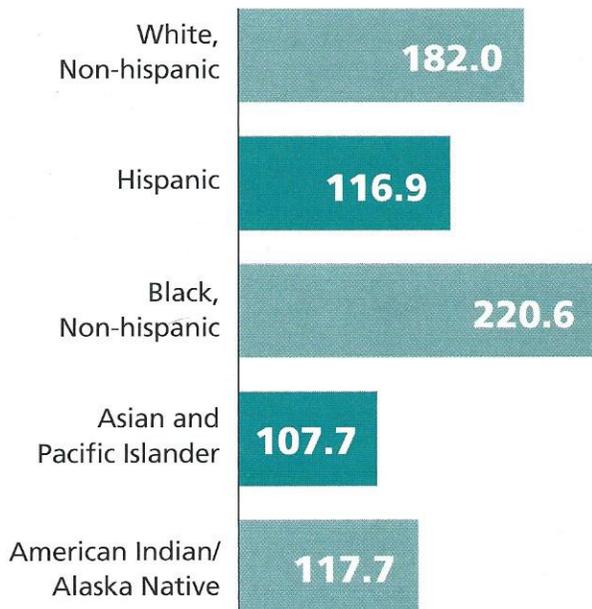
One such partnership is the Ozioma! News Service, a collaborative effort with the GW Brown School of Social Work at Washington University in St. Louis, Missouri. Ozioma! ("good news" in Kiswahili), which is funded by the National Cancer Institute, is unique in that it focuses entirely on providing cancer news to African American newspapers. The Society is helping by recruiting and training 13 news specialists, who then rewrite major cancer news stories with a culturally relevant and more community-focused approach. The rewritten stories emphasize progress and opportunity rather than the negative effects of health disparities; cancer prevention and screening are key elements of most stories.

Blount also cites the Citywide Colon Cancer Control Coalition, or C5 project, as a highly successful initiative that the Society didn't create but would like to replicate. "I'm working with the director of that program to codify it and figure out where we can roll it out next," she says. In New York City, the C5 program has dramatically increased the number of minorities and uninsured people over age 50 who receive colonoscopies. With a doctor's referral, the program uses bilingual patient navigators to guide minorities through the process. These navigators explain the importance of colorectal cancer screening, discuss how to prepare for the procedure, remind patients of appointment days and even help coordinate transportation after the procedure.

## snapshot on race, ethnicity

Race and ethnicity appear to play a role in cancer incidence and death rates. For example, African Americans are more likely to die of cancer than any other racial or ethnic group. Researchers want to know why and what can be done to save more lives.

Cancer death rates (2007) per 100,000 population



Source: National Center for Health Statistics, Centers for Disease Control and Prevention

Sharing the knowledge gained from disparities research is yet another goal for the Society. To date, the organization has hosted three conferences on health disparities. Next year, the Society will publish a book and a peer-reviewed paper focused on how to reduce disparities so that other researchers, along with community leaders, policy makers and public health professionals, can learn how to address the issue.

Greater awareness, along with community partnerships and the strength of the Society's research program, will make a difference, says Blount. And the Society will continue its efforts until everyone benefits equally from the advances made against cancer during the past several decades. "Our country is one of the wealthiest, yet we have people who can't get preventive care, can't get their cancers treated," she adds. "We have to change that."

Your gifts make possible all types of research into how to prevent, detect and treat cancer. Visit [cancer.org](http://cancer.org) or call 1-800-227-2345 for details on our research program.