

Major and Emerging Issues

Health Equity and Social Determinants of Health

The overarching goal of the Connecticut Cancer Plan, 2021-2026 is to realize improvement in health equity by reducing cancer disparities for Connecticut residents. The highest burdens of cancer fall unevenly on different populations. Health inequity results in different survival rates, incidence of disease, and survivors' quality of life. Race and ethnicity are two of the attributes to be studied to identify differences in the cancer experience which are identified in many of this plan's measurable objectives. However, it is also important to look at geographic area, income, education, gender identity, sexual orientation, and insurance status. The term *social determinants of health* refers to the concept of upstream causes of health disparities that cut across all aspects of life. Access to health care is one of the critical social determinants in cancer outcomes. The five social determinant domains as described in Healthy People 2030 are shown here.⁴



WHY THIS IS IMPORTANT

Health equity is achieved when **every person** can live their healthiest life, including people in communities with a higher burden of cancer. Progress toward health equity can be made by:

- Training and maintaining a **culturally competent workforce**, including patient navigators, community health workers, and other public health practitioners, to tailor interventions for underrepresented and underserved groups
- Promoting **equitable access to resources** like quality and affordable screening, treatment, and care options
- Improving data measurement in **research and surveillance** and using those data to guide community-driven plans

From the National Comprehensive Cancer Control Program: Cross-Cutting Priorities⁵

In their 2020 report *Making the Case for Health Equity: Cancer Disparity Facts*, the American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACSCAN) note that “health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. Structural and social inequities such as racism, classism, ableism, etc. shape the factors that influence a person’s health, including health-related behaviors and non-medical social and physical environmental factors (e.g., access to healthy and affordable food, transportation, and the financial means to pay for medications, housing, utilities, and other services).”

National data quoted in that report shine a spotlight on specific cancer-related disparities:

- Lower socioeconomic status (SES) persons have higher cancer death rates than higher SES persons. This disparity has worsened over the past 30 years
- African American women are 40% more likely to die of breast cancer than white women
- HPV vaccination coverage rates are 15% lower in rural areas than urban
- Hispanic/Latina women are 35% more likely than non-Hispanic women to have cervical cancer
- The LGBTQ community has a disproportionate burden of cancer, higher prevalence of some risk factors, and more barriers to health care than the general population
- Colon cancer patients without private health insurance and in areas with low oncologist density were less likely to receive adjuvant chemotherapy
- African Americans living in segregated areas had a higher incidence of later stage diagnosis and higher mortality rates from breast and lung cancers^{6,7}

First Person Point of View

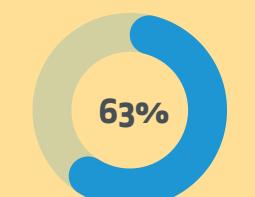
“There need to be more efforts and funds that promote wellness for vulnerable populations in our state including low-income individuals, people living in dense urban areas and food deserts, chronically ill individuals, immigrants, and LGBTQ people (particularly transgender people) **”**

—Response to June 2020 comprehensive cancer control needs assessment survey

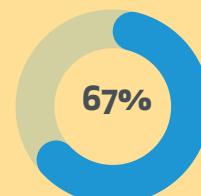
DISPARITIES ALERT

In Feb. 2021, the National Comprehensive Cancer Network (NCCN), ASCAN, and the National Minority Quality Forum (NMQF)⁸ issued a call for urgent action, citing recent polling showing that:

“63% of African American and 67% of Latinx patients, survivors, and caregivers said they had a negative experience with their oncology care team, such as having assumptions made about them or their financial situation or trouble getting questions answered, in contrast to 43% of white respondents who reported such experiences.”



of African American



of Latinx patients, survivors, and caregivers