

CANCER MORTALITY AMONG INDIVIDUALS WITH LOW SES CHARACTERISTICS



Overall, individuals with low SES characteristics have higher cancer mortality rates compared to individuals with higher levels of SES, with the exception of breast cancer. However, despite being no difference in breast cancer mortality rate by income or education level, there are differences by race/ethnicity.^[1,2]

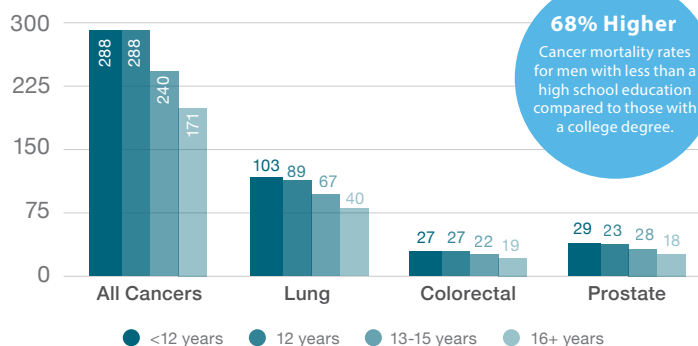
The reasons for increased cancer morbidity among individuals with low SES characteristics are many, including higher levels of tobacco use; lower rates of cancer screenings and therefore, later diagnosis of cancer; lack of health insurance; limited access to care; not completing treatment regimens and follow ups; alcohol use; human papilloma virus infection; poorer nutrition; or not receiving quality health care.^[1,2,3]

There are racial/ethnic disparities in cancer survival within SES levels. Blacks have higher all-cancer mortality rates than Whites.^[1,2] Indeed, the overall cancer mortality rates for Blacks in the most-affluent SES group are similar to or exceed those for whites in the most-deprived SES group.^[1] American Indians/Alaska Natives also have higher mortality rates for many types of cancers compared to Whites.^[1]

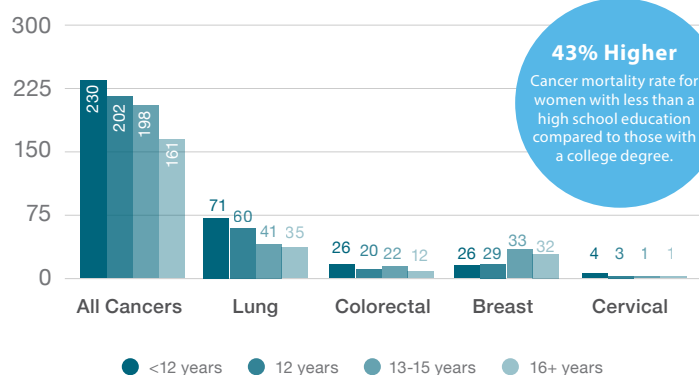
Death rates are decreasing from all cancers across the US population, but the death rates for populations with low SES are decreasing at a slower rate.^[1]

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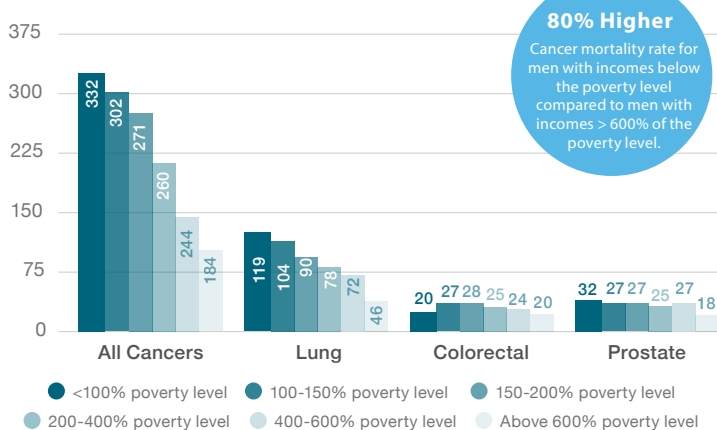
Cancer mortality rate per 100,000 among males aged ≥ 25 years, by educational attainment, 2003-2011^[1]



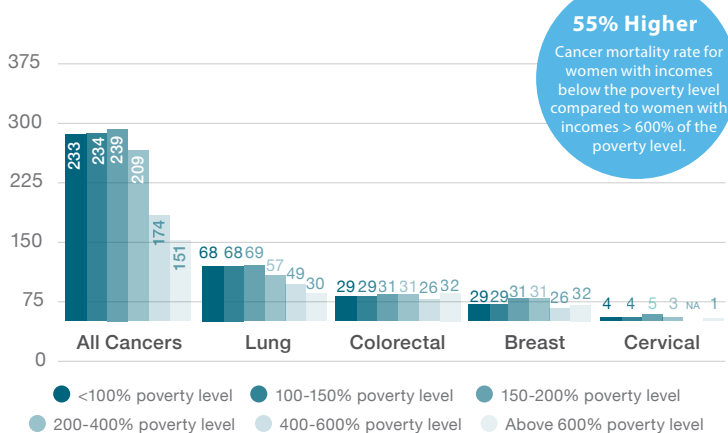
Cancer mortality rate per 100,000 among females aged ≥ 25 years, by educational attainment, 2003-2011^[1]



Cancer mortality rate per 100,000 among males aged ≥ 25 years, by poverty status, 2003-2011^[1]

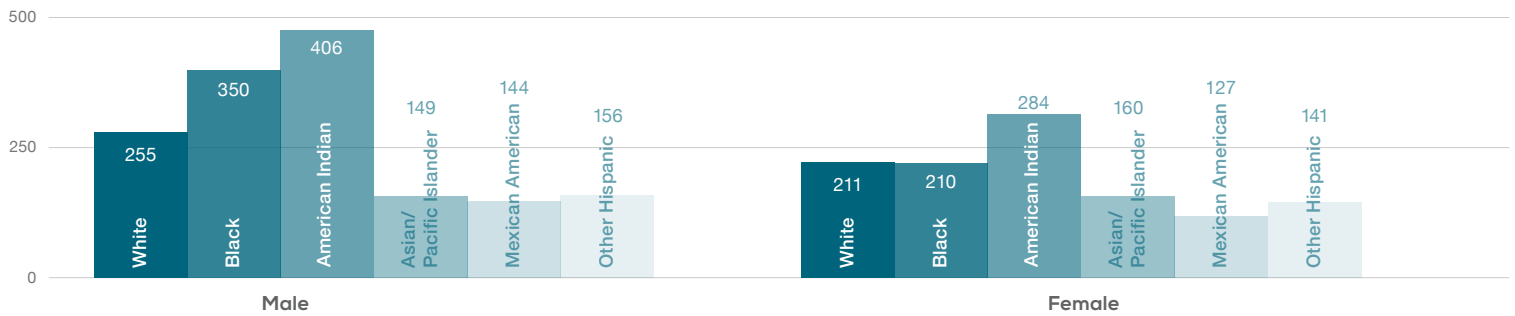


Cancer mortality rate per 100,000 among females aged ≥ 25 years, by poverty status, 2003-2011^[1]



Among men, American Indians/Alaska Natives (AI/AN) and Blacks had higher cancer mortality rates compared to Whites, Asians/Pacific Islanders (API), Mexican Americans (MA), and Other Hispanics. Among women, AI/AN had higher cancer mortality rates than Whites, Blacks, API, MA, and Other Hispanics.

Cancer mortality rate per 100,000 for all cancer among those ≥ 25 years, by race/ethnicity, 2003–2011^[1]



Prevention Challenges

Substantial socioeconomic disparities exist not only in cancer mortality but also in stage at cancer diagnosis and survival.^[2,4] Such inequalities have been shown to exist for all racial/ethnic groups.^[1,2]

Specifically, low rates of cancer screenings, increased rates of tobacco use, nutritional deficiencies, lack of exercise, obesity, low levels of HPV vaccination, and lack of understanding about signs and symptoms of cancers that may not have true warning signals contribute to later diagnosis of cancer and increased mortality.

What Can be Done?

- Community-based organizations can work with local legislators and their local department of public health to create and enact comprehensive tobacco control policies to reduce the use of tobacco by banning tobacco marketing, increasing tobacco usage surcharges, and eliminate exposure to second hand smoke in multi-unit family housing and worksites.
- Local organizations can partner with workplaces, community centers, and universities to educate communities about how to access free or reduced-priced cancer screening programs, and programs to help offset the cost of cancer treatment.
- Workplaces can ensure employees' job security during cancer treatment.
- Communities can create transportation opportunities for individuals to get to cancer treatments and doctor appointments.
- Churches can adopt neighborhoods to address the broader social determinants, such as living conditions and the social and physical environments that are needed to tackle health inequalities in cancer outcomes.

Programs to Support Individuals with Low SES Characteristics.

- **Patient Advocate Foundation** is a 501(c)(3) organization that provides case management services and financial aid to Americans with chronic, life threatening, and debilitating illnesses. 800-532-5274, <https://www.patientadvocate.org>.
- **Partnership for Prescription Assistance** may help with insurance reimbursement, referrals to co-pay relief programs, help with the application process, and discounted or free medications for patients who do not qualify for other assistance. 888-477-2669, www.pparx.org.
- **CancerCare's Online Helping Hand** at www.cancercare.org/helpinghand is a searchable database of financial and practical assistance available for people with cancer. CancerCare also maintains a list of organizations that provide help for expenses such as drug co-payments, deductibles, and other medical costs. https://www.cancercare.org/publications/62-sources_of_financial_assistance
- **CDC's Inside Knowledge on Gynecologic Cancer** raises awareness of the five main types of gynecologic cancers and offers resources for women and health care providers. <https://www.cdc.gov/cancer/knowledge/index.htm>
- **The American Cancer Society's Road to Recovery** program offers free rides for cancer patients to their treatments. Call 1-800-227-2345 or visit <https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html>

References

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2. Singh GK, Williams SD, Siahpush M, et al. Socioeconomic, rural-urban, and racial inequalities in US cancer mortality: Part I—all cancer and lung cancer and part II—colorectal, prostate, breast, and cervical cancer. *J of Ca Epi*, 2011. Article ID 107497, 2011.
3. Naik H, Qiu X, Brown MC, et al. Socioeconomic status and lifestyle behaviors in cancer survivors: smoking and physical activity. *Current Oncology*, 2016. 23:e546–e555.
4. Du XL, Lin CC, Johnson, NJ, et al. Effects of individual-level socioeconomic factors on racial disparities in cancer treatment and survival. *Cancer*, 2011. 117:3242–3251.