

# Cancer Health Disparities in the Time of COVID

APPEAL-ADEPT Power in Unity Conference  
September 29, 2020

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## Which U.S. Population Groups Experience Cancer Health Disparities?

According to the National Cancer Institute cancer health disparities in the United States are adverse differences in cancer measures such as number of new cases, number of deaths, cancer-related health complications, survivorship and quality of life after cancer treatment, screening rates, and stage at diagnosis that exist among certain population groups including:

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.

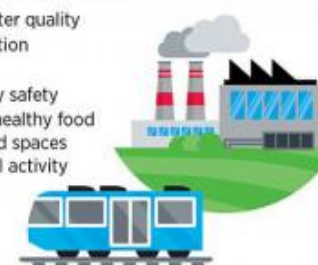


## Why Do U.S. Cancer Health Disparities Exist?

Complex and interrelated factors contribute to cancer health disparities in the United States. Adverse differences in many, if not all, of these factors are directly influenced by structural and systemic racism. The factors may include, but are not limited to, differences or inequalities in:

### 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

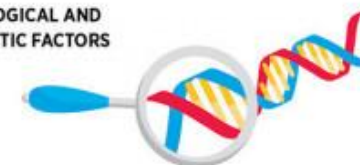


### PSYCHOLOGICAL FACTORS

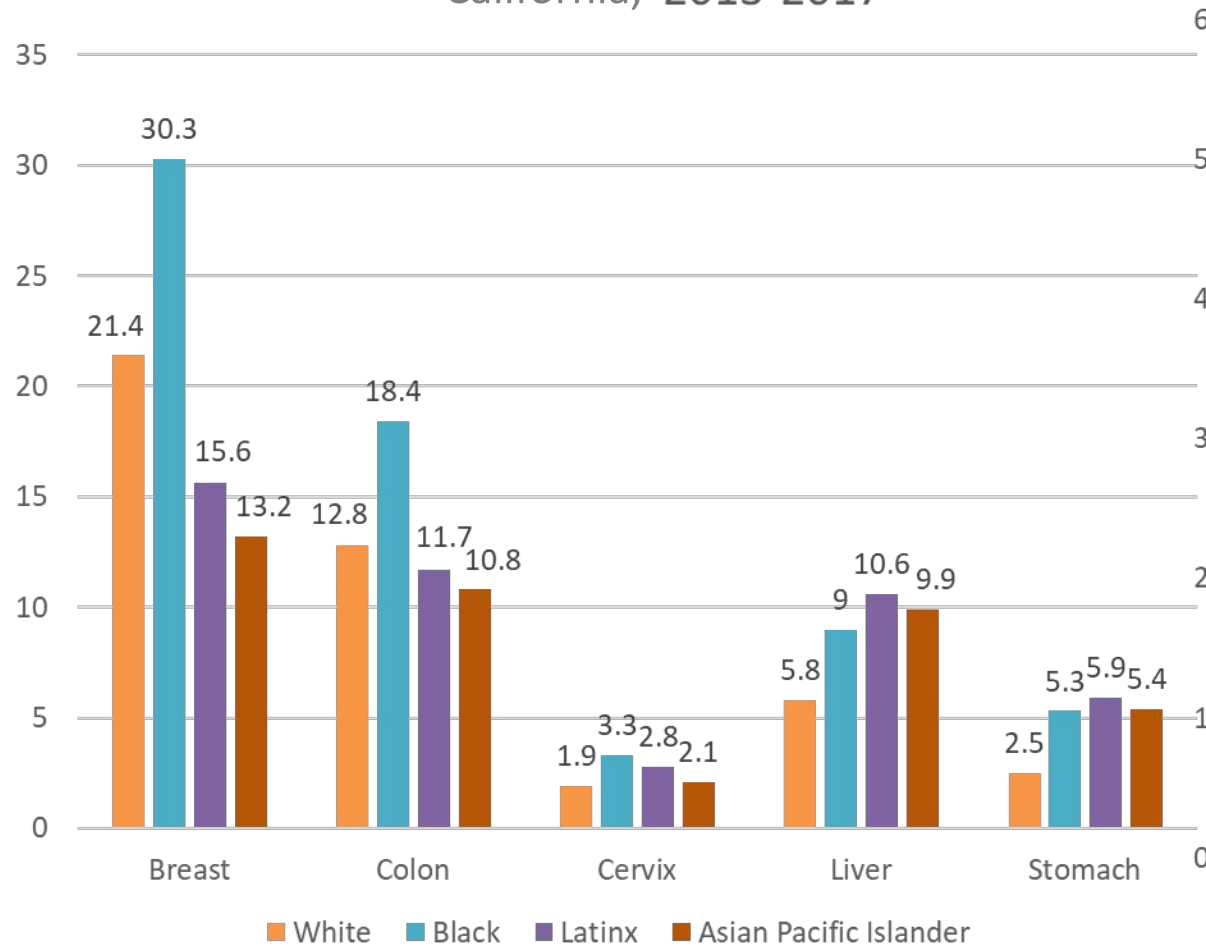
- Stress
- Mental health



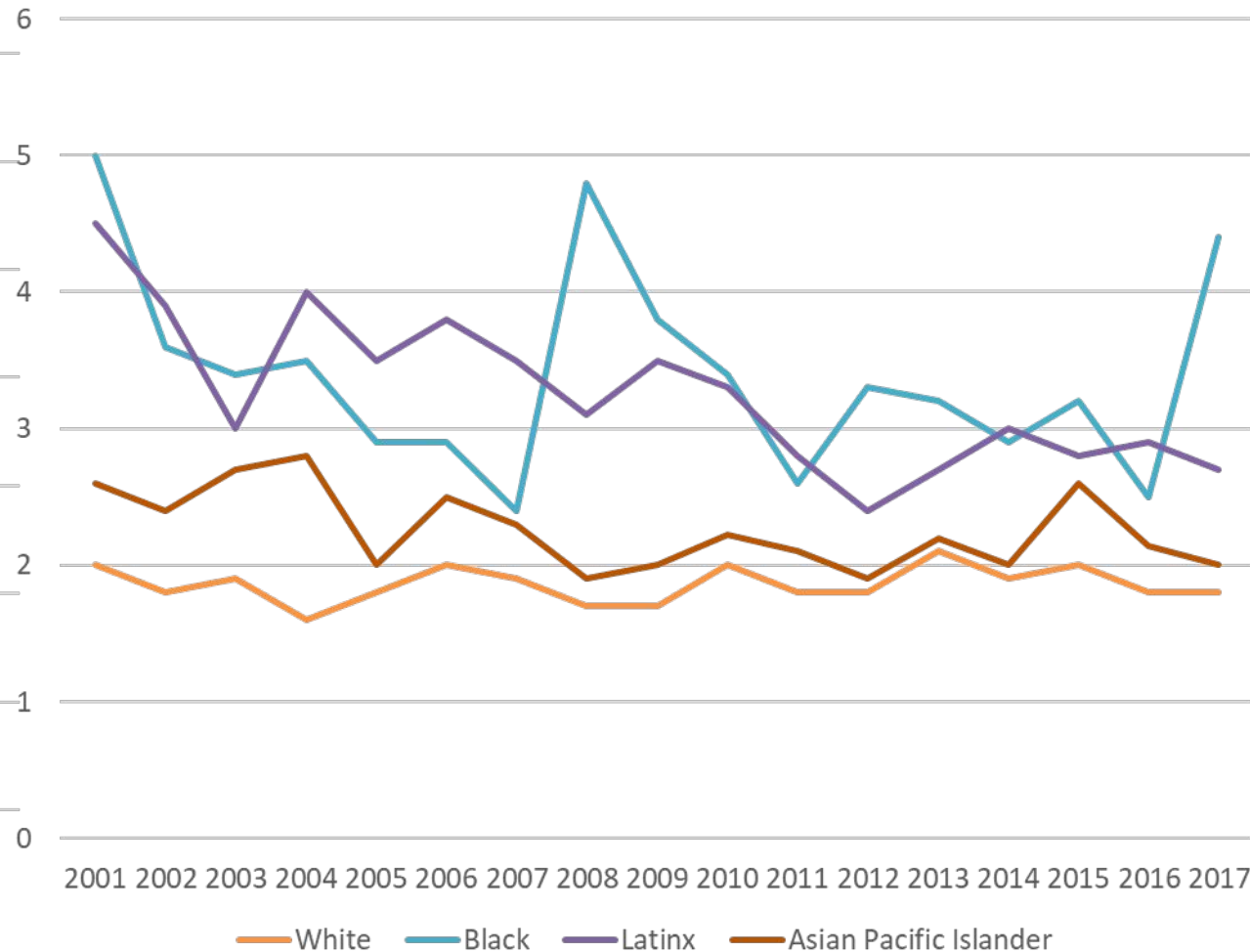
### BIOLOGICAL AND GENETIC FACTORS



Age-Adjusted Cancer Mortality per 100,000 in California, 2013-2017



Age-Adjusted Cervical Cancer Mortality per 100,000 in California, 2001-2017





## Characteristics of Later Stage (II, III, IV) Cancers in California, 2004-2016

|                | Breast<br>(%) | Colon<br>(%) | Cervix<br>(%) | Liver<br>(%) | Gastric<br>(%) |
|----------------|---------------|--------------|---------------|--------------|----------------|
| Race           |               |              |               |              |                |
| White          | 47.7          | 75.3         | 48.0          | 62.1         | 78.4           |
| Black          | 60.4          | 79.1         | 57.6          | 63.9         | 77.2           |
| Latino         | 59.5          | 78.7         | 49.9          | 61.8         | 82.4           |
| Chinese        | 49.9          | 77.1         | 46.7          | 57.3         | 76.3           |
| Japanese       | 43.8          | 79.3         | 53.0          | 60.8         | 74.2           |
| Filipino       | 54.6          | 76.3         | 55.9          | 64.1         | 80.4           |
| Korean         | 55.8          | 81.4         | 57.0          | 63.1         | 60.9           |
| Vietnamese/SEA | 52.7          | 76.8         | 49.4          | 59.6         | 74.1           |
| Insurance      |               |              |               |              |                |
| Private        | 49.9          | 76.4         | 39.5          | 61.5         | 79.1           |
| Medicaid       | 68.8          | 84.4         | 58.1          | 65.4         | 85.9           |
| Medicare       | 46.2          | 76.3         | 67.5          | 58.3         | 72.5           |
| Uninsured      | 64.6          | 87.4         | 54.4          | 76.4         | 87.0           |

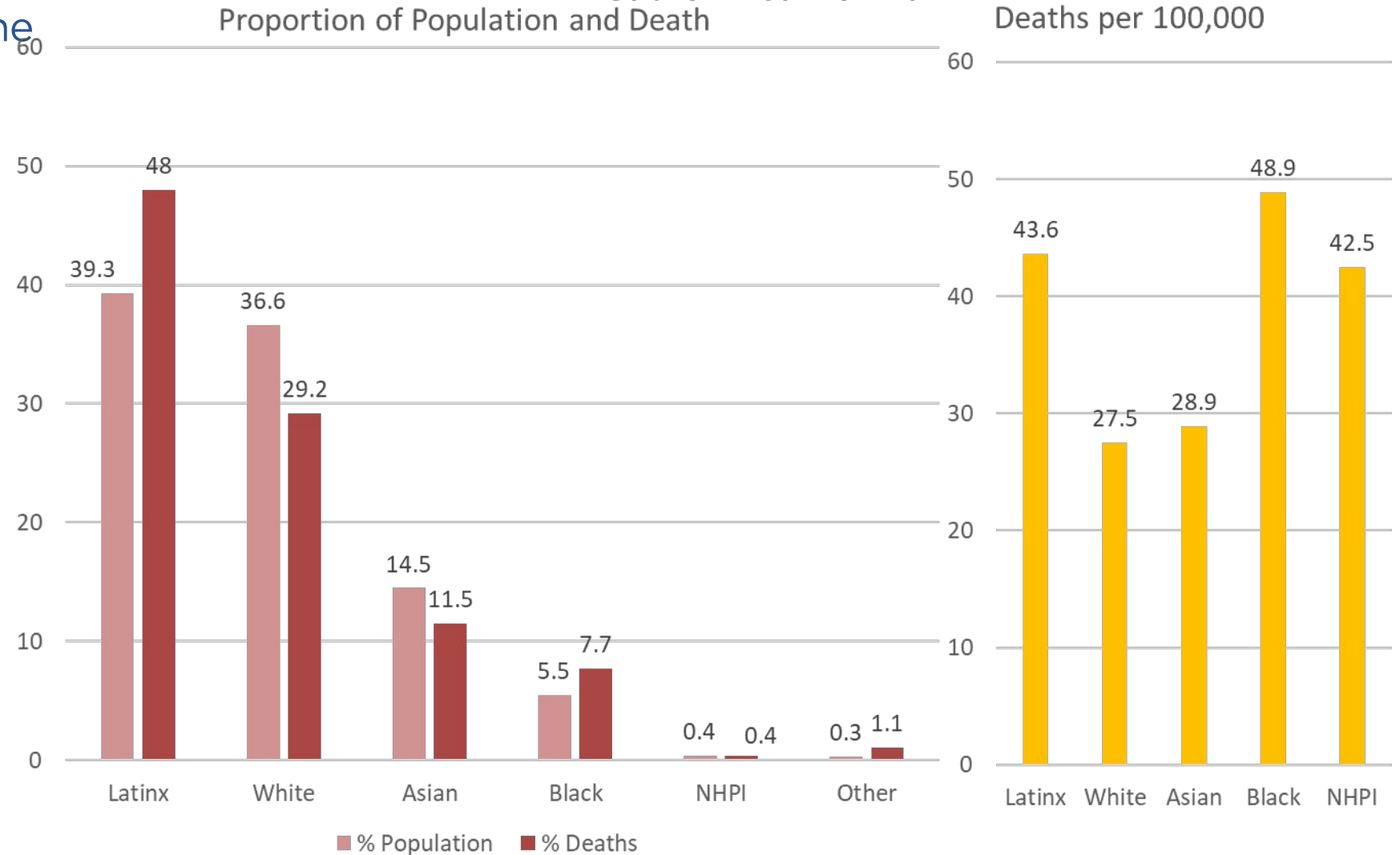
Contributors to later stage cancer diagnosis:

- Low income
- Fear of cancer
- Low health literacy
- Lack of access
- Un- or under-insured
- Delays in diagnosis and treatment

## Deaths in California

### COVID Disparities

- “Health disparities” means that people have less opportunity for good health due simply because of who they are - e.g., their race, ethnicity, disability, economic status, sexual or gender identity, or where they live.
- There are health disparities in COVID-19 deaths in California by race and ethnicity.



Higher proportions of Latinx and Blacks are dying compared to their proportions in the population.

Deaths per 100,000 are highest for Blacks, Latinx, and Native Hawaiians & Pacific Islanders.

## Cancer Control during COVID-19

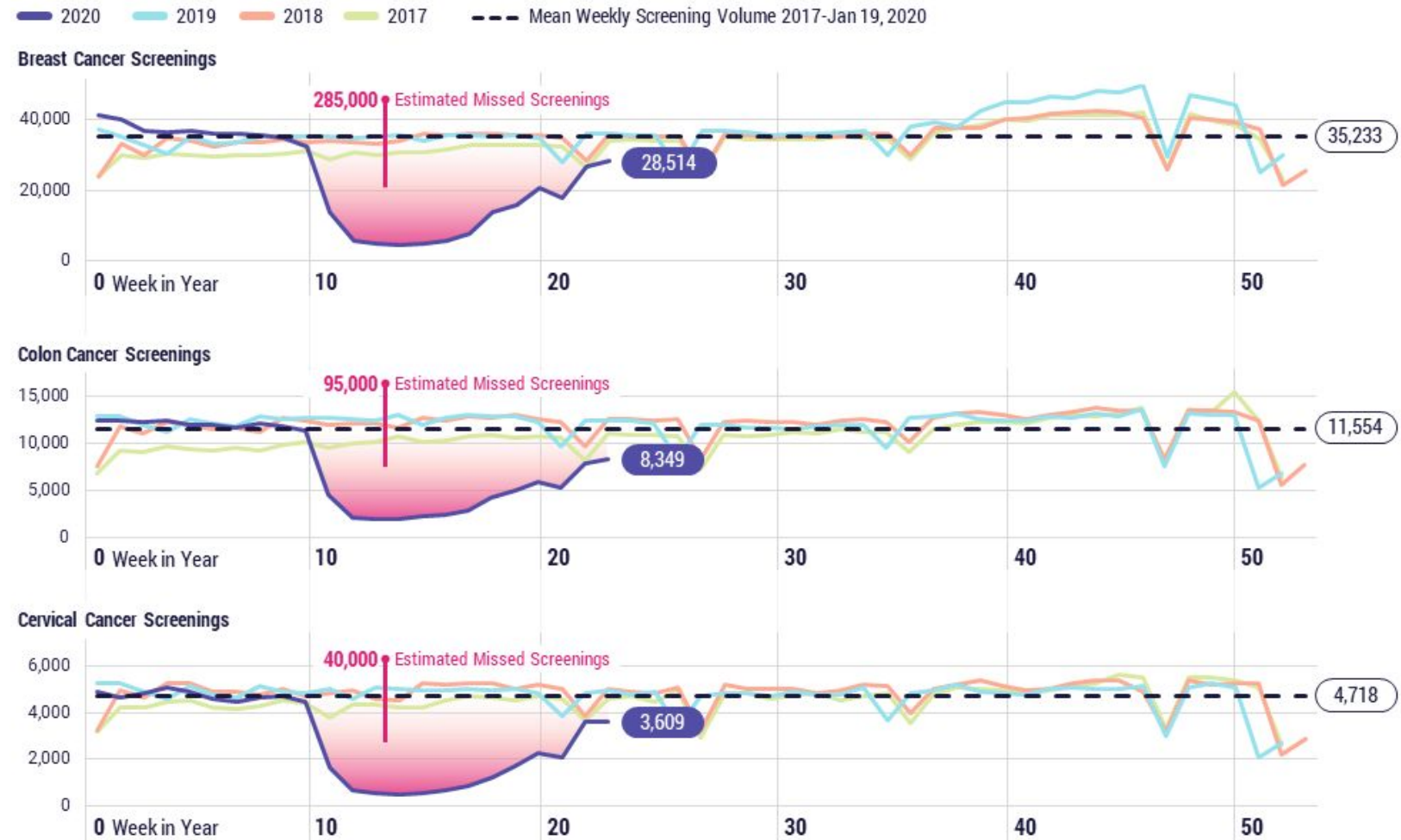
Between March 15-June 16, 2020, missed exams included:

- 285,000 breast
- 95,000 colon
- 40,000 cervical

Estimated 10,000 excess deaths from breast and colon cancers.

Ethnic/racial populations will be most represented in these excess deaths.

### Cancer Screenings in the U.S.







**Thank you**

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