



The Facts on Our Fight: Cancer Disparities in Asian, Asian American, Native Hawaiian, and Pacific Islander Communities

Cancer affects everyone, but it doesn't affect everyone equally.

People who identify as Asian, Asian American, Native Hawaiian, and Pacific Islander (hereafter abbreviated as AANHPI¹) are a broad racial grouping that includes individuals with highly heterogeneous demographic characteristics and cancer risk. While the AANHPI population as a whole has the lowest overall cancer incidence and mortality of any racial/ethnic group, cancer rates within this group vary by immigration history, origin, acculturation, and socioeconomic status. Many AANHPI people, particularly those with low socioeconomic status (SES), experience greater obstacles to cancer prevention, early detection, and treatment, largely because of systemic factors that are complex and go beyond obvious connections to cancer. These obstacles are experienced in different ways by subgroups of AANHPI people and include structural racism, xenophobia (fear of or aversion to people from other countries or cultures), language and cultural barriers, and limited access to health care and health insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.



In the U.S., research has shown that:

Cancer is the leading cause of death in the AANHPI population.²

Compared to other racial/ethnic groups, AANHPI men and women have the lowest overall cancer incidence and mortality but have among the highest liver and stomach cancer rates, about double those in persons who are white.²

Although lung cancer rates in the AANHPI population overall are about half those in white people, Native Hawaiian people have rates that surpass those of white people because of historically high smoking prevalence.²

Cancer rates within the AANHPI population vary by immigration history, origin, acculturation, and socioeconomic status (SES). For both men and women, Samoans and Native Hawaiians have the highest overall cancer rates, while Asian Indians and Pakistanis (grouped together) and Cambodians have the lowest.³

Asian Americans with lower SES are less likely to receive recommended cancer screenings, often because of less access to health care services.²

What also contributes to these disparities?

Racial bias and discrimination in health care and in every other aspect of society, contribute to poor health for many racial and ethnic groups, including AANHPI people.⁴

Chronic infection with *Helicobacter pylori* is highly endemic in Asia, and prevalence patterns mirror gastric cancer risk.³

Regarding liver cancer disparities, hepatitis B virus (HBV) infection is highly endemic in Asia. Nearly 70% of AANHPI people living in the US were born or have parents who were born in a country where HBV is highly prevalent, and AANHPI people account for more than 50% of those infected with HBV in the United States, although most who harbor the virus are unaware.³

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with AANHPI communities.

DISCOVERY

ACS' [Cancer Facts & Figures 2022 and Cancer Prevention & Early Detection Facts & Figures 2021-2022](#) provide updated cancer information about AANHPI people, including statistics on cancer occurrence, utilization of preventative care, screening, and risk factors, as well as information about prevention, early detection, and treatment.

ACS is funding 65 health disparities research grants, reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers that are used to inform and support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ADVOCACY

[ACS CAN is advocating for public policies to reduce disparities and improve cancer outcomes at all levels of government](#) during the pandemic, including the following:

- Working with the [Asian Pacific American Institute of Congressional Studies](#), with AANHPI staff and Board of Directors members serving as panelists for their annual [Health Summit](#).
- Supporting the Centers for Disease Control and Prevention (CDC)'s [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#), which provides community-based breast and cervical cancer screenings to women who are uninsured and underserved.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- Advocating for ending the sale of all flavored tobacco products, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color; addressing systemic racism in the enforcement of tobacco control laws by advocating it be entrusted to public health officials or other non-police officers; and educating the community on tobacco control.
- Advocating for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted for people enrolled in Medicaid.

PARTNERSHIPS

- [Love Notes Around the World](#) is a multi-cultural, global initiative that brings together communities and corporations surrounding messages of caring, compassion, and connection. The movement was founded by Vivian Chan, who received a Relay For Life card 10 years ago while she was in breast cancer treatment. Love Notes has evolved with strong digital messaging and in print formats (cards, postcards). Through this initiative, ACS has hosted volunteer-led digital showcases that served as empathetic and compassionate responses to major social concerns including Stop Asian Hate and Black Lives Matter.
- [Chinese South Relay For Life](#) in Arcadia, California continues to be one of the remaining Relay for Life events that feature and elevate AANHPI communities, led by a number of AANHPI volunteer and community leaders.
- A key goal to combat the surge in cancer risk is to raise funds that will more quickly improve health equity and outcomes. American Cancer Society is partnering with the [California Commission on the Status of Women and Girls](#) to direct and guide enhanced resources towards Asian American, Native Hawaiian, and Pacific Islander communities in the Los Angeles area with an initial emphasis on the San Gabriel Valley, centered around an Asian American Pacific Islander Women Health Equity & Empowerment Committee. Beyond ensuring this critical health intervention, efforts will support young Asian American Pacific Islander women with an emphasis on healthy eating and active lifestyles, HPV vaccination, and family support for those facing pediatric cancers.
- ACS is partnering with [Hawai'i Pacific Health](#) through a \$20,000 grant to improve lung cancer screening rates among Asian people, Native Hawaiians, and other Pacific Islanders. Because Hawaii has a low lung cancer screening rate compared to other states, this work will have a meaningful impact on people experiencing screening disparities.
- Since 2015, [The Links, Incorporated](#) and ACS have worked together to address cancer disparities and drive health equity in all communities touched by cancer. Through the Health Equity Ambassador program, we seek to eradicate inequities and reduce cancer screening disparities through community outreach and education. Ambassadors receive training and ongoing support to effectively provide outreach and education related to breast and colorectal cancer prevention and early detection. The work of ambassadors aligns with evidence-based strategies to increase breast and colorectal cancer screening rates by providing one-on-one and/or group education, and the program has started to expand its reach into AANHPI communities as well.
- Bank of America, along with leading public health organizations – the American Heart Association, the American Diabetes Association, ACS, and the University of Michigan School of Public Health – [have announced the launch of a signature initiative](#) to advance health outcomes for Black, Hispanic/Latino, Asian American, and Native American communities. This \$25 million, four-year initiative will initially launch in 11 cities: Albuquerque, N.M.; Atlanta; Charlotte, N.C.; Chicago; Denver; Detroit; Memphis, Tenn.; Philadelphia; San Antonio; St. Louis; and Washington, D.C. *(continued on next page)*

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with AANHPI communities.

PARTNERSHPS, CONT.

As part of this effort, the three organizations will focus on three key areas in each community: education and capacity building for health systems, partners and patients; increasing access to health screenings and preventive care; and advocating for policies that ensure fair opportunities and resources with state and local leaders. This initiative will specifically focus on the leading causes of death in communities of color – heart disease, cancer, stroke, and diabetes – and improving health outcomes more broadly, including in maternal health, mental wellness, and nutrition.

PATIENT SUPPORTS AND SERVICES

ACS has [cancer information in other languages available on cancer.org](#) including Chinese, Korean, Tagalog, and Vietnamese. These documents are intended for AANHPI people living in the U.S. who may have a primary language other than English.

The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear, with translation support for people who speak languages other than English available 24/7.

As part of its [Diversity, Equity, and Inclusion \(DEI\) strategy](#), the ACS AAPI Employee Engagement Group serves as a resource for its members, ACS staff, and volunteers by fostering learning, generating dialogue, and supporting multicultural engagement.

The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.

[Reach to Recovery](#)[®] volunteers provide one-on-one support to help people facing breast cancer cope with a diagnosis, treatment, side effects, and more.

[Hope Lodge](#) offers people receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in a city away from home.

With funding from [the Robert Wood Johnson Foundation](#), ACS is pilot-testing community projects across the U.S. that explore, identify, and implement community-driven solutions to advance health equity and address medical mistrust as it relates to colorectal cancer screening.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of AANHPI people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

For more information, please visit: fightcancer.org/healthdisparities and cancer.org/healthequity

1. While ACS uses the general term "AANHPI" for this brief, we recognize that there are other acronyms to describe this very diverse population group, and we aim to be as specific as possible when referring to ethnicity (i.e., Korean American, Cambodian, Chamorro, and so on). We also recognize that not all Asian people identify as American.

2. American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.

3. American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.

4. Tello M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>



The Facts on Our Fight: Cancer Disparities in the Black Community

Cancer affects everyone, but it doesn't affect everyone equally.

Black people are disproportionately burdened by cancer and experience greater obstacles to cancer prevention, screening, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system and insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

1. American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021
2. Unger JM, Hershman DL, Osarogiagbon RU, Gothwal A, Anand S, Dasari A, Overman M, Loree JM, MD, Raghav K. Representativeness of Black Patients in Cancer Clinical Trials Sponsored by the National Cancer Institute Compared With Pharmaceutical Companies. JNCI Cancer Spectrum, Volume 4, Issue 4, August 2020, pkaa034, <https://doi.org/10.1093/jncics/pkaa034>
3. 2018 National Healthcare Quality and Disparities Report. Content last reviewed April 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr18/index.html>
4. Landrine H, Corral I, Lee JGI, Efrid JT, Hall MB, Bess JJ. Residential Segregation and Racial Cancer Disparities: A Systematic Review. Journal of racial and ethnic health disparities. 2017;4(6):1195-1205. doi:10.1007/s40615-016-0326-9
5. Tello, M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog, January 16, 2017. Accessed July 5, 2019
6. Veenstra C, Regenbogen S, Hawley S. Association of Paid Sick Leave With Job Retention and Financial Burden Among Working Patients With Colorectal Cancer. JAMA. 2015;314(24):2688-2690. doi:10.1001/jama.2015.12383
7. U.S. Bureau of Labor Statistics. Access to and Use of Leave Summary (Table 1). Retrieved 7 October 2020, from U.S. Bureau of Labor Statistics website: <https://www.bls.gov/news.release/leave.t01.htm>



In the U.S., research has shown that:

- Black people have the highest death rate and shortest survival of any racial/ethnic group for most cancers.¹
- Black men have a 7% higher overall cancer incidence rate, but a 14% higher mortality compared to non-Hispanic White men.¹
- Prostate cancer death rates in Black men are double those of every other racial/ethnic group.²
- Despite lower incidence rates in Black women compared with White women for uterine corpus and breast cancers, death rates for these cancers in Black women are about 98% and 40% higher, respectively.⁸
- Black people have higher incidence and mortality for colorectal cancer than any other racial/ethnic group except for Alaska Native people, with death rates that are 36% higher than in White people.⁸
- According to a recent Agency for Healthcare Research and Quality report, Black people receive worse medical care than White people on 76 of 190 measures, including effective treatment for breast and colorectal cancers.³
- Black people living in segregated communities are more likely than those who don't live in segregated communities to be diagnosed with breast and lung cancer after it has spread and to die from these cancers.⁴

What also contributes to these disparities?

- Racial bias and discrimination in health care and every other aspect of society as well as differences in insurance coverage** contribute to poor health for many racial and ethnic groups, including Black people.⁵
- Disparities in access to paid sick and vacation days among Black workers disproportionately limit access** to life-saving cancer screening and other preventive medical care, not to mention risk of job loss and financial hardship. More than one-third (36%) of Black workers report having no paid time off of any kind, away from their jobs.⁷
- In a review of the scientific literature, **racial residential segregation contributed to poor cancer outcomes** in 70% of the studies. Living in segregated areas was also associated with increased chances of later-stage diagnosis of breast cancer and higher breast cancer mortality.⁴
- Black individuals make up less than 3% percent of participants in pharmaceutical clinical trials** while making up 13% of the current US population.

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with the Black community.

RESEARCH

ACS is funding **61 health disparities research grants**, reflecting \$49 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Cancer Facts and Figures for African Americans** and more general **Cancer Facts and Figures 2021** provides updated cancer information about African Americans and Black people, including **statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment**.

PROGRAMS, SERVICES, AND EDUCATION

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with **trained cancer information specialists** who can answer questions and provide guidance and a compassionate ear.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at all levels of government**, including the following:

- ✓ Supporting the Centers for Disease Control and Prevention (CDC)'s **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**, which provides community-based breast and cervical cancer screenings.
- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color**, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- ✓ Advocating for **ending the sale of all flavored tobacco products**, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color, and **addressing systemic racism in the enforcement of tobacco control laws** by advocating it be entrusted to public health officials or other non-police officers.
- ✓ Advocating for **smoking cessation treatment that is barrier-free, comprehensive, and widely promoted** for people enrolled in Medicaid.

PARTNERSHIPS

ACS has partnered with **The Links, Inc.** to develop the **Health Equity Ambassador Links (HEAL) program**. ACS has trained more than 250 Links members as health equity ambassadors. These trained health equity ambassadors have delivered health equity information in communities. With help from an **Anthem Foundation** grant, in 2021, The Links, Inc. has committed to having another 500 ambassadors trained, which is expected to reach over 100,000 individuals in the next two years.

With funding from the **National Football League (NFL)**, ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they **help women of color and women with no insurance or who are underinsured get access to cancer screening, timely follow-up, and timely access to care, regardless of their insurance status or ability to pay** through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

ACS is partnering with **Pfizer Global Medical Grants** to reduce the breast cancer mortality disparity between Black and White women, reduce disparities impacting Black men facing prostate cancer, and **address disparities in the delivery of cancer care** impacting outcomes for Black people facing cancer.

The **National Black Justice Coalition** collaborates with ACS and ACS CAN to **reach Black LGBTQ+ communities and other constituents** with important messages relating to cancer prevention and early detection.

ACS is **contributing to ongoing dialogue and collaborating around health equity issues with additional Black-led social, civic, and faith organizations** such as the African Methodist Episcopal Church, Alpha Kappa Alpha (AKA) Sorority, Inc., Delta Sigma Theta Sorority, Inc., Phi Beta Sigma Fraternity, Inc., and Zeta Phi Beta Sorority, Inc. These partnerships are critical in **leveraging our mutual commitments to saving lives and reducing cancer disparities among African Americans and Black people** through health education on cancer prevention and early detection, access to resources for people who have cancer and their caregivers, fundraising, and supporting ACS CAN's public policy work. Contact inclusion@cancer.org for more information.

Black South Carolinians are much more likely to be diagnosed with more advanced stages of colorectal cancers (CRC) than White South Carolinians. Significant disparities in screening rates, incidence and mortality exist between urban and rural South Carolinians. With funding from the Centers for Disease Control and Prevention, ACS launched the **South Carolina Communities Unite to Increase CRC Screening Learning Collaborative in partnership with the University of South Carolina** to address these disparities. Five health system partners, ranging from South Carolina's largest FQHC to rural hospital owned primary care practices, participate in intense quality improvement training and are currently identifying the root causes for cancer screening disparities within their patient populations.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of Black people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.



The Facts on Our Fight: Breast Cancer Disparities



Cancer affects everyone, but it doesn't affect everyone equally.






Certain groups of people are disproportionately burdened by breast cancer and experience greater obstacles to prevention, screening, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system and insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.



1. Jemal A, Chieh Lin C, Davidoff A, Han X. Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act. *J Clin Oncol*. 2017;35(35):3906-3915.
2. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc. 2019
3. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2020. Atlanta: American Cancer Society; 2020.
4. Landrine H, Corral I, Lee J, Efrid J, Hall M, Bess J. Residential Segregation and Racial Cancer Disparities: A Systematic Review. *J Racial Ethn Health Disparities*. 2017;4(6):1195-1205. doi:10.1007/s40615-016-0326-9
5. Tello M. Racism and discrimination in health care: Providers and patients. *Harvard Health Blog*. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>



In the U.S., research has shown that:

-  Breast cancer is the most commonly diagnosed cancer in women. Although Black women have slightly lower breast cancer incidence rates than White women, they have breast cancer death rates that are 40% higher.¹
-  Triple negative breast cancers have a poorer prognosis than other subtypes, in part because treatment advances have lagged behind. These cancers occur at twice the rate in Black women compared to White women in the US.²
-  Breast cancer is the most commonly diagnosed and leading cause of cancer death among Hispanic/Latina women in the U.S. Hispanic/Latina women are also much less likely to be diagnosed at an early stage than non-Hispanic White women.³
-  Among people who have cancer and have a limited income, those who live in states that did not expand Medicaid are 3.7 times more likely to be uninsured, and also less likely to be diagnosed with breast cancer at an early stage.³
-  Uninsured women 45 and older are half as likely to be up-to-date for their mammography screening when compared to women with private insurance or Medicaid.³

What also contributes to these disparities?

-  In a review of the scientific literature, **racial residential segregation contributed to poor cancer outcomes** in 70% of the studies. Living in segregated areas was also associated with increased chances of later-stage diagnosis of breast cancer and higher breast cancer mortality.⁴
-  **Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage, contribute to poor health** for many racial and ethnic groups, LGBTQ+ people, people with limited incomes, and people with disabilities, all of whom are at greater risk for breast cancer.⁵

Here are some ways ACS and ACS CAN are working to address breast cancer disparities and advance health equity.

RESEARCH

ACS is currently funding **61 health disparities research grants, reflecting \$49 million in research** to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Breast Cancer Facts and Figures** and more general **Cancer Facts and Figures 2021** provides updated breast cancer information including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment.

PARTNERSHIPS

With funding from the **National Football League (NFL)**, ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they help women of color and women with no insurance or who are underinsured get access to breast cancer screening, timely follow-up of abnormal mammograms, and timely access to care, regardless of their insurance status or ability to pay through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

ACS is partnering with **Pfizer Global Medical Grants** to reduce the breast cancer mortality disparity between Black and White women and address disparities in the delivery of cancer care impacting outcomes for Black people facing cancer. ACS also received funding from Pfizer to advance breast health equity for Hispanic/Latinx communities in Los Angeles, CA.

The **Amate a Ti Misma/Love Yourself** free breast cancer screening campaign has been able to help more than 30,000 Hispanic/Latina women gain access to a lifesaving screening. Launched in 2006 in New York City, the annual Amate a Ti Misma campaign expanded to Philadelphia in 2014 and to Washington, D.C. in 2015. The weeks leading into Valentine's Day, Mother's Day, and **Making Strides Against Breast Cancer, Univision** networks encourage women to join them at local hospitals in New York City, Philadelphia, New Jersey, and Washington, D.C. where uninsured women can get a free mammogram. Univision also produces pro-bono PSAs encouraging women to get their mammograms or other free screenings.

ACS has partnered with **The Links, Inc.** to develop the Health Equity Ambassador Links (HEAL) program. ACS has trained more than 250 Links members as health equity ambassadors. These trained health equity ambassadors have delivered health equity information in communities. With help from an **Anthem Foundation** grant, in 2021, The Links, Inc. has committed to having another 500 ambassadors trained, which is expected to reach over 100,000 individuals in the next two years.

PROGRAMS, SERVICES, AND EDUCATION

ACS publishes **Breast Cancer Screening Guidelines** and other resources for healthcare professionals and the public on [cancer.org](https://www.cancer.org).

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

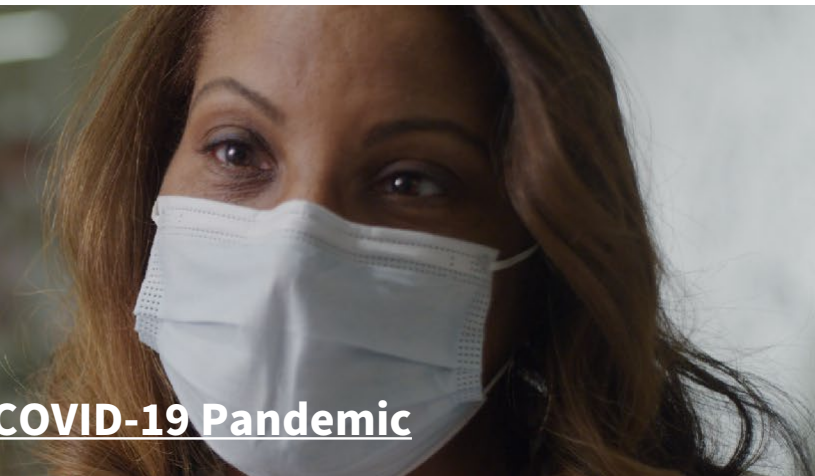
ACS held **Breast Health Equity Summits in Virginia and North Carolina** focusing on the disparities across the breast cancer continuum (prevention, early detection, treatment, and survivorship) reaching hundreds of participants per summit. The statewide summits convened subject matter experts, health care providers, researchers, and other stakeholders to learn about the gaps in access for individuals based on race and ethnicity, geography, and socio-economic status in each state and discussed best practices for action in addressing these disparities.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at the local, state and federal levels**, including the following:

- ✓ Supporting the Center for Disease Control and Prevention's **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**, which provides community-based breast and cervical cancer screenings.
- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA)** that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with breast cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.



The Facts on Our Fight: Cancer Disparities and the COVID-19 Pandemic

Cancer affects everyone, but it doesn't affect everyone equally.

Certain groups of people are disproportionately burdened by cancer and experience greater obstacles to prevention, screening, treatment, and survival, because of systemic factors that are complex and go beyond the obvious connection to cancer. These factors include structural racism, poverty, jobs with inadequate pay or lack of paid leave policies, loss of employment, and limited access to healthy and affordable food, secure housing, transportation, high quality health care, and insurance coverage. The COVID-19 pandemic exacerbated cancer disparities in the United States, especially for people who are historically excluded and who have experienced obstacles for decades due to racist or discriminatory policies at the national, state, local, and institutional levels. Concerns remain about widening disparities related to short and long-term impacts of the pandemic.

Reducing cancer disparities and advancing health equity are overarching goals of the American Cancer Society (ACS) and our non-profit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN)SM. Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. Now more than ever, it's critical that we work together to advance health equity for people with cancer, their families and caregivers, and their communities during and after the COVID-19 pandemic.



In the U.S., research has shown that:

An estimated 7.7 million people plus 6.9 million covered dependents (14.6 million people total) lost their employee-sponsored health insurance as a result of the pandemic, with a disproportionate impact on Black and Hispanic/Latino people.¹ Loss of insurance coverage can result in less frequent cancer screening, advanced stage at diagnosis, treatment delays, and poorer survival.²

In April 2020, 42% of U.S. adults who lost income due to COVID-19 reported inability to pay rent, mortgage, or utilities; limited or no access to healthy and affordable food; or going without medical care. This has disproportionately affected adults with family incomes below poverty level and Black and Hispanic/Latino adults.³

The American Indian and Alaska Native communities have also been disproportionately affected by the pandemic, with the Navajo Nation surpassing New York City for the highest rates of COVID-19 infection in May 2020.²

There were an estimated 22 million cancelled or missed cancer screenings between March and June of 2020.⁴

The backlog of cancer screening and other preventive health care visits will likely further exacerbate delayed diagnosis and substandard treatment among Black people, Hispanic/Latino people, and people with limited income. The economic ramifications of the pandemic will only further widen this gap among people who were already financially insecure.²

1. Fronstin P, Woodbury S. *Issue Brief: How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?* New York City: The Commonwealth Fund with the Employee Benefit Research Institute and the W.E. Upjohn Institute for Employment Research; 2020.

2. American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta: American Cancer Society; 2021.

3. Karpman M, Zuckerman S, Gonzalez D, Kenney G. *The COVID 19 Pandemic is Straining Families' Abilities to Afford Basic Needs*. Washington, DC: The Robert Wood Johnson Foundation with The Urban Institute; 2020.

4. American Cancer Society. *Safely Resuming and Promoting Cancer Screening During the COVID 19 Pandemic*. Atlanta: American Cancer Society; 2020.

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with communities affected by the COVID 19 pandemic.

DISCOVERY

[ACS is currently funding 65 health disparities research grants](#), reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

[ACS researchers publish papers](#) which have been used to inform or support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS has released [a special section about COVID 19 and cancer in Cancer Facts and Figures 2021](#), which provides updated cancer information, including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment, all with considerations to the effects of the pandemic.

ADVOCACY

[ACS CAN is advocating for public policies to reduce disparities and improve cancer outcomes at all levels of government](#) during the pandemic, including the following:

- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color and people with limited income, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment. This includes protecting access to affordable prescriptions and protecting provisions for people with pre-existing conditions.
- Working to add critical patient provisions to the COVID-19 stimulus packages as well as conducting work at the state and local levels to expand important health services and coverage.
- Advocating to every governor in the U.S. for people with cancer to be prioritized in the distribution of COVID-19 vaccines in partnership with the Association for Clinical Oncology.
- Supporting policies that ensure clinical trials enroll people of different backgrounds with cancer. Representation in clinical trials is important because it makes sure that medicines and treatments will work for everyone.

PARTNERSHIPS

ACS kicked off a nationwide [Return to Screening initiative](#) to encourage people to resume appropriate cancer screening and follow up care. With the support of several corporate sponsors, ACS is leading a comprehensive and multi-sector national movement to dramatically and swiftly increase cancer screening rates to pre-pandemic levels and beyond. This includes:

- A public awareness campaign to mobilize and activate the public, providers, and other stakeholders to cancer screening and care;
- Research to understand the impact of COVID-19 on cancer screening and outcomes;

- Convening a national consortium of public health groups, professional organizations, patient advocacy groups, existing roundtables, businesses, government, and key individual leaders to improve screening rates for breast, cervical, colorectal, and lung cancers;
- Health systems screening interventions that engage priority health systems in evidence-based interventions to increase screening rates;
- Connecting cancer leaders and state coalitions to effective messaging, policy initiatives, and opportunities for impact, and
- Pursuing public policy solutions to help ensure individuals have access to timely and appropriate cancer screening care.

ACS, along with the Centers for Disease Control and Prevention (CDC), is a co-founding member of the [National Colorectal Cancer Roundtable \(NCCRT\)](#), a national coalition of more than 150 member organizations. In June 2020, NCCRT released [Reigniting Colorectal Cancer Screening As Communities Face And Respond To The COVID-19 Pandemic: A Playbook](#), which has been used broadly by NCCRT members and partners and downloaded more than 1,800 times.

ACS is also a founding member of [the National Lung Cancer Roundtable \(NLCRT\)](#), a consortium of 200 public, private, and voluntary organizations working together to fight lung cancer. The NLCRT has many [featured publications and resources](#) available that specifically address lung cancer screening and returning to care during the pandemic.

ACS, along with CDC, is also a co-founding member of the [National HPV Vaccination Roundtable](#), bringing together 70 partner organizations at the intersection of immunization and cancer prevention. During the pandemic, the Roundtable has launched [several initiatives, health plans, and toolkits](#) to fight vaccine misinformation, to address the vaccination gap for school age children that resulted from COVID 19, and to advocate for co-administration of pre-teen vaccines with the COVID vaccine in alignment with CDC and [American Academy of Pediatrics](#) recommendations.

ACS and the [National Football League \(NFL\)'s Crucial Catch program](#) awarded 23 grants to Federally Qualified Health Centers (FQHCs) to support safely increasing cancer screenings during the pandemic through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) Grant Program. The project focuses on getting back on track with cervical, colorectal, and breast cancer screenings for populations who have been historically excluded.

PATIENT SUPPORTS AND SERVICES

With funding from the Robert Wood Johnson Foundation, ACS pilot-tested community projects across the U.S. that explore, identify, and implement community-driven solutions to advance health equity and address social determinants of health.

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with communities affected by the COVID 19 pandemic.

PATIENT SUPPORTS AND SERVICES, CONT.

- To address food shortages during COVID-19 in Jackson, MS, ACS and partners hosted a free Mobile Food Pantry Pick-up, expanding the community's capacity to make healthy food accessible and affordable for people with cancer, survivors, and other community members. Approximately 12,000 pounds of USDA-selected healthy foods were distributed to approximately 4,290 community members.

[The 24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

ACS released [the ACS Guidance on Cancer Screening During COVID-19 Toolkit](#) and the [Effectively Messaging Cancer Screening Guidebook](#) for use by public health agencies, health care providers, and screening advocates as part of the Comprehensive Cancer Control Technical Assistance Program.

ACS helps people with cancer, their caregivers, and healthcare professionals find current and reliable information about cancer and COVID-19 [through our COVID-19 resource page on cancer.org](#). ACS has also shared information on [the COVID-19 vaccine](#), why cancer patients should be on priority lists, and why it's important to talk with your doctor about getting it.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.. Most importantly, **if we are to reduce cancer disparities during COVID 19, we need to listen to the experiences and perspectives of people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

For more information, please visit: fightcancer.org/healthdisparities and cancer.org/healthequity



The Facts on Our Fight: Colorectal Cancer Disparities

Cancer affects everyone, but it doesn't affect everyone equally.

Cancer affects everyone, but it doesn't affect everyone equally. Certain groups of people are disproportionately burdened by colorectal cancer (abbreviated as CRC) and experience greater obstacles to prevention, screening, treatment, and survival, because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system, high quality health care, and insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN) SM. Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

1. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020.

2. Doubeni CA, Laiyemo AO, Major JM, et al. Socioeconomic status and the risk of colorectal cancer: an analysis of more than a half million adults in the National Institutes of Health-AARP Diet and Health Study. *Cancer*. 2012;118(14):3636-3644.

3. Lin CC, Bruinooge SS, Kirkwood MK, et al. Association Between Geographic Access to Cancer Care, Insurance, and Receipt of Chemotherapy. Geographic Distribution of Oncologists and Travel Distance. *J Clin Oncol*. 2015;33(28):3177-3185. doi: 10.1200/JCO.2015.61.1558.

4. Tello M. Racism and discrimination in health care: Providers and patients. *Harvard Health Blog*. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providerspatients-2017011611015>

5. U.S. Bureau of Labor Statistics. Access to and Use of Leave Summary (Table 1). Retrieved 7 October 2020, from U.S. Bureau of Labor Statistics website: <https://www.bls.gov/news.release/leave.t01.htm>



In the U.S., research has shown that:

Both incidence and death rates for CRC are highest in Black people, followed closely by American Indian people and Alaska Native people combined. During 2012 to 2016, incidence rates in Black people were about 20% higher than those in non-Hispanic White people. Mortality for Black people is almost 40% higher than White people.¹

The American Indian/Indigenous and Alaska Native populations are the only racial and ethnic group for which CRC mortality rates are not declining.¹

People with the lowest socioeconomic status are 40% more likely to be diagnosed with CRC than those with the highest socioeconomic status.²

In a study of patients with CRC, a subset of patients without private insurance (i.e., uninsured, Medicaid, or Medicare) who lived in areas with low oncologist density were less likely to receive adjuvant chemotherapy. In the same study, researchers found that patients without private insurance were more likely to receive chemotherapy closer to their area of residence compared with privately insured patients. Therefore, accessibility to local oncologists has much more impact among patients without private insurance.³

What also contributes to these disparities?

Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage, a higher prevalence of common CRC risk factors, and less access to high quality cancer prevention, early detection, and treatment contribute to poor health for many racial and ethnic groups.⁴

Disparities in access to paid sick and vacation days among Black and Hispanic/Latino workers disproportionately limit access to life-saving cancer screening, treatment, and other preventive medical care, not to mention risk of job loss and financial hardship. More than one-third (36%) of Black workers and nearly half (48%) of Hispanic/Latino workers report having no paid time off of any kind, away from their jobs.⁵

Here are some ways ACS and ACS CAN are working to address CRC disparities and to advance health equity.

DISCOVERY

[ACS is currently funding 65 health disparities research grants](#), reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

[ACS researchers publish papers](#) which have been used to inform or support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' [Colorectal Cancer Facts and Figures 2020-2022](#) provides updated CRC information including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment.

As of August 1, 2019, ACS was funding 78 grants totaling more than \$25 million in CRC research that includes investigation of cancer disparities and understanding barriers to care.

ADVOCACY

[ACS CAN is advocating for public policies to reduce disparities and improve cancer outcomes at all levels of government](#), including the following:

- Supporting the work and maintaining funding for the [CDC's Colorectal Cancer Control Program \(CRCCP\)](#), which currently provides funding to 35 grantees across the US.
- Advocating for passage of the Removing Barriers to Colorectal Cancer Screening Act of 2019 (passed in 2020), which eases the financial burden of people living on a fixed income by allowing Medicare beneficiaries to receive screenings without coinsurance, even when a polyp is removed. Because of this health insurance coverage, this legislation helps increase screening rates and reduce the incidence of CRC.
- Ensuring health insurance coverage for colonoscopies without cost-sharing after a positive stool screening exam as recommended by ACS' colorectal cancer guidelines.
- Ensuring coverage of colorectal cancer screenings beginning at age 45, as recommended by ACS' colorectal cancer guidelines.
- Engaging governors, mayors, and state legislators to inform them about the 80% in Every Community initiative and urging them to help make CRC screening a priority. Specifically, ACS CAN is urging state and city governments to work across all sectors to increase screening rates by eliminating cost and address barriers to screening by investing in or creating a state CRC screening and control program.
- Participating in the NCCRT's Policy Action team, which recently saw success in advocating to add CRC screening as a quality measure to the 2022 Medicaid Core Set.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color and people with limited income, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment. This includes protecting access to affordable prescriptions and protecting provisions for people with pre-existing conditions.

- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- Ensuring people with cancer who receive Medicaid have adequate access and coverage without unintentional barriers to care for low-income individuals (e.g., work requirements).
- Supporting policies to fund, collect, and make available detailed data on race, ethnicity and socioeconomic status, to equip researchers and policymakers to better understand and respond to cancer disparities.

PARTNERSHIPS

ACS, along with the Centers for Disease Control and Prevention (CDC), is a co-founding member of the [National Colorectal Cancer Roundtable \(NCCRT\)](#), a national coalition of more than 150 member organizations. [80% in Every Community](#) is an NCCRT initiative to substantially reduce CRC as a major public health problem by increasing CRC screening rates to 80% or higher in every community across the nation. Since 2014, more than 1,800 organizations – including health plans, medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, and many others – have committed to make this goal a priority.

- We share a commitment to eliminating disparities in access to care. NCCRT organizations are working toward a common goal to empower communities, patients, health care providers, community health centers, and health systems to close the screening gap.
- 80% in Every Community aims to unite partners to eliminate barriers to screening, because everyone deserves to live a life free from colorectal cancer.

ACS partnered with NCCRT to host the Links of Care pilot project (2015-2017), which implemented evidence-based strategies to increase screening rates and timely access to specialists after abnormal CRC screenings in three FQHCs. Participating FQHCs successfully increased CRC screening rates by 8-28 percentage points, secured low- or no-cost colonoscopies from specialty care providers, and implemented patient navigation to ensure timely follow-up to diagnostic services.

ACS field staff partner with FQHCs to support them in implementing evidence-based systems changes to increase CRC screening in underrepresented communities. Despite numerous barriers, many of these FQHCs have [reached screening rates of 80% and higher, such as NOELA Community Health Center in New Orleans](#).

With funding from the [National Football League \(NFL\)](#), ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they help people of color, and people with no insurance or who are underinsured get access to CRC cancer screening, timely follow-up, and timely access to care, regardless of their insurance status or ability to pay through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

Here are some ways ACS and ACS CAN are working to address CRC disparities and to advance health equity.

PATIENT SUPPORTS AND SERVICES

[The 24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

ACS has published a number of guides around CRC, including the [ACS Messaging Guidebook During COVID 19](#), the [NCCRT 2019 Messaging Guidebook](#), the [CRC Companion Guide for Hispanic and Latino People](#), and the [CRC Companion Guide for Asian Americans](#)

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.. Most importantly, **if we are to reduce cancer disparities during COVID 19, we need to listen to the experiences and perspectives of people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

For more information, please visit: fightcancer.org/healthdisparities and cancer.org/healthequity



Cancer affects everyone, but it doesn't affect everyone equally.

Hispanic/Latinx people are disproportionately burdened by cancer and experience greater obstacles to cancer prevention, screening, treatment, and survival largely because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, xenophobia (fear of or aversion to people from other countries or cultures), jobs with inadequate pay, low quality education and housing, language and cultural barriers, and limited access to the healthcare system and insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

1. National Vital Statistics System – Mortality Data (2019) via CDC WONDER
 2. American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021
 3. American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos 2018-2020. Atlanta: American Cancer Society; 2020
 4. Tello M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>
 5. Veenstra C, Regenbogen S, Hawley S. Association of Paid Sick Leave With Job Retention and Financial Burden Among Working Patients With Colorectal Cancer. JAMA. 2015;314(24):2688-2690. doi:10.1001/jama.2015.12383
 6. U.S. Bureau of Labor Statistics. Access to and Use of Leave Summary (Table 1). Retrieved 7 October 2020, from U.S. Bureau of Labor Statistics website: <https://www.bls.gov/news.release/leave.t01.htm>

In the U.S., research has shown that:

- Cancer is the leading cause of death among Hispanic/Latinx people.¹
- Indeed, Hispanic/Latina women have the highest incidence of cervical cancer compared to other races/ethnicities, 32% higher than non-Hispanic White women.²
- Hispanic/Latinx adults have low overall cigarette smoking rates but a high prevalence of several other cancer risk factors, including excess body weight and type 2 diabetes.³

What also contributes to these disparities?

- Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage, contribute to poor health** for many racial and ethnic groups including Hispanic/Latinx people.⁴
- According to the US Census Bureau in 2019, **16% of Hispanic/Latinx individuals lived below the poverty line**, compared to 7% of non-Hispanic White people. In addition, **19% of Hispanic/Latinx populations were uninsured**, compared to 6% of non-Hispanic White people.²
- Disparities in access to paid sick and vacation days among Hispanic/Latinx workers disproportionately limit access** to life-saving cancer screening, treatments, and other preventive medical care⁵, not to mention risk of job loss and financial hardship. Nearly half (48%) of Hispanic/Latinx workers report having no paid time of any kind away from their jobs.⁶

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with the Hispanic/Latinx community.

RESEARCH

ACS is funding **61 health disparities research grants, reflecting \$49 million in research** to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Cancer Facts and Figures for Hispanics/Latinos** and more general **Cancer Facts and Figures 2021** provides updated cancer information about Hispanic/Latinx people, including **statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment**.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at the local, state and federal levels**, including the following:

- ✓ Supporting the Centers for Disease Control and Prevention (CDC)'s **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**, which provides community-based breast and cervical cancer screenings.
- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color**, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- ✓ Advocating for **ending the sale of all flavored tobacco products**, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color; addressing systemic racism in the enforcement of tobacco control laws by advocating it be entrusted to public health officials or other non-police officers; and educating the community on tobacco control in predominantly underserved Hispanic/Latinx communities using bilingual staff.
- ✓ Advocating for **smoking cessation treatment that is comprehensive**, barrier-free, and widely promoted for people enrolled in Medicaid.

PROGRAMS, SERVICES, AND EDUCATION

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

Latinos Contra el Cáncer is a movement that empowers Hispanic/Latinx communities with the resources necessary to lead the fight against cancer through education, advocacy, community engagement, and fundraising. In 2020, ACS hosted the first of its kind **Latinos Contra el Cáncer Fest**, an inspirational virtual bilingual event to celebrate the Latinx community and raise cancer awareness which had more than 12,000 views and counting, with a reach of 400,000 people.

PARTNERSHIPS

The **Amate a Ti Misma/Love Yourself** free breast cancer screening campaign has been able to help more than 30,000 Hispanic/Latina women gain access to a lifesaving screening. Launched in 2006 in New York City, the annual Amate a Ti Misma campaign expanded to Philadelphia in 2014 and to Washington, D.C. in 2015. The weeks leading into Valentines' Day, Mother's Day, and **Making Strides Against Breast Cancer, Univision** networks encourage women to join them at local hospitals in New York City, Philadelphia, New Jersey, and Washington, D.C. where uninsured women can get a free mammogram. Univision also produces pro-bono PSAs encouraging women to get their mammograms or other free screenings.

With funding from the **National Football League (NFL)**, ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they help Hispanic/Latina women, other women of color, and women with no insurance or who are underinsured get access to cancer screening, timely follow-up, and **timely access to care, regardless of their insurance status or ability to pay** through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

ACS also received funding from **Pfizer Global Medical Grants** to advance breast health equity for Hispanic/Latinx communities in Los Angeles, CA.

Partnership with **Unidos US** - "At ACS we are proud partners of UnidosUS," said Tawana Thomas-Johnson, Vice President of Diversity and Inclusion. "Since 2015, ACS and ACS CAN have participated in the UnidosUS annual conference, connecting with over 20,000 Hispanic/Latinx constituents annually to share our mission and resources, and learn more about how best to serve our Latinx constituency."

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of Hispanic/Latinx people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.



The Facts on Our Fight: Cancer Disparities in the LGBTQ+ Community

Cancer affects everyone, but it doesn't affect everyone equally.

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning) people are disproportionately burdened with risk factors (i.e., higher smoking prevalence) and screening disparities¹, experiencing obstacles to prevention, detection, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include homophobia and transphobia, poverty, structural racism, limited access to the healthcare system and insurance coverage, and negative experiences with health care providers resulting in significant barriers to care.

Reducing cancer disparities and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN)SM. Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. Equity acknowledges that people have different circumstances, so different tools and resources are needed in order for people to have equal cancer outcomes.



In the U.S., research has shown that:

Most health care providers lack **culturally competent education or training** to address the needs of LGBTQ+ patients. Knowledge gaps have been reported among oncologists relating to the increased cancer risk factors affecting LGBTQ+ patients. In a study among medical students, 46% expressed explicit bias and over 80% expressed some implicit bias towards LGBTQ+ people.²

There are consistently low rates of **health insurance coverage** among LGBTQ+ people, and about 41% of LGBTQ+ people live at or below 139% of the federal poverty level.²

Although anyone can get lung cancer, the **risk of lung cancer** for people who smoke is many times higher than for people who don't smoke. The social stresses from living in a society that can be hostile to LGBTQ+ people contribute to a much higher smoking prevalence among LGBTQ+ people than among heterosexuals. Nearly 1 in 5 LGBTQ+ adults smoke cigarettes compared with about 1 in 7 heterosexual adults.¹ A stigma exists around being at risk for or receiving a diagnosis of lung cancer and people are routinely made to feel that they are to blame for the disease. This can cause **a delay in screening** for people with no symptoms, as well as further emotional stress and delays in diagnosis and treatment.

Gay and bisexual men have a **higher risk for anal cancer** as a result of HPV, especially people who are HIV-positive.³

Research specifically examining the **need for tailored prevention, screening, and treatment guidelines** for transgender and gender non-conforming (GNC) people is greatly lacking.²

What also contributes to these disparities?

Racial bias and discrimination in health care and every other aspect of society contribute to poor health for many racial and ethnic groups- this includes LGBTQ+ people of color.⁴

1. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2020. Atlanta: American Cancer Society; 2020.

2. American Cancer Society. Lesbian, Gay, Bisexual, Transgender, Queer (LGTBQ) People and Cancer Fact Sheet. Atlanta: American Cancer Society; 2021.

3. Quinn GP, Sanchez JA, Sutton SK, et al. Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. CA Cancer J Clin. 2015;65(5):384-400. doi:10.3322/caac.21288

4. Tello M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with the LGBTQ+ community.

DISCOVERY

[ACS is currently funding 65 health disparities research grants](#), reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

[ACS researchers publish papers](#) which have been used to inform or support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

American Cancer Society's [Cancer Facts and Figures 2021](#) provides updated cancer disparities information, including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment.

ACS has also produced two documents for healthcare providers around LGBTQ+ considerations: [LGBTQ People and Cancer Fact Sheet](#) and [Cancer Care for Transgender and Gender Nonconforming people](#)

ADVOCACY

[ACS CAN is advocating for public policies to reduce disparities for the LGBTQ+ community and improve cancer outcomes at all levels of government](#), including the following:

- Adapting annual advocacy petitions to be more inclusive of LGBTQ+ people and used at Pride events.
- Advocating for ending the sale of all flavored tobacco products, including menthol cigarettes, which prevents the tobacco industry from targeting youth, low-income communities, LGBTQ+ communities and people of color, and addressing systemic racism in the enforcement of tobacco control laws by advocating it be entrusted to public health officials or other non-police officers.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color and people with limited income, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment. This includes protecting access to affordable prescriptions and protecting provisions for people with pre-existing conditions.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- Ensuring people with cancer who receive Medicaid have adequate access and coverage without unintentional barriers to care for low-income individuals (e.g., work requirements).
- Supporting policies to fund, collect, and make available detailed data on race, ethnicity, and socioeconomic status, to equip researchers and policymakers to better understand and respond to cancer disparities.

PARTNERSHIPS

ACS and [CenterLink](#) work together to educate LGBTQ+ individuals on cancer prevention and early detection, with a focus on colorectal cancer screening and tobacco cessation.

[The National Black Justice Coalition](#) collaborates with ACS and ACS CAN to reach Black LGBTQ+ communities and other constituents with important messages relating to cancer prevention and early detection.

ACS collaborates with the [National LGBT Cancer Network](#) to improve the lives of LGBTQ+ cancer survivors and those at risk by educating, training, and advocating for the LGBTQ+ community through cancer outreach, education, and tobacco use reduction.

With funding from the [National Football League \(NFL\)](#), ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they help people of color, and people with no insurance or who are underinsured get access to cancer screening, timely follow-up, and timely access to care, regardless of their insurance status or ability to pay through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

- [Legacy Community Health](#) in the Greater Houston area was founded to promote HIV testing and to give the LGBTQ+ community a health home that understood their unique needs. Over the years, Legacy expanded its services to become Texas' largest FQHC. Legacy has complete primary care services and many close partnerships within the medical community. ACS has worked with Legacy for about 8 years on expanding its cancer control and prevention services, offering staff education, technical support, and other resources over the years. Most recently ACS awarded Legacy with a CHANGE grant. This opportunity allowed the health system to hire a Care Coordinator to work more closely with LGBTQ+ patients by placing reminder calls, scheduling appointments, helping them overcome barriers and navigating them to follow up care as appropriate. Funding was also used for electronic medical record enhancements, staff training, and transportation assistance such as gas cards and bus vouchers.

ACS is partnering with [Pfizer Global Medical Grants](#) to reduce the cancer mortality disparity between Black and White women, reduce disparities impacting Black men facing prostate cancer, and address disparities in the delivery of cancer care impacting outcomes for Black people facing cancer.

ACS has partnered with [Corktown Health Center](#) in Detroit, Michigan, to create a toolkit and training experiences for medical providers. Corktown Health Center offers specialized LGBTQ+ healthcare providing culturally sensitive care to the LGBTQ+ community especially during cancer screening appointments. The goal of the partnership is to increase the number of referral sites that Corktown can send their patients to, knowing their patients will be given care that is sensitive to their unique needs. ACS believes that creating a safe health care environment must include updating intake forms and clinic spaces, aligning discrimination policies at the facility, ensuring staff utilize patients' correct name and pronouns, and seeking input from external partners like Corktown who are heavily engaged with the LGBTQ+ community.

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with the LGBTQ+ community.

PATIENT SUPPORTS AND SERVICES

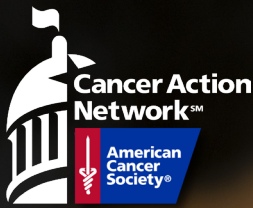
ACS participates in Pride events across the country to engage LGBTQ+ community members around cancer prevention, early detection, and mission support information. In 2019, 50,000 people were reached at 42 total Pride events.

ACS provides [recommendations and guidance for use of the Human Papilloma Virus vaccine](#), which can reduce or prevent infection from certain types of HPV and some of the cancers linked to them that LGBTQ+ people are at higher risk for.

The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of LGBTQ+ people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

For more information, please visit: fightcancer.org/healthdisparities and cancer.org/healthequity



The Facts on Our Fight: Lung Cancer Disparities

Cancer affects everyone, but it doesn't affect everyone equally.

Although anyone can get lung cancer, including people who once smoked and people who never smoked, the risk of lung cancer for people who smoke is many times higher than for people who don't smoke. Furthermore, certain groups of people are disproportionately burdened by lung cancer and experience greater obstacles to prevention, detection, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system, quality care, and insurance coverage. In addition, the stigma associated with being at risk for or receiving a lung cancer diagnosis can cause people emotional stress and even delay screening or treatment. This is because people with lung cancer are routinely made to feel that they are to blame for their disease.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

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In the U.S., research has shown that:

- 🏠 Lung cancer has the largest geographic variation of any cancer type because of vast differences in smoking rates that reflect the extent of state tobacco control policies. For example, lung cancer incidence and mortality rates are 3 to 5 times higher in Kentucky, where 1 in 4 residents currently smoke, than in Utah or Puerto Rico where 1 in 10 people smoke.¹
- 💰 People with limited incomes are about twice as likely to smoke as those who have higher incomes; as a result, men who reside in high-poverty counties have lung cancer death rates that are about 40% higher than those who reside in more affluent counties.¹
- 🗨️ Black men have higher lung cancer incidence and mortality rates than other racial/ethnic groups, despite having lower lifetime use of tobacco. This is largely due to barriers in communication between providers and patients and medical mistrust, as well as disparities in screening eligibility, insurance coverage, access to care, and income.^{2,3}
- 🌈 Social stresses from living in a society that can be hostile to lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people contributes to a much higher smoking prevalence among LGBTQ+ people in the United States than among heterosexual people. Nearly 1 in 5 LGBTQ+ adults smoke cigarettes compared with about 1 in 6 heterosexual adults.⁴

What also contributes to these disparities?

- 🏠 In a review of the scientific literature, **racial residential segregation contributed to poor cancer outcomes** in 70% of the studies. Living in segregated areas was associated with increased chances of later-stage diagnosis of lung cancer and higher lung cancer mortality.⁵
- 🗨️ **Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage,** contribute to poor health for many racial and ethnic groups, LGBTQ+ people, people with limited incomes, and people with disabilities, all of whom are at greater risk for lung cancer.⁶

Here are some ways ACS and ACS CAN are working to address lung cancer disparities and advance health equity.

RESEARCH

ACS is currently funding **61 health disparities research grants, reflecting \$49 million in research** to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Cancer Facts and Figures 2021** provides updated lung cancer information, including statistics on cancer occurrence and risk factors, as well as information about prevention, detection, treatment, and survivorship.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at the local, state and federal levels**, including the following:

- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA)** that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- ✓ Advocating for **ending the sale of all flavored tobacco products**, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color, and addressing systemic racism in the enforcement of tobacco control laws by advocating it be entrusted to public health officials or other non-police officers.
- ✓ Advocating for **smoking cessation treatment that is comprehensive**, barrier-free, and widely promoted for people enrolled in Medicaid.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with lung cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

PROGRAMS, SERVICES, AND EDUCATION

ACS publishes **Lung Cancer Screening Guidelines, information on tobacco cessation and staying healthy**, and other resources for healthcare professionals and the public on [cancer.org](https://www.cancer.org).

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

PARTNERSHIPS

With funding from the **National Football League (NFL)**, ACS is working towards evidence-informed interventions through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) Grant Program that awards small grants to Federally Qualified Health Centers (FQHCs) and safety-net health systems to improve lung cancer screening rates. Each grantee will establish and or improve their lung cancer screening and tobacco cessation programs, with a focus on increasing lung cancer screening rates, increasing access and timely navigation to specialized care, and timely interventions for confirmed cancer diagnoses. A total of 461 individuals have been screened so far.

- ✓ One example of a CHANGE Grant success story takes place at **Grady Health System** in Atlanta, GA. Through the grant, Grady has implemented a Lung Cancer Patient Navigator into their patient care. This role has reduced their patients' barriers and increased their likelihood of completing their Low Dose Computed Tomography Scan (LDCT) lung cancer screening.

ACS collaborates with the **National LGBT Cancer Network** to improve the lives of LGBTQ+ cancer survivors and those at risk by educating, training, and advocating for the LGBTQ+ community through cancer outreach, education, and tobacco use reduction.

CenterLink works with ACS to educate LGBTQ+ people on cancer prevention and early detection. One key area of focus is tobacco cessation.

The National Lung Cancer Roundtable (NLCRT) has 152 member organizations (medical societies, cancer centers, government agencies, advocacy groups, health plans, and corporate partners) and over 200 volunteer experts and patient advocates dedicated to reducing the incidence, morbidity and mortality from lung cancer. The NLCRT is focused on improving every aspect of lung cancer control, and every initiative includes attention to identifying and overcoming disparities in the delivery of care, including health education, and access to screening, state of the art diagnostics, and therapy. The work of the NLCRT extends from national-level initiatives to support for state-based initiatives, including identification of areas of need based on race/ethnicity, income, insurance coverage, and geography.



The Facts On Our Fight: Prostate Cancer Disparities

Cancer affects everyone, but it doesn't affect everyone equally.

Certain groups of people are disproportionately burdened by cancer and experience greater obstacles to prevention, screening, early detection, treatment, and survival, because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low-quality education and housing, and limited access to the healthcare system, high-quality health care, and insurance coverage. The number of advanced stage prostate cancer diagnoses are increasing after decades of decline. There is an opportunity to improve outcomes for all people with prostate cancer, and especially for Black men who carry the disproportionate burden of prostate cancer occurrences in the U.S. and have the highest documented prostate cancer rate in the world. Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the [American Cancer Society \(ACS\)](#) and our non-profit, non-partisan advocacy affiliate, the [American Cancer Society Cancer Action Network \(ACS CAN\)](#). Health equity means everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

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In the U.S., research has shown that:

- Prostate cancer incidence rates increased by 3% per year from 2015 through 2019, alarming news after two decades of steep declines. The increase in incidence is driven by advanced-stage diagnoses, which have been increasing by 4% to 5% annually since 2011.¹
- Black men have an estimated 70% higher incidence rate for prostate cancer than White men overall in the U.S. Black men have 2.1 times higher likelihood of death from prostate cancer compared to White men.²

What also contributes to these disparities?

- Racial disparities observed among Black men with prostate cancer are multifaceted. Cultural factors include generalized mistrust of the health care system, poor physician-patient communication, lack of information on prostate cancer and treatment options, fear of diagnosis, and perceived societal stigma of the disease. Institutional racism also plays a significant role.³
- Economic factors (e.g., cost of care, recovery time, and cancer debt) play an important role in racial disparities observed in prostate cancer treatment and outcomes.³
- Black men are largely underrepresented in [key phase 3 prostate cancer trials](#) and may be less willing to enroll in clinical trials due to lack of awareness, lack of diversity in clinical trial research teams, and bias of health care providers to recommend clinical research.³

Here are ways ACS and ACS CAN are addressing prostate cancer disparities and advancing health equity.

PATIENT SUPPORTS AND SERVICES

- Through the National Prostate Cancer Collaborative, our Patient Support team has recruited 21 partners this year, with the goal of developing a national roadmap and set of consensus recommendations that, when implemented, will improve prostate cancer outcomes.
- The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear, with translation support for people who speak languages other than English available 24/7.
- The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.
- [Reach to Recovery](#)® volunteers provide one-on-one support to help people facing breast cancer cope with a diagnosis, treatment, side effects, and more.
- [Hope Lodge](#) offers people receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in a city away from home.

ADVOCACY

ACS CAN is advocating for public policies to reduce disparities and improve health outcomes at all levels of government, including:

- Advocating for state and federal policies that remove barriers to prostate cancer screening and treatment. In addition, ACS CAN is urging members of Congress to support [the Prostate-Specific Antigen Screening for High-risk Insured Men \(PSA Screening for HIM\) Act](#). The bill would waive cost-sharing requirements for men with the highest risk of prostate cancer.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.

RESEARCH AND DISCOVERY

- ACS is providing a new research funding opportunity called the IMPACT Research Professorship in Prostate Cancer. Professor Awards are the most prestigious research grants from our organization and will provide the endowed professor with \$80,000 a year for five years of discretionary funds designed to reduce prostate cancer mortality in Black men.
- ACS is funding 65 health disparities research grants, reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.
- ACS researchers publish papers that are used to inform and support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.
- ACS' Diversity in Cancer Research (DICR) Program is led by the [Extramural Discovery Sciences](#) team. The DICR program aims to improve diversity and inclusion in the cancer workforce by increasing the number of under-represented minorities (URM) trained as cancer researchers.
- ACS' [Cancer Facts & Figures 2022 and Cancer Prevention & Early Detection Facts & Figures 2021-2022](#) provide updated cancer information, including statistics on cancer occurrence, utilization of preventative care, screening, and risk factors, as well as information about prevention, early detection, and treatment.

PROJECT IMPACT AT ACS AND ACS CAN

The American Cancer Society (ACS) and our [nonpartisan advocacy affiliate, American Cancer Society Cancer Action Network \(ACS CAN\)](#), are uniquely positioned to address prostate cancer disparities through [our new IMPACT initiative – Improving Mortality from Prostate Cancer Together](#). The largest funded initiative in the history of ACS, IMPACT is committed to reversing prostate cancer disparities and reducing death rates from prostate cancer in all demographics and disparities for Black men by 2035.

- Through our Discovery efforts, we will lead innovative research focused on accelerating cures and working to identify the root causes that place Black men at higher risks for prostate cancer.

Here are ways ACS and ACS CAN are addressing prostate cancer disparities and advancing health equity.

PROJECT IMPACT AT ACS AND ACS CAN, CONT.

- Our Patient Support work will use a whole-person approach from prevention through survivorship to reduce prostate cancer mortality with a focus on patients, caregivers, and clinicians.
- The Advocacy arm of our work will champion public policy advancement nationwide focused on reducing prostate cancer disparities by elevating the patient voice for change.
- Beginning in fall of 2023, ACS will leverage the [I Love You, Get Screened](#) campaign to prompt family members to discuss making an informed decision about prostate cancer screening. To learn which screening tests are right for you, visit cancer.org/getscreened.

IMPACT will be supported by our [Diversity, Equity, and Inclusion partnerships](#) with trusted Black organizations to meaningfully address disparities in prostate cancer by engaging directly with communities.

- [The Diversity, Equity, and Inclusion Team](#) is leading robust national collaborations and partnerships with Black and Hispanic/Latino sorority and fraternity organizations, churches, faith-based organizations, social/civic organizations, and professional associations. In these partnerships we are prioritizing programmatic alignment and engagement focused on eliminating prostate cancer disparities to augment existing efforts.
- Thousands of [Health Equity Ambassadors](#) are working in their local communities to promote cancer health equity and reduce cancer screening disparities. To date, 119 Ambassadors have been trained in skills needed to conduct community outreach and cancer education around prostate cancer.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to end cancer as we know it, for everyone. Most importantly, if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with cervical cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way. It will take all of us working together to do this.

For more information, please visit:

[Fightcancer.org/healthdisparities](https://fightcancer.org/healthdisparities) and [Cancer.org/healthequity](https://cancer.org/healthequity)





Cancer affects everyone, but it doesn't affect everyone equally.

Many complex structural and social factors can impact a person's ability to prevent, find, treat, and survive cancer, often outside of their control. These include such examples as access to healthy and affordable foods; safe neighborhoods with stable and affordable housing; quality educational opportunities; accessible and affordable transportation; secure employment with fair pay and paid sick leave; comprehensive insurance coverage; and access to the health care system, including high quality health care. We refer to these factors as **the social determinants of health**: the conditions where we live, work, learn, play, worship, and age. They greatly impact a person's cancer experience and their opportunity and ability to make healthy choices.

For the American Cancer Society (ACS) and its nonprofit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN)SM, health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. This means providing specific tools and resources based on individual needs to allow everyone the opportunity to be as healthy as possible. Health equity is not the same as equality, which means providing everyone with the same tools and resources, regardless of their individual situation and needs. Equity acknowledges that people have different circumstances, so different tools and resources are needed in order for people to have equal cancer outcomes. Social determinants of health and health equity cut across all the work being done at ACS and ACS CAN.¹



In the U.S., research has shown that:

Structural racism - which is the combination of institutions, culture, history, ideology, and standard practices that generate and perpetuate inequity among racial and ethnic groups - contributes to disparate health outcomes.²

Health insurance status and type of insurance are among the most important factors contributing to cancer-related health disparities.³

Not having **paid sick days** remains a significant barrier to health care access, despite increased affordability of preventive health care services under the Affordable Care Act. Workers without paid sick days are less likely to go to the doctor or access preventive care, such as cancer screenings, and annual physicals.⁴

People with **limited socioeconomic status** (SES), measured by a person's social, economic and work status, have higher cancer death rates than those with higher SES. The largest disparities are for the most preventable cancers, including cervical and lung cancer.^{1,5}

Where someone lives can affect a person's overall health, including quality of life and how long they live. A person's location can also impact their access to care, including cancer prevention, screening, diagnosis and treatment options.⁶

Access to healthy foods can help people stay and feel as well as possible during and after cancer treatment. However, nutrient-rich foods can be harder or too expensive to obtain in neighborhoods where economically or socially disadvantaged people live. This is due to decades of racist and discriminatory national, state, and local policies.⁷

Lack of **access to transportation or limitations to available transportation** (for example, public transit as the only option for an immunocompromised person) has direct consequences on cancer prevention, treatment, and survivorship.⁸

Here are some ways ACS and ACS CAN are working to address the social determinants of health and to advance health equity.

DISCOVERY

[ACS is currently funding 65 health disparities research grants](#), reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

[ACS researchers publish papers](#) which have been used to inform or support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

American Cancer Society's [Cancer Facts and Figures 2021](#) provides updated cancer disparities information, including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment.

ADVOCACY

[ACS CAN is advocating for public policies to reduce disparities and improve cancer outcomes at all levels of government](#), including the following:

- Advocating for ending the sale of all flavored tobacco products, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color, and addressing systemic racism in the enforcement of tobacco control laws by advocating it be entrusted to public health officials or other non-police officers.
- Advocating for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted for people enrolled in Medicaid.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color and people with limited income, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment. This includes protecting access to affordable prescriptions and protecting provisions for people with pre-existing conditions.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- Ensuring people with cancer who receive Medicaid have adequate access and coverage without unintentional barriers to care for low-income individuals (e.g., work requirements).
- Supporting policies to fund, collect, and make available detailed data on race, ethnicity and socioeconomic status, to equip researchers and policymakers to better understand and respond to cancer disparities.

PARTNERSHIPS

ACS is contributing to ongoing dialogue and collaborating around health equity issues [through partnerships with social, civic, public health, and faith organizations](#) such as the African Methodist Episcopal Church, CenterLink, UnidosUS, the National Black Justice Coalition, The National LGBTQ Cancer Network, The Links Incorporated, Alpha Kappa Alpha (AKA) Sorority, Inc., Delta Sigma Theta Sorority, Inc., Phi Beta Sigma Fraternity, Inc., and Zeta Phi Beta Sorority, Inc. These partnerships are critical in leveraging our mutual commitments to saving lives and reducing cancer disparities through health education on cancer prevention and early detection, access to resources for people who have cancer and their caregivers, fundraising, and supporting ACS CAN's public policy work.

ACS participates in [the National Colorectal Cancer Roundtable \(NCCRT\)](#), the [National Lung Cancer Roundtable \(NLCRT\)](#), and the [National HPV Vaccination Roundtable](#) along with hundreds of experts and partners representing the health care, public health, government, advocacy, corporate, and cancer survivorship sectors. These roundtables are dedicated to reducing the incidence, morbidity and mortality from cancer disparities through education, screening, innovation, and improving access to care.

With funding from the [National Football League \(NFL\)](#), ACS is working towards evidence-informed interventions through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) Grant Program that awards small grants to Federally Qualified Health Centers (FQHCs) and safety-net health systems to improve cancer screening rates and access to care.

ACS is partnering with [Pfizer Global Medical Grants](#) to reduce the breast cancer mortality disparity between Black and White women, reduce disparities impacting Black men facing prostate cancer, and address disparities in the delivery of cancer care impacting outcomes for Black people facing cancer.

PATIENT SUPPORTS AND SERVICES

The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.

[Reach to Recovery](#)[®] volunteers provide one-on-one support to help those people facing breast cancer cope with diagnosis, treatment, side effects, and more. diagnosis, treatment, side effects, and more.

[Hope Lodge](#) offers those receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in another city.

The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

Here are some ways ACS and ACS CAN are working to address the social determinants of health and to advance health equity.

PATIENT SUPPORTS AND SERVICES, CONT.

With funding from [the Robert Wood Johnson Foundation](#), ACS is pilot-testing community projects across the U.S. that explore, identify, and implement community-driven solutions to advance health equity and address social determinants of health contributing to cancer disparities:

- Jackson, Mississippi—To promote food security in the community, ACS and partners hosted Mobile Food Pantry Pick-ups at the Mississippi Urban League and New Horizon Church in the 39204, 39212, and 39213 zip codes in Jackson. Since May 2020, more than 101,651 pounds of USDA-selected healthy foods, including meats, fruits, and vegetables, have been distributed to more than 10,595 individuals and 4,826 families living in the area.
- Union County, Tennessee—ACS and community partners held a soft launch of their mobile food trailer. Within two hours, the team provided food for 25 families (63 adults and 38 kids). Additional launches are planned, and the team has set a goal of supporting 80+ families per month with more promotion.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative.. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.

For more information, please visit: fightcancer.org/healthdisparities and cancer.org/healthequity

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The Facts on Our Fight: Cancer Disparities in American Indian and Alaska Native (AI/AN) Communities

Cancer affects everyone, but it doesn't affect everyone equally.

People who identify as having origins in any of the original peoples of North, Central, or South America (hereafter abbreviated as American Indian and Alaska Native or AI/AN) are an incredibly diverse group of 574 federally recognized tribes and more than 200 unrecognized tribes, including individuals with highly heterogeneous demographic characteristics and cancer risk.

Many AI/AN people experience greater obstacles to cancer prevention, detection, treatment, and survivorship, largely because of complex systemic factors that go beyond obvious connections to cancer. These obstacles can include structural racism, cultural barriers, poverty, food insecurity, geographical location, and access to quality healthcare and insurance coverage. Additional barriers are causing adverse health outcomes unique to AI/AN people. They include lack of funding and infrastructure to support the Indian Health Service (IHS), Tribal Health Centers, and Urban Indian Health Centers; difficult living conditions for people living on tribal reservations; lack of representation of AI/AN people in public health, cancer, and clinical research; lack of tribal sovereignty (or ownership) when it comes to self-governance; and misclassification of AI/AN populations in data collection such as birth and death certificates.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

**While ACS uses the general terms "AI/AN" and "Indigenous" interchangeably for this brief, we recognize that there are numerous descriptors for this highly diverse population, and we aim to be as specific as possible when referring to someone's tribal affiliation (i.e., Navajo, Crow Nation, First Nations, and so on). We define Indigenous as the original inhabitants of a given land or region with a shared national identity, and the term can be used globally (i.e., Aborigines and Native Hawaiians would also be considered Indigenous). Native American or American Indian refers to the original people within what is now the U.S. prior to European colonization. American Indian is also the term used by Federal Indian Law.*



In the U.S., research has shown that:

Cancer is generally diagnosed at a later stage in AI/AN people than in White people, with some of the largest disparities for breast and stomach cancers.¹

5-year relative survival rates are lower among AI/AN people than White people for most cancer types.¹

Later-stage diagnosis and lower survival among AI/AN people likely reflect less access to high-quality health care and other obstacles to early detection and treatment.¹

More than half (54%) of AI/AN people live in rural areas or small towns, where access to health care professionals, hospital services, and specialty care is limited. Increased distance to providers is an even greater challenge for rural residents who are poor.¹

Colorectal cancer (CRC) is the third most diagnosed cancer among all AI/AN people but is the second most diagnosed cancer among Alaska Natives, who have the highest incidence globally.¹

What also contributes to these disparities?

Continued systemic racism has resulted in limited access to health care, high-quality education, and economic opportunity for AI/AN people. For example, AI/AN people are twice as likely to live in poverty as White people, regardless of where they live. In addition, although AI/AN people in PRCDA² regions are served by the Indian Health Service (IHS), which was established in 1955 as part of ongoing payment for the coerced cession of tribal lands, they have the lowest health care coverage and health status of any population. This is in part because the IHS is chronically underfunded and understaffed.¹

Continued on next page

What also contributes to these disparities? (cont.)

American Indians and Alaska Natives have the highest smoking rate of any racial or ethnic group.³ A recent study also found American Indian and Alaska Native men and women have a higher percentage of smoking-related deaths from heart disease and stroke than white men and women.⁴

Individuals who have experienced a high number of Adverse Childhood Experiences (ACEs) are at a higher risk for deleterious health markers that include cancer. AI/AN and Indigenous people may be at an increased risk of ACEs owing to many historical and contemporary social, political, and economic factors. ACEs screening questions are specifically an individualistic way to measure ACEs; however, historical trauma (collective trauma experienced by a group of people who share an identity, affiliation, or circumstance across generations) and cultural trauma (when members of a group collectively are subjected to a horrendous event(s) that leads to permanent trauma negatively impacting future identity and culture in fundamental ways) in AI/AN populations contribute to disparities. ACEs in AI/AN populations may be associated with intergenerational experiences and trauma such as genocide, abuse from the boarding school system, interruption of traditional practices, and centuries of colonialism.⁵

Here are ways ACS and ACS CAN are addressing cancer disparities and to advance health equity with AIAN communities.

ADVOCACY

ACS CAN is advocating for public policies to reduce disparities and improve health outcomes at all levels of government, including the following:

- Advocating for South Dakota Medicaid expansion to close health care gaps for tribal communities through the [“Wicozani: Bridging Health Care Gaps” campaign and toolkit](#). In 2022, voters passed Amendment D to expand Medicaid eligibility to adults with lower incomes, increasing access for more than 42,000 South Dakotans.
- Engaging with the [American Indian Cancer Foundation](#) to have a better understanding of the needs at the state and federal level within the Indian Health Services.
- Working with members of the [Crow Nation](#) to host a community health equity solutions forum to identify policy solutions to address health disparities within their community in the near future.
- Supporting the Centers for Disease Control and Prevention (CDC)’s [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#), which provides community-based breast and cervical cancer screenings to women who are uninsured and underserved.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- Advocating for ending the sale of all flavored tobacco products, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color; addressing systemic racism in the enforcement of

tobacco control laws by advocating it be entrusted to public health officials or other non-police officers; and educating the community on tobacco control.

- Advocating for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted for people enrolled in Medicaid.

DISCOVERY

- ACS is funding 65 health disparities research grants, reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.
- ACS researchers publish papers that are used to inform and support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.
- ACS’ Diversity in Cancer Research (DICR) Program is led by the [Extramural Discovery Sciences](#) team. The DICR program aims to improve diversity and inclusion in the cancer workforce by increasing the number of under-represented minorities (URM) trained as cancer researchers.
- ACS’ [Cancer Facts & Figures 2022 and Cancer Prevention & Early Detection Facts & Figures 2021-2022](#) provide updated cancer information about AI/AN and Indigenous people, including statistics on cancer occurrence, utilization of preventative care, screening, and risk factors, as well as information about prevention, early detection, and treatment. In 2022, [a special breakout section was included for AI/AN populations](#) and [a study was published on cancer statistics for AI/AN people](#) that also discussed increasing disparities in early onset colorectal cancer.

Here are ways ACS and ACS CAN are addressing cancer disparities and to advance health equity with AI/AN communities.

PATIENT SUPPORTS AND SERVICES

- With funding from [the Robert Wood Johnson Foundation](#), ACS is pilot-testing community projects across the U.S. that explore, identify, and implement community-driven solutions to advance health equity. In the [Apsaalooke \(Crow\) Nation of Montana](#), funding was used to support the development of a culturally tailored tribal health needs assessment to address social determinants of health, led by the tribal community with an emphasis on the importance of data sovereignty. This project is ongoing.
- During Native American and Indigenous Peoples' Heritage Month, ACS will raise awareness about cancer risk and screening recommendations in the American Indian/Alaska Native (AI/AN) population, urge AI/AN communities to quit commercial tobacco use, and recognize the contributions of the AI/AN community in the cancer space. Efforts will encourage members of the AI/AN community to talk to a doctor about which screening tests may be right for them and encourage community members with messaging including, "Decades of research have found many reasons to quit tobacco. Start your quit journey today." The campaign will drive people to www.cancer.org/Get-Screened.
- The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear, with translation support for people who speak languages other than English available 24/7.
- The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.
- [Reach to Recovery](#)[®] volunteers provide one-on-one support to help people facing breast cancer cope with a diagnosis, treatment, side effects, and more.
- [Hope Lodge](#) offers people receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in a city away from home.
- Community health centers, safety net hospitals, and other health systems receive grants and technical support through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) program, [a partnership with the National Football League](#), to help people disproportionately impacted by cancer access life-saving cancer screenings.
 - In 2019, ACS launched the 2-year *AI/AN Breast Health Equity (AI/AN) CHANGE Project*, a breast cancer screening intervention grant in five American Indian communities- including the [Red Cliff Community Health Center](#) hub of the Chippewa Nation -across the North and South regions. Health systems applied for the grant jointly with a selected community partner committed to improving data linkage activities between systems or enhancing community links to care activities, such as addressing challenges to breast cancer screening.
- [Blue Cross Blue Shield of New Mexico](#) recently partnered with regional Cancer Support staff in the South to create a marketing campaign for Get Screened that would be inclusive of the Navajo Nation, in which cancer is often diagnosed at a later stage. With a lens on language equity and uplifting native culture, billboards were created in Dine (Navajo dialect) to carry the impactful screening reminder to rural catchment areas and large Navajo communities across the state.
- [The Alaskan Native Tribal Health Consortium](#) has been a longtime partner with ACS' Alaska Advisory Board. In 2021, the two organizations partnered at the Alaska Federation of Natives Convention to share [a 50-year study on the impact of cancer on Alaska Natives](#) along with a call to action to save Alaska Native lives.
- The [American Indian Cancer Foundation \(AICAF\)](#) recently partnered with North Region cancer support staff to create a brief video message in honor of Indigenous Cancer Survivors. The video message highlighted key ways the health care team can support tribal members including the importance of building relationships by honoring Indigenous values and histories and collaborating to ensure integration of care happens across the health system. The video was shared by both partners via social media platforms to raise awareness and celebrate Indigenous life in June.

PARTNERSHIPS

- ACS' Diversity, Equity, and Inclusion Team is actively working towards engaging AI/AN partners as part of the organizational strategy to advance health equity. Most recent internal activities include development of an [Indigenous People's Day Resource Guide](#) for staff and volunteers and a webinar featuring AI/AN health expert and former ACS Board Member [Dr. Donald Warne](#). Future activities include formation of a AI/AN advisory group around engagement strategy and transcreation of the Health Equity Ambassadors program for AI/AN communities.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to end cancer as we know it, for everyone. Most importantly, if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with cervical cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way. It will take all of us working together to do this.

For more information, please visit:

[Fightcancer.org/healthdisparities](https://fightcancer.org/healthdisparities) and [Cancer.org/healthequity](https://cancer.org/healthequity)

WORKS CITED AND ADDITIONAL FOOTNOTES

1. American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022.
2. PRCDA stands for Purchased/Referred Care Delivery Area and is a county or counties that contain federally recognized tribal lands or are adjacent to tribal lands.
3. ACS recognizes that there is a distinction between traditional, medicinal, or ceremonial tobacco use by Indigenous people and commercial tobacco use. To better understand this topic, we recommend the following resources: <https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/> and https://keepitsacred.itcmi.org/wp-content/uploads/sites/5/2015/06/NNN-Fact-Sheet_072115.pdf
4. Tobacco Use in Racial and Ethnic Populations. American Lung Association. Updated October 14, 2020. Accessed November 4, 2022. <https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/tobacco-use-racial-and-ethnic>
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The Facts on Our Fight: Cervical Cancer Disparities

Cancer affects everyone, but it doesn't affect everyone equally.

Certain groups of people are disproportionately burdened by cancer and experience greater obstacles to prevention, screening, early detection, treatment, and survival, because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low-quality education and housing, and limited access to the healthcare system, high-quality health care, and insurance coverage.

Cervical cancer is almost entirely preventable, yet thousands of women in the US and hundreds of thousands of women around the world continue to get cervical cancer. The lack of [organized cancer screening](#) in the US has led to a higher burden of cervical cancer in subpopulations of people, particularly those living in low-resourced, medically underserved regions. Invasive cervical cancer is thus strongly linked to socioeconomic, geographic, and/or racial and ethnic disparities. Annual rates of cervical cancer incidence and mortality in these populations are several-fold higher than rates in the general US population and are like rates observed in some lower-income countries.¹

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.



In the U.S., research has shown that:

Approximately half of the cervical cancers diagnosed in the U.S. are in women who were never screened, and an additional 10% of cancers occur among women not screened within the past five years.^{2,3}

Non-Hispanic Black women, after controlling for age, stage, histology, and initial treatment type, are 80% more likely to die and have a 30% higher incidence rate than non-Hispanic White women.⁴

Other US groups that experience cervical cancer incidence and mortality higher than the population average include: Hispanics and Latinas living along the US-Mexico border areas⁵; White (non-Hispanic) women living in Appalachia⁶, rural New York State, and northern New England; American Indian women living in the Northern Plains and Alaskan Natives⁷; and Vietnamese Americans⁸. These populations are subject to limited resources and poor access to health care, which is further exacerbated by social and cultural barriers.

While there are no large-scale data sets that address LGBTQ+ incidence and mortality from cervical cancer, lesbian and bisexual women and gender-nonconforming persons are less likely than straight or cis-gender persons to be screened for cervical cancer. Anatomy-specific screening is needed for this population.^{9,10}

What also contributes to these disparities?

Bias and discrimination in health care and in every other aspect of society, contribute to poor health for many racial, ethnic, and gender-nonconforming groups, including people with cervical cancer.¹¹

Here are ways ACS and ACS CAN are addressing cervical cancer disparities and advancing health equity.

PATIENT SUPPORTS AND SERVICES

- In response to President Biden's relaunch of the [Cancer Moonshot](#), and the [2022 President's Cancer Panel Report on Closing Gaps in Cancer Screening](#), ACS enthusiastically accepted the charge to launch the ACS [National Roundtable on Cervical Cancer \(NRTCC\)](#) by the end of 2022. Notably, the report not only calls for a national cervical cancer roundtable but also prioritized equitable access to the prevention, screening/early detection, and diagnosis of cancer, with a strong focus on health equity. The President's Cancer Panel further recommended that the FDA prioritize review of HPV self-sampling (i.e., at-home testing) to ensure its availability as soon as possible. The NRTCC is a coordinated effort that will accelerate the elimination of cervical cancer by addressing health disparities in unscreened and under-screened individuals. ACS is the backbone of the NRTCC, providing leadership, staff support, infrastructure, planning, and project management that engages thought leaders in coordinated action planning. Utilizing the [Collective Impact Model](#) and the [ACS Health Equity Principles](#), roundtable member organizations will further implement policies and practices that contribute to shared goals and positively impact the experience of patients and their families.
- The ACS [National HPV Vaccination Roundtable](#) is a coalition of public, private, and voluntary organizations with expertise relevant to increasing HPV vaccination rates in the US as a way to reduce illness and death from HPV cancers including cervical cancer, through coordinated leadership and strategic planning.
- Community health centers, safety net hospitals, and other health systems receive grants and technical support through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) program, [a partnership with the National Football League](#), to help people disproportionately impacted by cancer access life-saving cancer screenings. Since 2011, the program has provided 400,000 low or no-cost breast, cervical, lung, and colorectal cancer screenings.
- In addition to global efforts to address cervical cancer elimination, ACS' global prevention team provides grant funding and technical assistance to partners in low- and middle-income countries (LMICs). The initiative collaborates with local cancer organizations to lead
 - collaborative programs with partners in ministries of health, health systems, and medical societies to increase the uptake of HPV vaccine and normalize HPV vaccine for cervical cancer prevention. To spotlight the experiences of women in LMICs and to communicate the impact of cervical cancer, ACS partnered with [TogetHERforhealth](#), an NGO committed to leveraging global connections to address cervical cancer in low-resource settings. ACS launched [Faces of Hope](#), a virtual space where cervical cancer survivors, providers, and policymakers share their stories highlighting the urgency of addressing cervical cancer and the tragedy of women dying from a disease that is preventable.
 - HPV, or Human Papillomavirus, is a common virus that can cause 6 types of cancer, including cervical cancer. While there is no treatment for HPV, there is a vaccine that can prevent it. ACS' [Mission: HPV Cancer Free](#) is a public health initiative to eliminate vaccine preventable HPV cancers as a public health problem. Their goal is to reach an annual vaccination rate of 80% of 13-year-olds in the United States by 2026.
 - ACS has a 60-year commitment and leadership to global cancer prevention and treatment efforts. In 2007, ACS co-founded the Cervical Cancer Action: A Global Coalition to Stop Cervical Cancer (CCA) that is now known as CCAE ([Cervical Cancer Action for Elimination](#)) to expedite the global availability, affordability, and accessibility of cervical cancer prevention technologies. ACS currently serves as the co-chair of CCAE along with [Cancer Research UK](#). In 2020, ACS issued a public statement to affirm our commitment to work towards a reduction in the global burden of HPV disease and the elimination of cervical cancer.
 - The [24/7 Cancer Helpline](#) provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear, with translation support for people who speak languages other than English available 24/7.
 - The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.

Here are ways ACS and ACS CAN are addressing cervical cancer disparities and advancing health equity.

PATIENT SUPPORTS AND SERVICES, CONT.

- [Reach to Recovery](#)® volunteers provide one-on-one support to help people facing breast cancer cope with a diagnosis, treatment, side effects, and more.
- [HopeLodge](#) offers people receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in a city away from home.

ADVOCACY

ACS CAN is advocating for public policies to reduce disparities and improve health outcomes at all levels of government, including:

- Supporting the Centers for Disease Control and Prevention (CDC)'s [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#), which provides community-based breast and cervical cancer screenings to women who are uninsured and underserved.
- Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- Supporting policies that ensure people of color with cancer are enrolled in clinical trials. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.

DISCOVERY

- ACS is funding 65 health disparities research grants, reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.
- ACS researchers publish papers that are used to inform and support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.
- ACS' Diversity in Cancer Research (DICR) Program is led by the [Extramural Discovery Sciences](#) team. The DICR program aims to improve diversity and inclusion in the cancer workforce by increasing the number of under-represented minorities (URM) trained as cancer researchers.
- ACS' [Cancer Facts & Figures 2022 and Cancer Prevention & Early Detection Facts & Figures 2021-2022](#) provide updated cancer information, including statistics on cancer occurrence, utilization of preventative care, screening, and risk factors, as well as information about prevention, early detection, and treatment.

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For more information, please visit:

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