Lifting the Unequal Burden of Cancer on Minorities and the Underserved
NCI Develops Strategic Plan to Reduce Cancer-Related Health Disparities

By Houkje Ross
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The National Cancer Institute (NCI) recently unveiled a major new effort to identify and address the underlying causes of cancer-related disease and disability in racial and ethnic minority and underserved communities throughout the country. As part of this effort, NCI appointed renowned cancer researcher Harold P. Freeman, MD, as associate director for reducing health disparities. Dr. Freeman will ensure implementation of a strategic plan, released in May 2000, which aims to improve efforts to understand and reduce the cancer disparities seen in many minority and underserved populations.

“Addressing the unequal burden of cancer has never been more important,” said NCI Director Richard Klausner, MD, in announcing the Freeman appointment. National data and reports from the Institute of Medicine (IOM), NCI, and other sources document the extent of the problem.

This year, the American Cancer Society (ACS) estimates that over 1.2 million cases of cancer will be diagnosed. The disease is now the second leading cause of death among Americans and is expected to creep up to number one, according to NCI. Many racial and ethnic minorities, and other medically underserved groups are more vulnerable to the disease, and some forms of cancer are seen at much higher rates in these populations.

For example, although the rate of breast cancer in African Americans is not as high as in white women, African American women are more likely to die from the disease once it is detected. Hispanic and Vietnamese women have some of the highest rates of cervical cancer, while many American Indians experience the lowest survival rates of any other population.

Some disparities can be explained by late diagnosis, lifestyle factors, and access to health care. But researchers still need to be asking the right questions when it comes to certain ethnic and minority groups, said Moon Chen, PhD, professor and chair of the College of Medicine and Public Health, Ohio State University. “Like why do smoking rates increase for Asian American women the longer they have been in this country, but the rates go down for Asian American men?” Dr. Chen asked. The NCI strategic plan will help answer these types of questions.

NCI’s plan to improve programs for minorities and the medically underserved

Part of the National Institutes of Health, NCI carries out research on the prevention, detection, treatment, and control of cancer. NCI’s strategic plan to reduce cancer health disparities follows thoughtful review of the IOM report, The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Minorities and the Medically Underserved. The report reviewed programs within NCI that specifically target minorities and other medically underserved groups.

The report made recommendations to NCI as to where the agency could improve its efforts in understanding the causes of health disparities in cancer.

NCI’s response, the Strategic Plan to Reduce Health Disparities, sets objectives in five major areas, including expanding research on the determinants of cancer-related disparities; expanding capacity to define and monitor these disparities; strengthening research on prevention, early detection, treatment and communications; improving research dissemination and collaborations that will translate research into practice; and strengthening professional education and training, and working to increase the numbers of minority scientists.

Some of the specific initiatives included in the NCI plan are:

- Expand the Surveillance, Epidemiology and End Results (SEER) Program. NCI will expand SEER to include populations that are currently underrepresented. These include non-Mexican Hispanics, rural African Americans, and American Indians. If feasible, NCI will also provide technical assistance and training to non-SEER population-based registries.

- Conduct an annual HINTS (Health Information National Trends Survey) to help identify the cancer information seeking strategies and needs of the American public. HINTS will be the first nationally representative longitudinal analysis of the public’s access to and use of health information. The survey will provide a clear picture of both current and emerging trends in cancer information seeking practices, needs, channel utilization, channel preferences, and source preferences.

- Redesign the clinical trials system. NCI will improve its efforts to recruit and retain minorities, underserved populations, and the elderly in clinical trials and tailor its approaches to address linguistic and cultural differences so that interventions developed can be applied to sub-populations.

- Increase collaborations with minority professional organizations. The NCI and the National Medical Association (NMA) have a successful collaboration to increase participation of minority medical professionals in NCI-sponsored clinical trials. NCI will aim to in-crease both the number of NMA physicians involved in the current collaboration and the dialogue with Hispanic, Asian, and other professional groups.

- Strengthen training in minority colleges and universities. NCI will facilitate participation of minority students and faculty of minority schools, support promising young
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minority high school and undergraduate minority students, and attract underrepresented minorities into cancer-related research activities.

- Develop special partnerships. This initiative will model how to best reduce health disparities in underserved communities through research dissemination and diffusion. A partnership program with the ACS and Centers for Disease Control and Prevention (CDC) will focus on community-based needs assessment, and how to set priorities for program implementation based on local needs, intervention evidence, and local resources. Special partnerships will be developed with local and regional public health organizations to help develop the program.

- Other initiatives. NCI has recently developed the Expanded Participation Project and the Special Populations Networks.

Overseeding implementation will be Dr. Freeman, currently chairman of the President’s Cancer Panel, a three member board that reports directly to the President of the United States. Known as one of the first scientists to point out the relationships between race, poverty, and cancer, Dr. Freeman is a past President of the ACS, and for 25 years was director of surgery at New York’s Harlem Hospital before taking his current post as president and CEO and director of surgery at North General Hospital in New York City.

Armin Weinberg, PhD, former chair of the Intercultural Cancer Council (ICC), a multicultural coalition that helped promote the initiation of the IOM study, said he is optimistic about NCI’s plan, especially if the institute does a good job of monitoring it. “NCI has made significant changes in its infrastructure and has taken major steps to be responsive to the IOM report,” said Dr. Weinberg. “The ICC stands ready to work with and give input to NCI on its goals to better understand cancer disparities.”

“We also look forward to working with the CDC, Health Resources and Services Administration, and the Office of Minority Health to improve education, outreach, access, research, and training to help those organizations fulfill their missions while we fulfill ours,” Dr. Weinberg said.

“NCI has taken the IOM report very seriously and we are starting to see benefits from it,” said Dr. Chen.

To obtain the full strategic plan, contact Susan Sieber, director of communications, NCI (301) 443-5946, or view it on Web: http://www.nci.nih.gov/announcements/healthdisprpt.pdf. NCI invites comments on the strategic plan.