An Overview of State Legislative Efforts To Address Cancer Disparities

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Purpose

- To examine the *extent* to which states have passed laws addressing cancer disparities
- To determine the *types* of legislation enacted to address cancer disparities

Cancer Prevention, Screening, and Treatment in Disparities Populations

- Cervical cancer. Highest incidence of cervical cancer overall (1993–2003): Hispanic whites (McDougall et al., 2007).
 - > The variations in screening utilization and socioeconomic status account for the disparity.
 - Women living below the poverty line were more likely to be positive for high-risk HPV (Kahn et al., 2007).
- Colorectal cancer (CRC). African Americans have the highest incidence rates of CRC among all races in the U.S. The high rate may be due to low participation in CRC prevention and control activities (Lawsin et al., 2007).
 - Uninsured individuals were 64% less likely to be screened for CRC than insured individuals (Cairns et al., 2006).

Cancer Prevention, Screening, and Treatment in Disparities Populations

- Breast cancer. African American, Hispanic, Asian, and Native American women were less likely than white women to have received adequate mammography screening. African American women were more likely than white, Asian, and Native American women to have large, advanced-stage, high-grade, and lymph node-positive tumors of the breast (Smith-Bindman et al., 2007).
- Behavioral risk prevention. Studies showed that the prevalence of current smoking (27.8%) and obesity (26.8%) were significantly higher among American Indian/Alaskan Native (AI/AN) women than among all U.S. women (Doshi et al., 2006).

Workforce Diversity and Cultural Competency Training

- Workforce diversity. Ethnic diversity among physicians may be linked to improved access and quality of care for minorities (Price et al., 2005).
 - Physician workforce diversity has not kept pace with the needs of underserved communities (Mitchell et al., 2006; Acosta et al., 2006).
- Cultural competency. Culturally competent cancer care leads to improved therapeutic outcome and may decrease disparities in medical care (Surbone, A., 2006).
 - Culture affects patients' perceptions of disease, disability, and suffering; responses to treatment; and their relationships to individual physicians and to the health care system.

Data Source and Methods

Data Source

- National Cancer Institute's State Cancer Legislative Database (SCLD)
 - ✓ Disparities added as new topic area in September 2007
 - 180 Year-End Status records (statutes as of December 31, 2006) and 93 General Legislation records (2007 bills enacted as of September 30, 2007)

Methods

- > Abstracts of state laws enacted as of September 30, 2007
- > Qualitative content analysis to identify laws addressing cancer disparities
- Search strategy: laws with term *cancer*, its synonym, or language most likely meant to include cancer (e.g., "life threatening disease") in same paragraph as a selected population term, or term *health disparities, health inequities,* etc.

"Disparities Populations"

Race/Ethnicity

- American
 Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Hispanic
- Minorities
- Race/Ethnicity (General)

Socioeconomic

- Low-Income
- Uninsured/Underinsured
- Underserved

Other

- Age-Based (e.g., children, elderly)
- Immigrants
- Not English Proficient
- Rural
- Urban
- Gender

State Laws Addressing Cancer Disparities Research

 Laws addressing cancer disparities research. Recognize the need for accurate data on cancer disparities problems and enact provisions to collect or analyze such data.

• Examples:

- California's Cervical Cancer Community Awareness Campaign must include statistical research on cancer incidence to identify target regions of the state (CAL. HEALTH & SAFETY CODE § 104200).
- Illinois created a Health Data Task Force to use public health data to address racial, ethnic, and other health disparities (20 ILCS. § 2310/2310-367).

States with Laws Addressing Cancer Disparities Research



State Laws Addressing Primary Cancer Prevention in Disparities Populations

 Primary prevention laws. Address the reduction of behavioral or environmental cancer risk factors in populations experiencing cancer disparities (e.g., tobacco use cessation, nutrition, health promotion).

• Examples:

- Arizona designates monies to be used for public education tobacco use reduction programs that are targeted at minors and culturally diverse populations (ARIZ. REV. STAT. ANN. § 36-772).
- A West Virginia law includes a program that aims to prevent oral cancer, particularly in high-risk, underserved populations (W. VA. CODE §§ 16-41-1 to 16-41-7).

States with Laws Addressing Primary Cancer Prevention in Disparities Populations



Number of States with Laws Addressing Screening and Treatment Programs for Disparities Populations



States with Laws Addressing Screening and Treatment Programs for Disparities Populations





State has law(s) addressing only cancer treatment programs in disparities populations (n=6)

Number of States with Screening and Treatment Reimbursement Laws for Disparities Populations by Type of Cancer



States with Laws Addressing Third-Party Reimbursement in Disparities Populations



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State Laws Addressing the Health Sciences Workforce

• Laws that are designed to:

1. Increase the number of minorities and other underrepresented populations in biomedical research, health care, or public health careers (e.g., minority recruitment or retention, school-based outreach, scholarships for underrepresented populations)

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2. Improve the ability of the current biomedical and health workforce to adequately address the health needs of minorities and other medically underserved populations (e.g., training or education for health professionals in a disparities-related competency, incentives to medical providers to practice in underserved areas or populations, curriculum guidelines)

Selected Types of Enacted State Workforce Laws



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States with Laws Addressing Diversification or Ability of the Health Sciences Workforce To Serve Disparities Populations



States Laws Addressing Awareness of Cancer Disparities

- Awareness legislation. Ranges from formal observances to awareness components of larger programs.
- Examples:
 - Alabama designated April 15–21, 2007, as Minority Cancer Awareness Week.
 - Florida established a program that commissioned "recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities...."

States with Laws Addressing Awareness of Cancer Disparities



Number of States with Enacted Cancer Disparities Laws by Type



Number of Enacted State Laws Addressing Specified Disparities Populations



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Conclusions

- Research has demonstrated the need for policy action to address both the symptoms and causes of health inequities.
- Every state (including Washington, D.C.) has recognized the problem by enacting laws addressing:
 - > Access to primary prevention, screening, and treatment
 - > Workforce diversity and training
 - > Research
 - > Public awareness.
- Limitations:
 - SCLD does not monitor state administrative regulations, opinions of Attorneys General, executive orders, court decisions, or local ordinances.
 - Other factors that SCLD does *not* monitor have a profound impact on health, and it is important to include these in any comprehensive effort to address the roots of health inequities (e.g., education policy, zoning and fair housing laws, environmental justice policies, neighborhood safety and violence prevention policies).

NCI's State Cancer Legislative Database

http://www.scld-nci.net

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For additional information

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