

# The Unequal Burden of Breast Cancer

*Plenary Session*

California Breast Cancer  
Research Program

September 10, 2005

Moderator: Robert A. Hiatt

# Purpose

- To present a broad perspective on the unequal burden of breast cancer including its **status in California** and in **different populations** nationally, issues of **access to care** and **environmental** factors and then to discuss tangible ways to address the inequities we observe.

# Panelists

- William Wright, Ph.D. - California's burden
- Lovell Jones, Ph.D. - disparities in difference populations
- Sandra Millon-Underwood, RN, Ph.D. - access to care
- Rachel Morello-Frosch, Ph.D. - environmental factors

# The Concept

- **Unequal burden** refers not just to differences or inequalities, but to **inequities** in the breast cancer burden.
- **Health disparities** are not only differences, but inequities - differences that we perceive as **avoidable** and that require action at a societal level

# Healthy People 2010

An important touchstone for societal action

Goal 1: Increase quality and years of healthy life

Goal 2: Eliminate health disparities

# 'Making Cancer Health Disparities History'

- Trans-DHHS Progress Review Group - 2004 - NCI- sponsored
- 14 recommendations
- 8 have been taken on by DHHS as priorities
- <http://www.chdprg.omhrc.org>

# DHHS Recommendations

1. Budgetary support for evidence-based programs
2. Federal Leadership Council
3. Implement *Unequal Treatment*
4. Peer review panel composition
5. New data collection (e.g., SES)
6. Increase budget for targeted HD research
7. Sustain community networks

# DHHS Recommendations

8. Communities Empowered to Eliminate Disparities
9. Train diverse and culturally competent workforce
10. Tobacco control strategies
11. Ensure access to screening and follow-up services
12. Support 'best practices' and proven interventions to eliminate HD
13. Ensure access to state-of-the-art care
14. Collaborate with private and voluntary agencies

# Making Cancer Health Disparities History

- Do we agree with or can we improve on these recommendations?
- Are there others to pursue?

# California

- Large population with marked diversity in its people
- Advantages from:
  - largest (and best) cancer registry in the world
  - top-ranked universities
  - a large % of the NCI budget
  - an active ACS and other private and voluntary agencies
  - stellar state-based programs (e.g., CBCRP, Comprehensive CC Plan)

We want to ask - How can we  
**act** to reduce the breast  
cancer burden we observe in  
California? What is the  
contribution of **research**?

# NCI Cancer Control Directions and Vision

## 'Megatrends' in 1998

- Dramatic advances in molecular biology & medicine
- Increasing and aging population
- Increased diversity
- Information technology
- New forms of health care delivery

# New Concerns and Contributors to Inequities ?

- Further advances in technology (e.g., genomics, imaging, nanotechnology)
- Disease pandemics (e.g., AIDs, bird flu, TB, malaria)
- International terrorism
- Globalization
- Environmental degradation (e.g., global warming)
- Natural disasters (e.g., New Orleans)
- See September issue Scientific American - *“Crossroads for Planet Earth”*

Your **questions** (cards?) and participation will be welcome.