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.

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

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

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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 piloting-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**

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 UnidosUS - “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.

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

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