



Indiana
Department
of
Health

Chronicle of Indiana Cancer Control

Spotlight

February—National Cancer Prevention Month

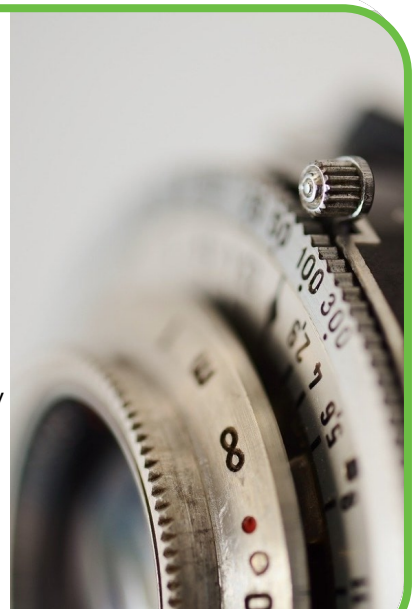
Focus on Equity

Health equity is when everyone has an equal opportunity to be as healthy as possible.

When talking about cancer, equity is when everyone has an equal opportunity to prevent cancer, find it early, and get proper treatment and follow-up after treatment is completed. Everyone deserves to be treated equally, and IDOH works to eliminate cancer disparities to improve the health of **all** Indiana residents.

Unfortunately, many can't make healthy choices because of factors like where they live, their race or ethnicity, their education, their physical or mental abilities, or their income. As a result, they have more health problems than others. These differences in health among groups of people that are linked to social, economic, geographic, or environmental disadvantage are known as *health disparities*.

For example, it's hard to eat healthy food if there are no grocery stores or fresh food markets near where you live or work. If you live in an unsafe neighborhood or there are no sidewalks in your community, it's hard to be physically active.



Social Determinants of Health

The CDC defines the *social determinants of health* as conditions in the places where people live, learn, work, and play. The places where people live, learn, work, and play can affect their chances of getting and dying from cancer.¹



Examples of social determinants of health include a person's ability to access—

- A good education
- Healthy food
- A safe home to live in
- Reliable transportation
- Health care
- Clean water and air

For example, nearly 20% of all U.S. adults with a high school education smoke, but only about 7% of people with a 4-year college degree smoke.²

Having overweight or obesity is linked with a higher risk of getting at least 13 kinds of cancer. Adults living in rural counties are more likely to have obesity than adults in urban counties.²

Not getting screened for cancer as recommended can result in cancer being found at a late stage when it's harder to treat. For some people, it can be hard to get screened as recommended. For example, they may not be able to afford cancer screening tests and lack health insurance. People whose jobs don't provide sick leave, people who live in rural or remote areas, and people without reliable transportation may not be able to go to a doctor's office.²

1. <https://www.pcpcc.org/topic-page/health-disparities>

2. <https://www.cdc.gov/cancer/health-equity/equity.htm#SDOH>

Resources

Indiana Breast and Cervical Cancer Program

The Indiana Breast and Cervical Cancer Program (BCCP) provides access to breast and cervical cancer screenings, diagnostic testing, and treatment for underserved and underinsured women who qualify for services.



The BCCP receives funds from both the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the State of Indiana and serves between 3,000 and 4,000 women annually.

Cancer Screenings

Through the BCCP, female Indiana residents may qualify for free breast and cervical cancer screenings and diagnostic tests. Services provided include:

- Colposcopies (with or without biopsies)
- Liquid-based cytology tests
- High-risk panel HPV testing
- Office visits
- Pelvic exams/tests
- Clinical breast exams (CBEs)
- Mammograms (screening and diagnostic)
- Diagnostic breast ultrasounds
- Breast biopsies
- Consultations

Cancer Treatment

As of 2009, the BCCP is capable of qualifying women diagnosed with breast and cervical cancer for MA-12 (Indiana Medicaid) through its Option 3. The MA-12 remains active during cancer treatment and terminates at its conclusion. Over 100 women received MA-12 through Option 3 in its first year alone.

To learn more about the program in Indiana, call 317-233-7901 or visit health.in.gov and search "BCCP".

Facts and Figures



In Indiana:

- During 2013-2017, the breast cancer incidence rates for African-American and white females were similar, but the mortality rate for African-American females was significantly higher than the rate for white females.³
- From 2008 to 2017, African-American females in Indiana, compared to white females, had a 12 percent higher cervical cancer incidence rate (9.0 versus 8.0 cases per 100,000 females, respectively) and a 21 percent higher mortality rate (3.2 versus 2.6 deaths per 100,000 females, respectively).³
- During 2013-2017, African Americans had a 7.5 percent higher incidence rate (45.8 versus 42.5 cases per 100,000 people) and a 28.4 percent higher mortality rate (15.7 versus 11.8 deaths per 100,000 people, respectively) when compared to whites.³
- Asian-Americans and Pacific Islanders have the highest rates of liver cancer. This is followed by American Indians/Alaska Natives, Hispanics/Latinos, African Americans, and whites.³
- Men, especially African-American men, are more likely to develop lung cancer than women. Furthermore, African-American men are 15 percent more likely to develop lung cancer than their white counterparts.³
- African-American men are 76 percent more likely to develop prostate cancer than any other racial or ethnic group, and they are more than twice as likely to die from the disease compared to white men. However, in Indiana, this disparity between African-American and white males appears to be decreasing.³

3. <https://indianacancer.org/publication/indiana-cancer-facts-and-figures-sixth-edition/>

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers

Indiana Department of Health

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