



## The Facts On Our Fight: Cancer Disparities in Asian, Asian American (AA), Native Hawaiian, and Pacific Islander (NHPI) Communities

### Cancer affects everyone, but it doesn't affect everyone equally.

People who identify as Asian, Asian American (AA), Native Hawaiian, and Other Pacific Islanders (NHPI) are often aggregated but include individuals from many ethnic groups with highly heterogeneous demographic characteristics and cancer risk. Cancer incidence and mortality rates vary by immigration history, origin, nativity, and acculturation, all of which influence the prevalence of cancer risk factors. Additionally, many AA and NHPI people, particularly those with low socioeconomic status (SES), are disproportionately burdened by cancer and experience greater obstacles to cancer prevention, screening, treatment, including lack of health insurance and language barriers. A person's quality of life and cancer outcomes are impacted by where they live, income, access to quality health care and insurance, and access to healthy and affordable foods. These are deeply rooted, long-standing conditions that will take an intentional effort to address for equitable cancer outcomes. Additionally, historical and persistent structural inequities, such as racism and classism, influence the conditions around us that impact a person's ability to prevent, detect, treat, and survive cancer.

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 advocacy affiliate, the [American Cancer Society Cancer Action Network \(ACS CAN\)](#). Health equity means everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.



#### ACS research has shown that:<sup>1</sup>

- Cancer is the leading cause of death in Chinese, Filipino, Korean, and Vietnamese people.
- Compared to non-Hispanic White people, death rates among NHPI people are 30% higher for breast cancer, 75% higher for liver cancer, and 2.5-3.3 times higher death rates for cervical, stomach, and uterine corpus cancers.
- Compared to non-Hispanic White people, death rates among AA people are nearly 40% higher for liver cancer and 2-fold higher for stomach cancer.
- Lung cancer is the leading cause of death in men among every reported AA and NHPI ethnic group.
- The most commonly diagnosed cancer in AA and NHPI men is prostate cancer (as in the overall U.S. male population), with the exception of Chinese, Vietnamese, Laotian, and Chamorro/Guamanian men, among whom lung cancer ranks first, and Korean, Hmong, and Cambodian men, among whom colorectal cancer ranks first.

- Breast cancer is the most commonly diagnosed cancer among women of every AA and NHPI ethnic group, ranging from 17% of all cancers among Hmong women to 44% among Fijian women.
- Only about half of women who are Samoan, Tongan, Laotian, Guamanian, Hmong, or Pakistani are diagnosed with breast cancer at an early stage compared with 2 in 3 White women and 3 in 4 Japanese women.
- Cancer screening is generally lower among AA people compared to the non-Hispanic White population; for example, based on the 2015 and 2018 National Health Interview Survey, up-to-date colorectal cancer screening in individuals 45 years and older was 41% in Asians of unspecified origin, 44% in Asian Indians to 51% in Chinese individuals, compared to 57% in White individuals.



## What also contributes to these disparities?

- **Racial bias and discrimination in health care and every other aspect of society** contribute to poor health for many racial and ethnic groups, including AA and NHPI people.<sup>2</sup>
- Chronic infection with *Helicobacter pylori* is highly endemic in Asian countries, and prevalence patterns mirror stomach (gastric) cancer risk.<sup>3</sup>
- There is persistent, disproportionately low participant representation of AA and NHPI people within federally funded clinical research. Between 1992 and 2018, on average, only 0.17% of the total National Institutes of Health (NIH) budget focused on AA and NHPI participants, including only 0.38% in 2018.<sup>4</sup>
- Chronic infection with the hepatitis B virus (HBV) or hepatitis C virus (HCV) is a strong global risk factor for developing liver cancer and is highly prevalent in Asian countries. Co-factors that increase risk of developing liver cancer among people who are carriers of HBV or HCV include alcohol, tobacco, obesity and diabetes. Unfortunately, more than 50% of at-risk Asian American people do not know their HBV status.<sup>5</sup>

## References:

<sup>1</sup> Cancer Facts & Figures for Asian American, Native Hawaiian & Other Pacific Islander People 2024-2026 Atlanta: American Cancer Society, Inc. 2024.

<sup>2</sup> Tello M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>

<sup>3</sup> Chen YC, Malfertheiner P, Yu HT, et al. Global Prevalence of *Helicobacter pylori* Infection and Incidence of Gastric Cancer Between 1980 and 2022. *Gastroenterology*. Apr 2024;166(4):605-619. doi:10.1053/j.gastro.2023.12.022

<sup>4</sup> Corbie-Smith G, Thomas SB, St George DM. Distrust, race, and research. *Arch Intern Med*. 2002;162: 2458-2463. Doan LN, Takata Y, Sakuma KK, Irvin VL. Trends in Clinical Research Including Asian American, Native Hawaiian, and Pacific Islander Participants Funded by the US National Institutes of Health, 1992 to 2018. *JAMA Netw Open*. 2019;2(7):e197432. doi:10.1001/jamanetworkopen.2019.7432.

<sup>5</sup> McGlynn KA, Petrick JL, El-Serag HB. Epidemiology of Hepatocellular Carcinoma. *Hepatology*. 2021;73 Suppl 1(Suppl 1):4-13. doi:10.1002/hep.31288



# Here are ways ACS and ACS CAN are addressing cancer disparities in AA and NHPI communities and advancing health equity.

## PATIENT SUPPORTS AND SERVICES

- ACS has cancer information in other languages available on cancer.org including Chinese, Korean, Tagalog, and Vietnamese. These documents are intended for AA and NHPI people living in the U.S. who may have a primary language other than English.
- 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, with translation support for people who speak languages other than English available 24/7.
- The [Road to Recovery](#) program provides transportation to and from treatment for people with cancer who do not have a ride or who are unable to drive themselves.
- [Reach to Recovery](#)<sup>®</sup> volunteers provide one-on-one support to help people facing breast cancer cope with a diagnosis, treatment, side effects, and more.
- [Hope Lodge](#) offers people receiving cancer treatments and their caregivers a free place to stay when their best hope for effective treatment may be in a city away from home.
- [The Cancer Survivors Network](#) provides a safe online connection where cancer patients and caregivers can find others with similar experiences. You can participate on discussion boards, join a chat room, and build your own support network.
- [ACS CARES™ \(Community Access to Resources, Education, and Support\)](#) is a new patient and caregiver support program that connects people with quality curated information and one-on-one support.
- The Health Equity Ambassador program trains and empowers AA and NHPI organizations to engage local communities around cancer risk reduction, early detection, and prevention. Ambassadors receive training and ongoing support to effectively provide outreach and education related to breast cancer, colorectal cancer, and prostate cancer prevention and early detection. Training also addresses cancer clinical trials awareness and education. The work of ambassadors aligns with evidence-based strategies to increase breast and colorectal cancer screening rates by providing one-on-one and/or group education. The program started in 2023 to expand partnerships such as with the Philippine Nurses Association that ensure reach into AA and NHPI communities as well.

- American Cancer Society annually convenes cancer centers nationwide for a DEI Summit to share recommendations on latest best practice approaches to address AA and NHPI workforce improvements and community engagement.

## ADVOCACY

ACS CAN is advocating for public policies to reduce disparities and improve health outcomes at all levels of government, including:

- 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 cancer and less likely to receive or complete treatment.
- ACS CAN's [Asian American and Pacific Islander Volunteer Caucus](#) works to enhance, strengthen, and diversify communications, messaging, partnerships, and volunteer recruitment, training, and engagement within their diverse communities.
- Expanding Medicaid coverage in the 10 states that haven't already done so, which can help more than 2 million people in the Medicaid Coverage gap access affordable health insurance.
- Ensuring cancer patients who receive Medicaid have adequate access and coverage without barriers to care like work requirements.
- Working to ensure everyone at risk for or diagnosed with cancer can access patient navigation services, which can help make it easier for people to obtain quality health care.
- Advocating for adequate federal and state funding for the [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#), which provides community-based breast and cervical cancer screenings.
- Supporting [IMPACT](#) by advocating for state and federal policies that remove barriers to prostate cancer screening and treatment.
- Supporting policies that ensure people of color, older adults and people with limited incomes who have cancer are enrolled in clinical trials. Representation is important because clinical trials help ensure that medicines and treatments are safe and effective for people of all backgrounds.

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## ADVOCACY, CONT.

- Encouraging the Food and Drug Administration, states, and cities to end the sale of menthol cigarettes and all other flavored tobacco products to curb the tobacco industry's targeted and predatory marketing of menthol products to people of color, including Native Hawaiian and Pacific Islander people. Seventy-seven percent of Native Hawaiians and 41 percent of Pacific Islander adults smoke menthol cigarettes.
- Urging state and local lawmakers to regularly and significantly increase the price of all tobacco products.
- Advocating that state and local governments oppose and eliminate laws, policies and enforcement practices that target individuals who possess or use tobacco products and instead hold Big tobacco and tobacco retailers accountable for illegal tobacco sales.
- Advocating at the state and federal levels for barrier-free health insurance coverage of and access to culturally relevant and inclusive tobacco cessation services that help individuals quit using tobacco products.
- Advocating for state and local smoke-free workplace laws, including restaurants, bars and gaming facilities, to ensure all people have a fair and just opportunity to breathe smoke-free air and be as healthy as possible.
- In 2023, the ACS Population Science department contributed to a high impact publication in *Nature Communications* titled, "[Combining Asian and European genome-wide association studies of colorectal cancer improves risk prediction across racial and ethnic populations](#)," which uses data from one of ACS's cohort studies, Cancer Prevention Study-II (CPS-II), and other data sources. The analysis focused on polygenic risk scores (PRS) in relation to colorectal cancer; these risk scores can help us understand risk factors for cancer that can guide recommendations for screening. Many polygenic risk scores are limited because they have been based on data from individuals with European ancestry, so there is limited applicability among non-European populations. In this publication, the authors demonstrated that integrating data from individuals with Asian ancestry strengthened the performance of the risk scores. This finding highlights the need for AA and NHPI inclusion and representation in research to ensure that research findings are applicable across racial and ethnic groups.

## PARTNERSHIPS

- [Love Notes Around the World](#) is a multi-cultural, global initiative that brings together communities and corporations surrounding messages of caring, compassion, and connection. The movement was founded by Vivian Chan, who received a Relay For Life card 10 years ago while she was in breast cancer treatment. Love Notes has evolved with strong digital messaging and in print formats (cards, postcards). Through this initiative, ACS has hosted volunteer-led digital showcases that served as empathetic and compassionate responses to major social concerns including Stop Asian Hate and Black Lives Matter.
- [Chinese South Relay For Life](#) in Arcadia, California continues to be one of the remaining Relay for Life events that feature and elevate AA and NHPI communities, led by a number of AANHPI volunteer and community leaders.

## RESEARCH AND DISCOVERY

- ACS is funding 65 health disparities research grants, reflecting \$62 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.
- ACS researchers publish papers that are used to inform and support public health policies, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.
- ACS' Diversity in Cancer Research (DICR) Program is led by the [Extramural Discovery Sciences](#) team. The DICR program aims to improve diversity and inclusion in the cancer workforce by increasing the number of under-represented minorities (URM) trained as cancer researchers.
- The ACS Surveillance and Health Equity Science department launched its inaugural edition of [Cancer Facts & Figures for Asian American, Native Hawaiian, & Other Pacific Islander People](#) on May 1, 2024. This report highlights cancer information for separate ethnic groups within this heterogeneous population, including statistics on cancer occurrence and risk factors, as well as information about screening prevalence.

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## PARTNERSHIPS, CONT.

- A key goal to combat the surge in cancer risk is to raise funds that will more quickly improve health equity and outcomes. American Cancer Society is partnering with the [California Commission on the Status of Women and Girls](#) to direct and guide enhanced resources towards AA and NHPI communities in the Los Angeles area with an initial emphasis on the San Gabriel Valley, centered around an Asian American Pacific Islander Women Health Equity & Empowerment Committee. Beyond ensuring this critical health intervention, efforts will support young Asian American Pacific Islander women with an emphasis on healthy eating and active lifestyles, HPV vaccination, and family support for those facing pediatric cancers.
- ACS is partnering with [Hawai'i Pacific Health](#) through a \$20,000 grant to improve lung cancer screening rates among Asian people, Native Hawaiians, and other Pacific Islanders. Because Hawaii has a low lung cancer screening rate compared to other states, this work will have a meaningful impact on people experiencing screening disparities.
- As a special project bolstering the Health Equity Ambassador program's reach, Bank of America, along with leading public health organizations – the American Heart Association, the American Diabetes Association, ACS, and the University of Michigan School of Public Health – [announced the launch of a signature initiative](#) that continues until 2026 with a purpose to advance health outcomes for Black, Hispanic/Latino, Asian American, and Native American communities. This \$25 million, four-year initiative will initially launch in 11 cities: Albuquerque, N.M.; Atlanta; Charlotte, N.C.; Chicago; Denver; Detroit; Memphis, Tenn.; Philadelphia; San Antonio; St. Louis; and Washington, D.C. As part of this effort, the three organizations are focusing on three key areas in each community: education and capacity building for health systems, partners and patients; increasing access to health screenings and preventive care; and advocating for policies that ensure fair opportunities and resources with state and local leaders. This initiative specifically focuses on the leading causes of death in communities of color – heart disease, cancer, stroke, and diabetes – and improving health outcomes more broadly, including in maternal health, mental wellness, and nutrition.
- [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 women of color who have no insurance or who are underinsured get access to breast cancer screening, timely follow-up of abnormal mammograms, 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.

**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 end cancer as we know it, for everyone. Most importantly, if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of AA and NHPI 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](https://fightcancer.org/healthdisparities) and [Cancer.org/healthequity](https://cancer.org/healthequity)

