



What is the Impact of Cancer on Hispanics in Indiana?

Table 15. Burden of Cancer among Hispanics — Indiana, 2007-2011

	Average number of cases per year (2007-2011)	Rate per 100,000 people* (2007-2011)	Number of cases (2011)	Rate per 100,000 people* (2011)
Indiana Incidence	554	342.3	578	315.1
Indiana Mortality	127	99.7	139	91.9

* Age-adjusted

Source: US Cancer Statistics Working Group. US Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2011. Accessed at wonder.cdc.gov on February 5, 2014.



CANCER FACTS & FIGURES FOR HISPANICS

Bottom Line

Hispanics are the largest, fastest-growing, and youngest minority group in the US and the second largest minority group in Indiana. In 2013, 420,577 Indiana residents (6.4 percent) identified themselves as Hispanic or Latino; up from 3.5 percent in 2000.¹ Hispanics' median age was 24.1 years in 2013 compared to 37.3 years among all Indiana residents. Nationally, about one in two Hispanic males and one in three Hispanic females will be diagnosed with cancer during their lifetime.² Additionally, cancer is the leading cause of death among Hispanics in the US, accounting for 21 percent of deaths overall and 15 percent of deaths among children.²

Cancer Data for Hispanics in Indiana

The Indiana State Cancer Registry (ISCR) collects data on all cancer cases in Indiana to study trends of the disease and assist in the prevention of cancer and the care of patients impacted by it. There are some unique characteristics of the

Hispanic population, and limitations in data collection that impact the ability to describe the burden of cancer for this group. First, while the ISCR does collect data on the ethnicity (Hispanic versus non-Hispanic) of patients, there is potential underreporting of this variable. Additionally, the rapidly changing and increasing Hispanic population tends to be younger and more mobile, thus making them less at risk for developing cancer (age-related) and more difficult to assign to a specific geographic area (mobility-related). Finally, most cancer data in Indiana and the US are reported for Hispanics as an aggregate group, which masks important differences that exist among Hispanic subpopulations according to country of origin. According to the 2013 American Community Survey, 75 percent of the Hispanic population in Indiana was born in Mexico. Because of these factors, the rates and numbers reported for Hispanics in Indiana can vary considerably year-to-year, and the burden of cancer might be slightly higher than is reported.

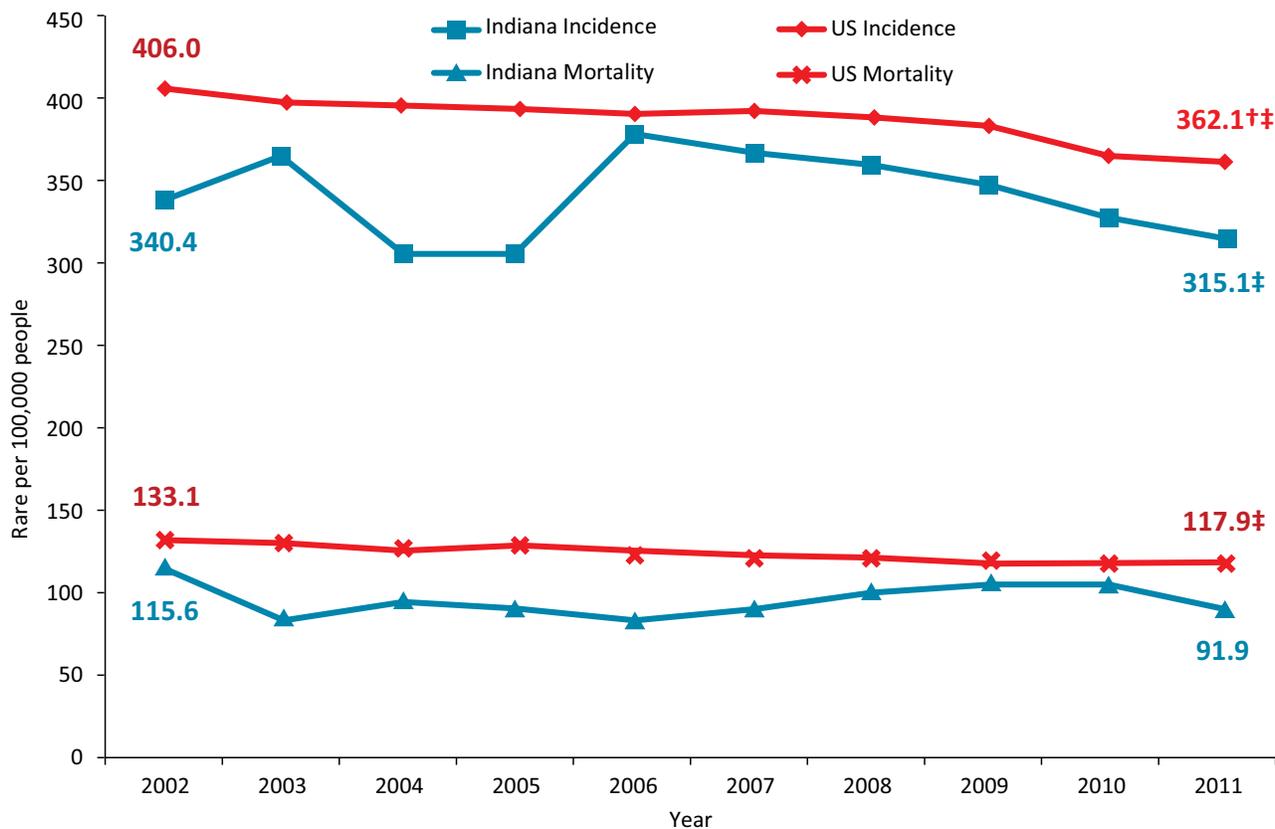
Table 16. Leading Sites of New Cancer Cases and Deaths among Hispanics by Sex — Indiana, 2007–2011

Number (%) of New Cases					
Male	Count	%	Female	Count	%
Prostate	292	23.0%	Breast	391	27.9%
Lung and Bronchus	123	9.7%	Colon and Rectum	133	9.5%
Colon and Rectum	122	9.6%	Thyroid	107	7.6%
Kidney and Renal Pelvis	80	6.3%	Lung and Bronchus	98	7.0%
Non-Hodgkin Lymphoma	63	5.0%	Corpus Uteri	83	5.9%
Urinary Bladder	61	4.8%	Kidney and Renal Pelvis	57	4.1%
Leukemias	55	4.3%	Leukemias	55	3.9%
Liver	46	3.6%	Cervix Uteri	54	3.8%
Stomach	44	3.5%	Ovary	46	3.3%
All Sites	1,270		All Sites	1,402	

Number (%) of Deaths					
Male	Count	%	Female	Count	%
Lung and Bronchus	56	18.5%	Breast	42	14.5%
Prostate	36	10.6%	Lung and Bronchus	37	12.8%
Colon and Rectum	33	8.8%	Colon and Rectum	30	10.3%
Pancreas	31	7.3%	Pancreas	26	9.0%
Liver	25	7.3%	Leukemias	22	7.6%
All Sites	346		All Sites	290	

Source: US Cancer Statistics Working Group. US Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2011. Accessed at wonder.cdc.gov on November 21, 2014.

Figure 33. Cancer Incidence and Mortality (Death) Rates for Hispanics* — Indiana and US, 2002–2011



* Age-adjusted

† US rate is significantly higher ($P < .05$) than the Indiana rate.

‡ Rate is significantly lower than in 2002.

This section uses national and Indiana-specific results reported by the National Program of Cancer Registries, who develops them based on data supplied annually by the ISCR and other state cancer registries.

What Types of Cancer Impact the Hispanic Community the Most?

The cancer burden among Hispanics living in the US is similar to that seen in their countries of origin.² Compared to rates in the US, incidence of breast, colorectal, lung, and prostate cancers are lower in Puerto Rico, Cuba, and Central and South America, whereas incidence rates of cervical, liver, and stomach cancers are higher.³ There is some evidence that descendants of Hispanic migrants have cancer rates that approach those of non-Hispanic whites because of acculturation.⁴⁻⁶ “Acculturation” refers to the process by which immigrants adopt the attitudes, values, customs, beliefs, and behaviors of their new culture. The effects of acculturation are complex and can be associated with both positive and negative influences on health.² Among Hispanic immigrants to the US, these changes might include increases in smoking, obesity, and alcohol intake and decreases in dietary quality and physical activity.⁷ One study found that overall cancer death rates among Hispanics

were 22 percent higher among those who were US-born compared to those who were foreign-born.⁸ Table 16 provides an overview of the leading types of cancer that have impacted Hispanics in Indiana. Overall, cancer was the leading cause of death among Indiana Hispanics from 2008-2012.^{9,10} Lung and bronchus cancer was the most common cause of cancer-related death among Hispanic males and breast cancer was the most common among Hispanic females.¹⁰

What are the Cancer Disparities Relating to Ethnicity?

In Indiana and the US, for all cancers combined, and for the most common cancers (prostate, female breast, colorectal, and lung), incidence and death rates are lower among Hispanics than among non-Hispanic whites.¹¹ Cancers for which national rates are higher among Hispanics include stomach, cervix, liver, acute lymphocytic leukemia, and gallbladder.²

For 2007-2011, the overall cancer incidence rate for Indiana Hispanics was significantly lower than the national rate for Hispanics (342.3 versus 377.7 per 100,000, respectively).¹¹ The cancer mortality rate among all Indiana residents was 190.1 deaths per 100,000 people, while it was 91 percent lower among Hispanic Indiana residents at 99.7 deaths per 100,000

people.¹⁰ Additional information about the impact of specific cancer types among Hispanics in the US and Indiana is provided below.

- **Prostate Cancer.** During 2007–2011, the prostate cancer incidence rate among Hispanics in the US was about 20 percent lower than the rate among non-Hispanic whites.² In Indiana, during 2007–2011, the incidence rate among Hispanics was significantly lower than the national rate (95.1 versus 120.5 cases per 100,000 males, respectively).¹¹ During that same time period, the mortality rate in Indiana was similar to the national rate (17.0 versus 18.5 deaths per 100,000 males, respectively).¹⁰
- **Breast Cancer.** The US breast cancer incidence rate among Hispanic females was 37 percent lower than that among non-Hispanic white females.² It has been estimated that about seven percent of this difference might be explained by more protective reproductive patterns (lower age at first birth and larger number of children) among Hispanic females.^{12,13} It might also reflect less use of menopause hormone replacement therapy and under-diagnosis because of lower utilization of mammography.^{14,15} Recent studies suggest that ethnic variation in genetic factors that influence breast cancer development might also contribute to some of the difference.^{16–18} However, Hispanic females are about 20 percent more likely to die of breast cancer than non-Hispanic white females diagnosed at a similar age and stage.² Differences in access to care and treatment likely contribute to this disparity.²⁰ In Indiana, during 2007–2011, the incidence rate for Hispanics was similar to the national rate for Hispanics (84.2 versus 91.8 cases per 100,000 females, respectively). Additionally, during 2007–2011, the mortality rates were statistically similar (10.9 versus 14.5 deaths per 100,000 females, respectively).
- **Colon and Rectum Cancer.** In the US, colorectal cancer incidence rates for Hispanic males and females are ten percent and 21 percent lower, respectively, than those for non-Hispanic whites.² However, the rates for Hispanics in the US are higher than those for residents of Puerto Rico and Spanish-speaking countries in South and Central America.^{3,19} Colorectal cancer is rare in developing countries but common in affluent countries, where diets tend to be higher in fat, refined carbohydrates, and animal protein, and levels of physical activity are low. In Indiana, during 2007–2011, the incidence rate for Hispanics was similar to the national rate for Hispanics (37.0 versus 37.9 cases per 100,000 people, respectively). Additionally, during 2007–2011, the mortality rates for Indiana were statistically similar to the national rate (10.7 versus 12.4 deaths per 100,000 people, respectively).
- **Lung Cancer.** In the US, the lung cancer rates for Hispanics are about half those for non-Hispanic whites, because of traditionally lower rates of cigarette smoking and because Hispanics who do smoke are less likely to be daily smokers.²

In Indiana, during 2007–2011, the incidence rate for Hispanics was similar to the national rate for Hispanics (34.1 versus 34.3 cases per 100,000 people, respectively). During 2007–2011, the mortality rate in Indiana was also similar to the national rate (10.7 versus 12.4 deaths per 100,000 people).

What are the Indiana and US Trends in Cancer Rates for Hispanics?

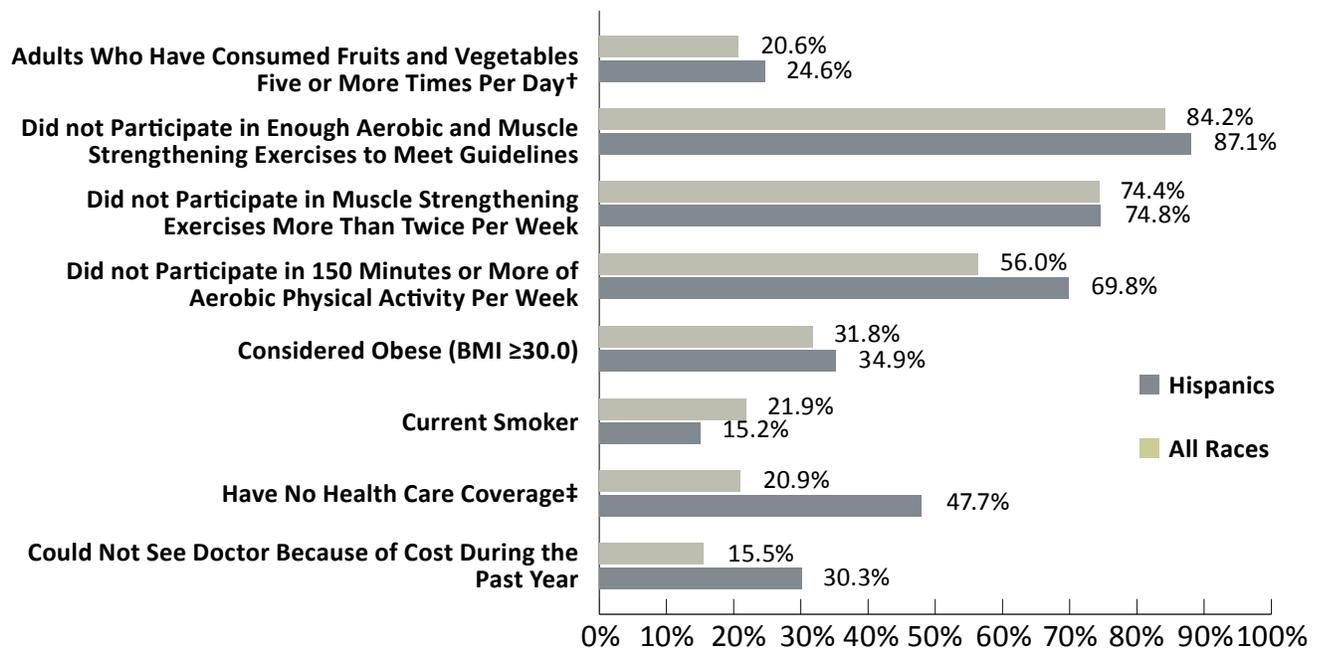
Figure 33 shows how cancer incidence and mortality rates for Hispanics in Indiana and the US have gradually decreased over time. From 2002 to 2011, the incidence rate decreased 33 percent in Indiana and 12.5 percent in the US.^{10,11} From 2002 to 2011, the mortality rate decreased 12.3 percent in Indiana and 12.9 percent in the US. There is no clear explanation for why these rates have decreased, although it is important to note that the demographic characteristics of this population changed considerably during those periods.

Can Cancer Be Prevented? — see the “Take Charge” box for additional information

Figure 34 describes the burden of some lifestyle and external factors for Hispanic adults in Indiana. Additional information about the impact of cancer risk factors on Hispanics in Indiana include:

- **Body Weight, Diet, and Physical Activity.** Scientific evidence suggests that nationally about one-third of cancer deaths are related to overweight or obesity, physical inactivity, and poor nutrition and thus could be prevented.²⁰ During 2013, in Indiana, 34.9 percent of Hispanic adults were considered to be obese based on body mass index (BMI).²¹ Additionally, in 2013, 68.9 percent of Hispanic adults did not get their recommended 30+ minutes of moderate physical activity five or more days per week (or vigorous physical activity for 20+ minutes three or more days per week). In 2009, about 75 percent of Hispanic adults did not eat the recommended daily servings of fruits and vegetables (*i.e.*, 2 cups of fruit and 2½ cups of vegetables per day).²¹
- **Tobacco.** Cigarette smoking is the major risk factor for lung cancer, accounting for about 87 percent and 70 percent of the cases among males and females, respectively.²² Hispanics traditionally have a lower smoking rate than other groups. In 2013, 15.2 percent of adult Hispanics reported being current smokers, significantly lower than the rate of 21.9 percent for all Indiana adults.²¹ While there was no difference in smoking prevalence between Hispanic males and white, non-Hispanic males (21.5 percent versus 23.5 percent, respectively), Hispanic females were less likely to be current smokers than white, non-Hispanic females (9.1 percent versus 20.7 percent, respectively).
- **Health Care Coverage.** Hispanics are less likely to have health insurance than any other racial or ethnic group,

Figure 34. Preventive Cancer Behaviors and Access to Medical Care for Hispanic Adults* — Indiana, 2013



* Data from 2013

† Data from 2009

‡ Adults ages 18–64

Note: Adults are ages 18 years and older

Source: Indiana Behavioral Risk Factor Surveillance System

partially because they are much more likely than whites to work in agriculture, construction, domestic and food services, and other low-wage occupations, which are less likely to offer employer-based health insurance benefits.²³ If health coverage is available, it might not be widely affordable. In 2013, in Indiana, Hispanic adults were twice as likely as the total adult prevalence to not see a doctor during the year because of cost (30.3 percent versus 15.5 percent, respectively).²¹ In 2013, Indiana Hispanics ages 18–64, were over two times more likely than adults ages 18–64 overall to not have health insurance (47.7 percent versus 20.9 percent, respectively).²¹

Can Cancer Be Detected Early?

Early detection tests can lead to the prevention of cancer through the identification and removal of precancerous lesions. Screening can detect cancer at an earlier stage, which can reduce the extent of treatment, improve the chances of cure, extend life, and thereby improve the quality of life for cancer survivors. The percentage of Hispanic females having a cervical cancer screening (Pap test) within the past three years was similar to the overall female prevalence (71.0 percent versus 73.2 percent, respectively).²¹

What Factors Influence Cancer Survival?

In general, the further a cancer has spread, the less likely that treatment will be effective. Although Hispanics have lower incidence and death rates than non-Hispanic whites for the most common cancers, they are more likely to be diagnosed with a more advanced stage of disease. Overall, the lifetime probability of dying from cancer among Hispanics is 1 in 5 for males and about 1 in 6 for females.²

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TAKE CHARGE!

What You Can Do to Help Prevent Cancer and Improve Care for Hispanics

- Maintain a healthy body weight.
- Increase physical activity levels.
- Eat the recommended daily servings of fruits and vegetables.
- Be smoke-free — Visit www.in.gov/quitline for free smoking cessation assistance.
- Identify a primary health care provider and regularly talk about your cancer screening options.
- Seek treatment early and avoid delaying follow-up care if you are diagnosed with cancer.
- Encourage health care providers to identify ways to be able to clearly communicate health information for people with limited English proficiency in their primary language and to be culturally competent (*i.e.*, respectful and responsive to cultural beliefs that influence the health practices of racial and ethnic minority patients).
- Work to decrease the disparities in socioeconomic factors such as employment, income, and insurance status, which influence health behaviors and outcomes.
- Health care providers are encouraged to ask Hispanic patients about their life, encourage them to ask questions, take seriously the responsibility and respect conferred on the provider, and involve family members.²