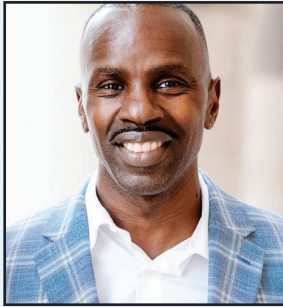


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CARLOS T. CARTER

Disparities in cancer pain care

by Carlos T. Carter,
President & CEO,
Urban League of Greater Pittsburgh

This month's focus is on disparities in pain care for cancer patients. This subject is especially important and personal for Carlos.

CARLOS: I'm glad we are talking about this subject. It is so important to bring awareness to it. My father had cancer, twice. He survived colon cancer in his 30s and passed away from lung cancer in his late 50s. It was difficult watching him suffer, but I went to all of his appointments with him to support him and to help advocate for him and with him. When you lose someone close to you, life changes; there's a gap in your life that you cannot fill. Cancer has impacted my family in a number of ways. I've lost a lot of cousins to cancer as well.

What are the factors that increase disparities in cancer for Blacks?

CARLOS: There are many factors. We know that one way that individuals can take charge of their health is to simply live a healthy lifestyle. For many Black people, having access to something as important as healthy food is a struggle. We've talked about the food deserts in Pittsburgh many times through this health page and in other ways. Some residents are so isolated and cut off that their only way to get healthy food is to take multiple buses across town. The same can be said about testing centers for preventative care. Just by the nature of jobs that Black people hold, the lack of flexibility to be able to leave work in the middle of the day to go to a doctor's appointment is not an option. We also must make conscious decisions about our health. When we do have access, we need to make the best choices for our health.

How does racism influence whether Black patients receive pain medication?

CARLOS: Unfortunately, I think it has a lot to do with stereotyping and bias. There's an ugly stereotype out there that Black people abuse drugs. Doctors may feel reluctant to prescribe opioids based on that bias.

What can we do as a community and as an individual patient to push for change?

CARLOS: We need to be aware that there are biases around prescribing Black people pain medication. Black people need to be better advocates for their own health. We need to elevate our voices, speak up, know and understand what is happening with our bodies. We need more Black doctors—people that look like us and understand what Black people are going through—and practice medicine with that empathy.

We need to promote diversity in health careers and start at young ages bringing Black doctors into Black communities. We need to help children see the value of being a doctor and see doctors that look like them. We need to be more encouraging of pursuing health careers.

On the system-level, there needs to be more training and accountability for doctors regarding disparities and bias as it relates to prescribing pain medicine.

Having access to affordable healthcare and living a healthy lifestyle is so important. We all must do our part to ensure that we break down and remove barriers to care.



GIVING EMOTIONAL SUPPORT—Mother with cancer and daughter sit together at home. Getty Images stock photo.

Understanding—and combating—cancer inequity in the Black community

According to the American Cancer Society, Black Americans undergo more illness, worse outcomes, and premature death than Whites. For cancer prevention, detection, treatment, and survival, Black Americans suffer significantly more than White individuals.

Black Americans experience the highest death rate and shortest survival for most cancers.

Black men have the highest cancer death rate of any racial/ethnic group—24% higher than White men.

Black women have higher death rates from cancer—42% higher than White women.

These statistics are grim for many reasons that range from deep, historical, and well-founded mistrust in the medical community and problems with access to care.

For example, early cancer screenings are important for finding breast, colorectal, and prostate cancers. If these cancers are treated early, Black people have a better survival rate.

But screening centers aren't located in or near Black neighborhoods, and they're not open after normal business hours. Visiting them can be a hassle.

For instance, to get a mammogram, a Black woman must miss work, take a bus, and maybe find someone to care for her kids or an aging family member while she's gone.

Hardest of all for low-income Black people is lack of insurance. According to the

National Cancer Institute, less than 40% of uninsured women aged 50-74 had a mammogram in the past two years compared with 75% of insured women.

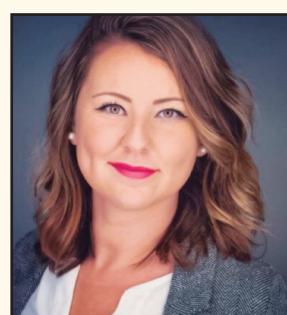
Where Black Americans live is a factor, too. In low-income neighborhoods, people are more likely to be exposed to asbestos, lead paint, and air pollution, which may increase the risk of cancer.

Black people also have fewer resources that support a healthy lifestyle. That includes, community centers for exercising, safe places to walk, or nearby grocery stores or farmers' markets to purchase affordable fresh food.

Then there are research inequities. Black people are underrepresented in clinical trials compared to other racial/ethnic groups. According to the Annals of Internal Medicine, less than 8% of participants in cancer treatment clinical trials are Black.

That means that doctors may not have as deep an understanding of how cancer cells behave in Black women versus other groups of women, for example. Findings from mostly white cancer patients are applied to every woman, regardless of race/ethnicity.

Systemic racism and abuse by medical people have created distrust in the Black community. In a recent poll by the Kaiser Family Foundation, 70% of Black Americans say they're treated unfairly by the health care system and 55% percent say they dis-



DR. HAILEY BULLS

trust it.

Together with that distrust is the lack of doctor diversity. A National Bureau of Economic Research study found that Black men treated by Black doctors agreed to more, and more invasive, preventive services than Black men seen by nonblack doctors. Why? If the doctor looks like you, there's a greater chance for deeper connection.

That connection is important to Black people's health.

"Communication and trust in your doctor can be critical to successful cancer treatment," says Dr. Hailey Bulls, Assistant Professor of Medicine in Pitt's Palliative Research Center.

"The goal is to create a cancer care plan that's specific to the person being treated," she explains. "The plan must value the individual's experience and include teamwork between the doctor and the patient. When this happens, the patient gets the best type of treatment."

Dr. Bulls studies disparities in cancer pain management. Her work seeks to understand how racial

biases and negative stereotypes result in less access to pain medicine. Stigma around prescription opioids, or "opioid stigma" includes addiction fears, difficulty filling and paying for prescriptions, and the uncomfortable feeling people have discussing pain with a doctor. "We think these challenges are even more common in underserved communities, where we know there are stark racial disparities in successful pain management," she says. "We are working on ways to help narrow that gap."

Dr. Bulls continues, "Maybe you feel the doctor won't take your pain seriously because you're a Black woman. Or (s)he won't consider prescribing opioids because you're a young, Black man. When you feel you're being judged, you don't ask about options, and you don't get relief from your pain."

There are many layers to opioid stigma, and Dr. Bulls' team is currently working on ways to help clinicians and patients address stigmatizing experiences in the clinic. One step that can help is to make yourself heard and understood. "As a patient with cancer, you may not be able to choose your cancer doctor because of your insurance or where you live," Dr. Bulls says. "However, you DO have a choice about how you communicate with that person and your entire medical care team."

It's crucial that Black patients feel confident and free to share what they

know about their own health. "Think of your oncologist as the cancer expert and YOU as the expert on you," Dr. Bulls explains. "The doctor knows how to treat cancer, but YOU know your pain level and what you need in terms of well-being and support. Bringing those two areas of expertise together can help make sure you're on the same page with your care team."

Dr. Bulls recommends that patients freely offer information about their experiences, ask questions, and have conversations about ALL that's happening. "What are you feeling physically, emotionally, spiritually? What's working for you with your treatment? What's not working? What do you need at every stage of your healthcare journey?"

"I strongly believe the majority of doctors and nurses want to help people," Dr. Bulls states. "Make sure you vocalize what YOU need. Consider writing down your questions and concerns between appointments and bring that list in during your appointments to help you remember what you want to cover. If that's not something you're comfortable doing, take along a trusted friend or family member who DOES feel comfortable advocating on your behalf."

When it comes to cancer care, receiving the best possible treatment that's specific to you is your right as a patient—no matter what your race/ethnicity.

Three steps to prevent or beat cancer

Get screened regularly

The most common types of cancer for Black Americans are breast cancer in women, prostate cancer in men, and lung and colorectal cancer in both groups. These cancers can be detected early—and often treated successfully—by getting regular, routine screenings.

Mobile screening services are available in Pittsburgh that bring care to underserved communities. You can find out more about them by visiting the web sites below or by searching "Free or low-cost cancer screenings near me" on your cell phone or a computer.

Allegheny Health Network (AHN) free cancer screenings:

<https://www.ahn.org/lp/cancer-screening-agh>

PA Department of Health Early Detection Program

<https://www.health.pa.gov/topics/programs/Pages/PABreastandCervicalCancerEarlyDetectionProgram.aspx>

Good Rx

<https://www.goodrx.com/conditions/cancer/free-cancer-screening>

Prevent Cancer Foundation

<https://www.prevent-cancer.org/education/free-and-low-cost-cancer-screenings/>

University of Pittsburgh Medical Center (UPMC)

<https://www.upmc.com/services/south-central-pa/imaging/mammography/free-screenings>

Please don't let the fear of bad news stop you from being screened! If you have cancer symptoms,

such as a lump in your breast, trouble urinating, or having a cough most of the time, make an appointment as soon as possible.

Live More Healthfully Diet & Exercise

Small lifestyle changes can have a big impact on your health. For example, if you're overweight, lose 10 pounds slowly by reading food labels and choosing items that are low in added sugar and fat and high in protein. If there's a safe place for you to walk, take a leisurely stroll for 10 minutes a day with a goal of working up to 30 minutes a day, five days a week.

Nicotine

Don't smoke, vape, or chew tobacco. If you already use, try to lower your intake with a goal

of quitting. Many companies offer smoking-cessation programs to their employees through wellness plans. If you have insurance, contact a plan representative, and ask if there's a program that's offered at no or low cost. If you've tried a program and it didn't work, keep trying. Don't get discouraged! It often takes multiple attempts before people are successful.

Alcohol

Limit how much alcohol you drink. Current guidelines from the American Cancer Society recommend no alcohol consumption, but if you do choose to drink, don't consume more than one drink per day if you're a woman and two drinks per day if you're a man. For instance, one 12-oz

beer or one 5-oz glass of wine.

Share your story!

If you're a cancer survivor, talk about it with others as a way of informing and encouraging them to be proactive about their health.

If you've lost a loved one to cancer, tell that story as well—in honor of the person's memory and as good information.

The word "cancer" continues to be one of the scariest words in the human language. You can make it less scary by talking about your experiences from a place of love and concern. And, if you're an elder in the community, your words and example can be especially powerful to younger people.