

CANCER MORBIDITY AND MORTALITY AMONG AFRICAN AMERICAN WOMEN

ADDRESSING CANCER MORBIDITY AND MORTALITY AMONG AFRICAN
AMERICAN WOMEN

BY

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Abstract

African American women have been challenged with multiple barriers to social determinants of health that continue to persist within the healthcare sector. The healthcare resources and services provided to African American women are rendered with lesser quality than their racial counterparts which provoked their high mortality rates of cancer that have increased over the years. The negative trends within the social determinants of health were identified throughout the research. In answering the research question, the study process involved using a secondary research approach that synthesized both qualitative and quantitative data. For the primary data, the population that selected for the study were African American women diagnosed with cancer in the United States between the ages of 18 and 64 years old. This study aimed to identify barriers within the domains of the social determinants of health in an effort to establish a non-profit value-based oncology treatment center in African American communities to address the racial disparity.

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Section 1: Introduction

Due to various experiences of institutional and structural racism, African Americans have maintained less prosperity and disproportionate life expectancy than other ethnic groups (Centers for Disease Control and Prevention, 2022). Structural racism has negatively impacted their economic stability, education access and quality, healthcare accessibility and quality, their neighborhood and built environment, as well as their social and community context, which are all domains within the social determinants of health (Centers for Disease Control and Prevention, 2022). Throughout the history of the United States, institutional and structural racism has led to the evolvment of ongoing oppression, violence, and dehumanization that is still present today among African Americans (Tucker-Seeley, 2021). African Americans continue to face adversity within social, educational, economic, and healthcare resources that reflect the existence of socioeconomic disparities among the African American female population (Centers for Disease Control and Prevention, 2022). The adversity trickles down to morbidity and mortality of several illnesses, including cancer.

Cancer affects millions of people globally. One major factor that greatly enhances cancer mortality among African Americans is a timely cancer treatment and high-quality cancer care services, which seems to be a major challenge among African American women. This has majorly been caused by low income among the population, among other related factors (TuckerSeeley, 2021). Recent studies have shown African American women still face major challenges of healthcare inequality, which seems to affect their access to service delivery and health literacy (Anderson et al., 2019; Chinn et al., 2021; Cohen et al., 2022; Husain et. al., 2019 & Maness et al., 2022). This research explored the impact of health inequity on cancer treatment, by focusing on the prevalence of cancer morbidity and mortality among African American women. The study also

examined the discriminatory barriers and disparities within the social determinants of health domains and analyzed the current landscape of oncology centers. By investigating these factors, this research sheds light on the challenges faced by African American women in accessing quality cancer care and developed evidence-based recommendations to improve their health outcomes.

Cancer Morbidity and Mortality in African Americans

African Americans continue to face a higher level of obstacles in cancer prevention services related to treatment, detection, and survival, which enforces their high mortality rates of cancer when compared to other ethnicities (Mitchell et al., 2022). When African Americans are compared to non-Hispanic whites, they are diagnosed with cancer at later stages, have lower cancer survival rates, and have low rates of accessing care in a timely manner (Mitchell et al., 2022). It is estimated that in 2023, 73,630 African Americans women will die from cancer out of approximately 224,080 new cases (Mitchell et al., 2022).

Cancer Morbidity and Mortality in African American women

Recent studies have reported that African American women with breast cancer have a 40% higher death rate as compared to women of other racial backgrounds (DeSantis et al., 2019; Mitchell et al., 2022; Anderson et al., 2019; Chinn et al., 2019). African American women are twice as likely to die from uterine cancer as compared to other racial groups (Clarke et al., 2022); their survival rate for ovarian cancer is much lower than white non-Hispanic women (Schildkraut et al., 2019); they maintain high incidence and mortality rates of cervical cancer than compared to women (Gopalani et al. 2020); and they are also more likely to die from endometrial cancer than women (Clarke et al., 2022).

The high cancer morbidity and mortality rate among African American women is a cause for concern. African American women have high rates of late breast cancer diagnosis compared to white non-Hispanic women (Rebner et al., 2020). African American women also have a 23% higher incidence rate of being diagnosed with cancer under age 50, in which a large number of them do not seek test screenings and counseling services, which places them at an even higher risk of being diagnosed with other cancers at a later stage (Rebner et al., 2020). Screening patients for social needs relating to their health is overwhelmingly different from screening patients based solely on their health condition. Therefore, as the public health sector continues to evolve, cancer centers should implement necessary screenings for cancer services and should include diverse tools that encompass the social determinants of health (Jou et al., 2021). There is an intensified awareness concerning that the barriers within the social determinants of health are at the center of health inequities, which supports the reason why all cancer care and treatment organizations should implement screening tools that pertain to each social determinant of health (Jou et al., 2021). Targeted interventions are necessary to not only increase cancer screenings but to also improve access to counseling services. Additionally, it is crucial to identify the underlying factors that contribute to the disparities in cancer outcomes among African American women.

Social Determinants of Health as A Major Influence of Cancer Mortality

Social determinants of health (SDOH) refer to the conditions in which people are born, live, work, and age that affects their health and well-being (Tucker-Seeley, 2021). Cancer disparities among African American women have been attributed to various social determinants of health. Low levels of education or lack of insurance coverage have been associated with lower utilization of cancer screenings among African American women. Breast cancer mortality rates among African American women with less than 12 years of education were 25% higher when compared to white non-Hispanic women, while those who attained more than 16 years of education

had 70% higher mortality rates. According to Chinn et al. (2021), healthcare providers' unintentional or intentional bias toward a patient's race may lead to inadequate cancer treatment. African Americans have reported feeling discriminated against within various healthcare facilities and health organizations.

Socioeconomic challenges play a vital role in cancer survival among African American women, with poverty rates in African American communities being two times higher than those in white non-Hispanic communities. Low-income households with African American women are frequently limited or restricted to radiology centers that may not have breast imaging specialists, generating varying treatment patterns in cancer care (Olivet et al., 2021). That increases the likelihood of African American women being diagnosed with cancer at a later stage, which decreases their chances of survival. Generally, social determinants of health play a significant role in the disparities in cancer morbidity and mortality among African American women. Addressing these disparities will require a multifaceted approach, which includes improving access to healthcare, reducing discrimination in healthcare facilities, and addressing the structural and economic factors that contribute to poor health outcomes.

Landscape of Oncology Centers: Fee-For-Service vs. Value-Based

Many oncology centers have implemented the fee-for-service payment model into their provision of care. The disadvantage within the fee-for-service payment model is that it does not provide physicians with the necessary accountability for the quality of care rendered to patients. The Fee-for-service model focuses on the volume of patients rather than emphasizing the importance of quality healthcare delivery (Tummalapalli et al., 2022). Addressing the high expenditures and barriers within quality care and treatment will require a payment model that incorporates cost-efficient treatment and care coordination tailored towards disease management (Tummalapalli et al., 2022).

Value-based health care focuses on accomplishing the goals from the Institute for Healthcare Improvement, which include decreasing the per capita cost of healthcare, improving population health, and improving the patient experience in clinical settings (Teisberg, et al., 2020). The design of value-based health care utilizes hospitalization rates, complications, and cancer survival rates to analyze a multidimensional cycle of care to determine each cancer patient's quality of life (Egdom, et al. 2019). It measures the delivery of quality cancer care by focusing on the value of cancer services and cancer treatment versus the volume of patients receiving the care (Egdom, et al. 2019). Value-based health care is based on the concept that population health can improve when individual health outcomes improve (Teisberg, et al., 2020).

Value-Based Care in Community-Based Hospital Setting

Cardinal Health Oncology Providers were recently observed for their value-based care within community-based hospital settings across the United States. The study found that most of their oncologists were familiar with the fact that their patients were impacted by barriers within the social determinants of health but could not be involved to assist their patients with social concerns due to the required time-consumption (Zettler et al., 2021). The oncologists also confirmed in the study that in order to improve the patient's health outcomes, the involvement from stakeholders should be increased to properly address social determinant of health barriers (Zettler et al., 2021). Most oncologists agreed that assistance programs to help patients with social needs were not readily accessible (Zettler et al., 2021). They indicated in the study that none of their clinical staff, including themselves, had enough time within their day to dedicate towards assisting patients with social necessities (Zettler et al., 2021). More than 50% of oncologists that were surveyed under the Cardinal Health Oncology Provider network mentioned that non-profit healthcare organizations, hospitals, government entities, pharmaceutical manufacturers, and

insurance companies should have the responsibility towards assisting patients with social determinants of health barriers (Zettler et al., 2021).

Lack of health insurance and financial security were the main challenges mentioned that patients face (Zettler et al., 2021). The most influential impact to help patients with improving their health outcomes is to implement more financial assistance with medication expenses (Zettler et al., 2021). Over 50% of the oncologists discussed that the barriers within the social determinants of health often interfere with their patients' cancer treatment and care (Zettler et al., 2021). The findings from this study provide evidence that a patient's health is adversely affected by their economic and social needs.

The value-based care model has forced physicians and other healthcare professionals to be more accountable for the level of quality that is being rendered to patients as well as cost containment measures, however, the improvement of patient health outcomes has brought more awareness towards the social determinants of health barriers (Zettler et al., 2021). Although oncologists are aware of the barriers within the social determinants of health, they believe that there are not enough resources readily accessible to help patients with addressing their needs (Zettler et al., 2021). Inadequate availability of resources is recognized as having a negative influence on cancer morbidity and mortality, which supports the immediate need for ensuring cancer patients are furnished with the proper necessities of life (Zettler et al., 2021).

Some cancer centers have demonstrated that greater involvement from the public health sector can address the social necessities of patients effectively (Zettler et al., 2021). However, national and community level collaborations that involve non-profit organizations such as the Association of Oncology Social Work, the Oncology Nursing Association, and the American Society of Clinical Oncology, can potentially influence a greater change that can make an ultimate difference (Zettler et al., 2021). Efforts have not been fully demonstrated to reflect major

improvements for determining which patient may be at risk for unfortunate health outcomes based on social determinants of health barriers (Zettler et al., 2021). In addition, efforts have not been fully demonstrated to reflect higher investments made by commercial payers, health systems, and hospitals and their initiatives that target the barriers within the social determinants of health that can generate having improved health outcomes for cancer patients (Zettler et al., 2021).

Statement of the Problem

Cancer centers in the United States are critical in providing patients with cancer care and treatment services. These centers provide comprehensive cancer care, including cancer prevention, screening, diagnosis, and treatment. They are equipped with modern facilities and have specialized teams of doctors, nurses, and other health professionals dedicated to providing high-quality cancer care. These facilities also work to reduce disparities in cancer care and provide support services to patients and their families, such as financial counseling, psychosocial support, and survivorship programs. However, their service delivery gets affected by the various socioeconomic factors and barriers to SDOH which makes some groups like African American women not seek out services as recommended. Apart from that, there is also the issue of nonprofit cancer centers and for-profit cancer centers that may address some barriers to SDOH, but the problem is there are not any nonprofit value-based oncology treatment centers that address barriers to SDOH towards African American women.

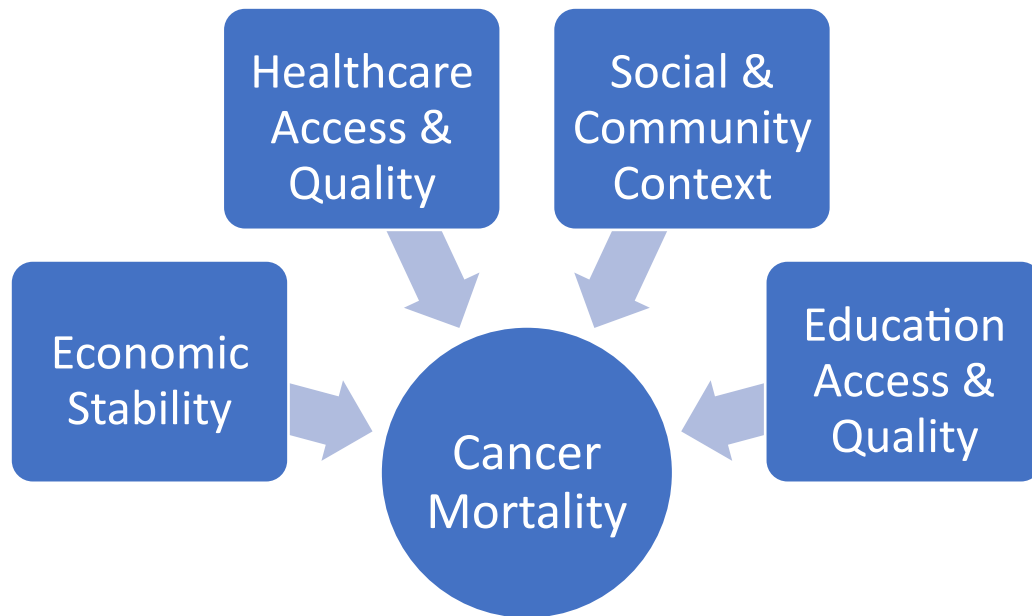
Conceptual Framework

Understanding cancer morbidity and mortality includes several key factors that influence individual and population-level outcomes based on the social determinants of health. Economic stability is a critical factor, as financial resources can impact an individual's ability to access healthcare, afford preventive measures, and manage chronic health conditions including cancer (Bradley et. al., 2020). Healthcare access and quality are also critical, as individuals who lack

insurance or who live in areas with limited healthcare resources may face barriers to timely and effective cancer screening, diagnosis, and treatment (Chinn, et al., 2021). Social and community context are important considerations, as social networks, cultural beliefs, and social support can influence cancer-related behaviors and outcomes. The neighborhood and built environment are also key factors, as environmental hazards and limited access to healthy foods, safe neighborhoods, and recreational opportunities may contribute to cancer risk (Anderson et al., 2019). Finally, education access and quality are critical, as individuals with lower levels of education may have less knowledge about cancer prevention and may be less likely to access healthcare treatment services (World Health Organization, 2018). The social determinants of health are relative to the conceptual understanding of how economic and social factors such as income, education, and race influence health outcomes. Taken together, these factors provide a comprehensive framework for understanding the complex interplay of individual, social, and environmental factors that contribute to cancer morbidity and mortality among the African American female population.

Figure 1

Cancer Morbidity and Mortality



Research Question

How has the current landscape of oncology centers addressed barriers to cancer treatment and care for African American women?

Significance of the Study

The study explored the ongoing barriers within the SDOH that African American women face when seeking cancer treatment services. Eliminating the barriers that burden African Americans is critical to increasing positive health outcomes. African Americans, primarily African American women, are diagnosed at advanced stages of cancer thus generating the ongoing increase in mortality rates. The objective was to recognize the barriers to cancer treatment that are contributing to cancer morbidity and mortality in an effort to implement a strategy to address the challenges.

Assumptions

It was assumed that the barriers within education access and quality, economic stability, health access and quality, and the social and community context, may contribute to the high rates of cancer morbidity and mortality among African American women. In addition, there was also an assumption that the collected research would confirm and identify additional barriers that exists and would accurately be generalized to African American women.

Limitations

The acknowledged limitations included obtaining adequate information from the literature and thematic synthesis to confirm that establishing a non-profit value-based cancer center in a minority-based community would address all identified barriers and ensuring that all collected data was generalized to the African American female population.

Delimitations

The boundaries within the scope of work included examining the barriers within SDOH pertaining to cancer treatment towards African Americans residing in the United States. The population of African Americans in the United States is large. Therefore, secondary research was used to exemplify barriers that all African Americans face in the U.S. to appropriately generalize how cancer mortality impacts the population. However, a comparison of how SDOH barriers impact cancer mortality among African American women among most states exemplified differences in how the delivery of cancer care is rendered and whether a non-profit value-based cancer treatment center would be beneficial to African American communities.

Summary

African American women continue to suffer from cancer mortality rates because a strategic approach is needed to improve the quality of healthcare delivery. African American women are faced with challenges accessing healthcare services and quality, achieving higher income levels,

maintaining economic stability, and acquiring advanced educational attainment which influences cancer morbidity and mortality (Espinosa et al., 2019; Muvuka et al., 2020; & Tucker-Seeley, 2021). The current structure of oncology centers is based on fee-for-service payment models which reduce the value of cancer treatment and care within healthcare delivery and increase healthcare costs (Teisberg et al., 2020). In the aspect of health care equity, cultural competency, and accessibility of resources, African Americans need major support from multi-disciplined public health professionals and stakeholders to implement value-based care and share the same vision of eliminating socioeconomic barriers. Alleviating the disproportionate elements of cancer treatment and survivorship among African American women was the main focus in addressing the existing barriers that influence their high mortality rates of cancer. The objective of this research study was to continue investigating the existence of inequities in social determinants of health surrounding the field of oncology that prevents the African American women from increasing their cancer survival.

Section 2: Literature Review

The involvement of oncologists in the continuum of cancer care, as well as the initiation of cancer treatment and timely diagnosis, enhances the overall patient experience as they overcome barriers within social determinants of health (Aversano et al., 2022). Value-based care emphasizes a patient-centered structure for cancer care delivery that requires efforts that are efficiently coordinated and streamlined amongst multidisciplinary professionals (Aversano et al., 2022). The functions of cancer care and treatment include proper treatment planning, care coordination, accessibility of appropriate resources, and the provision of timely care which are to be implemented in cancer centers to facilitate proper treatment decisions (Aversano et al., 2022). The result leads to the improvement of adverse health events and patient health outcomes (Aversano et al., 2022).

Current findings in research show that there are opportunities for clinical and social needs to be addressed and integrated in the health system and on the community level as an approach to improve the cancer health disparities of various populations (Sanchez et al., 2022). Unfulfilled social needs within the social determinants of health are the challenges that most cancer patients encounter (Sanchez et al., 2022). Unfulfilled social needs arise from structural and systemic restrictions that can adversely impact one's health thus creating barriers in the accessibility, utilization, quality, and the timeliness of cancer care and treatment (Sanchez et al., 2022).

The Social and Healthcare Integration Framework is a method for strengthening clinical and social care integration for cancer patients that encounter challenges with social needs (Sanchez et al., 2022). The activities within the 5-level system include awareness, assistance, adjustment, alignment, and advocacy, which is an established framework for implementing a strategic platform for improving patient health outcomes across the cancer care delivery infrastructure (Sanchez et

al., 2022). Currently, cancer care research related to quality improvement within cancer care delivery, is utilizing The Social and Healthcare Integration Framework (Sanchez et al., 2022). However, there is an inadequate awareness in cancer research about unfulfilled social needs and risks within the spectrum of cancer care delivery (Sanchez et al., 2022). According to Sanchez et al., 2022, the National Cancer Institute Portfolio should identify cancer research opportunities that contributes to improving the delivery of cancer treatment and encourages sustainability in cancer equity, that relates to social needs and risks.

A study (Jou et al., 2021) conducted within the New York Presbyterian Regional Hospital Network focused on cancer control at the Weill Cornell Medical Center, a non-profit academic medical center. The study identified the barriers that disproportionately effect the cancer morbidity and mortality among African Americans in New York. The evidence demonstrated that African Americans had a higher death rate prior to 65 years old from various cancer diagnoses that can be controlled by early detection (Jou et al., 2021). There were insufficient cancer survival rates among African Americans and the incidence of cancer were not distributed equally by ethnicity, race and wealth (Jou et al., 2021). Barriers within the social determinants of health were linked to the disproportionate death rates of cancer among African Americans, which stemmed from community and social context (cultural incompetency/misconceptions), education (low health literacy), and economic stability (Jou et al., 2021). The findings in this study revealed that engaging community stakeholders in tailoring cancer centers to implement interventions that promote health equity through patient-centered cancer care, is a more desirable approach to control cancer morbidity and mortality (Jou et al., 2021). Delving into patient-centered cancer care, oncologists are at the forefront of quality cancer treatment. They are the essential component to assisting their patients with financial distress concerning cancer care expenses and they also have the leverage to promote quality cancer treatment and care (Jou et al., 2021).

Oncology centers have implemented patient navigation to address the barriers and disparities that challenge African Americans as they seek cancer treatment and care (Chan et al., 2023). The purpose of patient navigation is to demonstrate the improvement of health accessibility and provides evidence patient navigation is beneficial to African Americans throughout the entire spectrum of cancer care delivery (Chan et al., 2023). Oncology centers have shown that the effectiveness in patient navigation generates an increase in patient satisfaction, improves patient participation, decreases hospitalizations from readmissions through the treatment phases (Chan et al., 2023). Patient navigation allows oncology centers to personalize the care and treatment that is rendered to cancer patients (Chan et al., 2023). Even though oncology centers have introduced more advanced technologies for screenings, detection, and treatment within their current structural landscape, inadequate allocation of cancer care resources, and health care limitations still remain an ongoing burden (Chan et al., 2023).

According to DeSantis et al. (2019) and Cohen et al. (2022), African Americans still have the highest cancer mortality rates among all other racial and ethnic groups, associated with socioeconomic barriers. Research illustrates that African Americans do not obtain equal health care due to not having the same accessibility as other racial groups (Chinn, et al., 2021). African American communities are being underserved and underrepresented in the health care system which leads to African Americans having poor health outcomes (Centers for Disease Control and Prevention, 2022). Low life expectancy is the outcome of ongoing health inequity and health disparities that have not been adequately addressed (Centers for Disease Control and Prevention, 2022; Chinn, et al., 2021).

From 2014 to 2018, African American women were more likely to receive a breast cancer diagnosis and approximately 40% more likely to die from the cancer diagnosis when compared to non-Hispanic white women (Office of Minority Health, 2022). African American

women encounter racism and discrimination with receiving proper care during the pre-diagnosis stage and post-diagnosis stages of cancer which negatively impact their quality of life (TuckerSeeley, 2021). African American women are challenged with the ongoing burdens of not having the same opportunities as non-Hispanic white women. Lower rates of ovarian cancer incidence are reflected among African American women; however, a high rate of mortality is still experienced among the population compared to non-Hispanic white women (Clarke et al., 2022). The issues causing higher cancer mortality among African American women are multifaceted. Healthcare accessibility, socioeconomic status, health literacy, cultural competency, health insurance coverage, and comorbidity, vary between non-Hispanic white women and African American women (Buchmueller et al. 2020).

According to DeSantis et. al. (2019), the relative cancer survival rate is five years, which is a timeframe utilized to monitor the detection of cancer and the cancer treatment. Unfortunately, for African American women, the five-year relative survival rate was 4% lower for every cancer diagnosis stage for every cancer disease when compared to Whites (DeSantis, et al., 2019). Cancer survivorship begins at the point of diagnosis and completing all cancer treatment without showing any signs of cancer afterwards. Research confirmed that the overall chances of survivorship for African American women was due to socioeconomic barriers that limited the quality of how medical care was rendered causing a decrease in the effectiveness of the treatment (DeSantis, et al., 2019).

Trends in health care demonstrate that African Americans are underrepresented in medical treatment hence higher mortality rates are identified (Tucker-Seeley, 2021). The issue is that the disparity still persists, and the contributing barriers are not being addressed (TuckerSeeley, 2021). To discuss the different issues leading to cancer mortality in African American women, this literature review discusses several barriers within the five domains of the social determinants of

health: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

Social Determinants of Health

The SDOH defines the conditions of one's life that influence positive or negative health outcomes as an important role in health equity, which is an essential aspect of population health (World Health Organization, 2018). The World Health Organization (2018) mentions that the social determinants of health are responsible for 30% to 50% of health outcomes. Health inequities are determined by social factors that prevent poor populations from advancing in society (WHO, 2018). Therefore, the challenge for African Americans in society is creating wealth because of systematic racism (Maness, et al., 2021). African Americans encounter housing discrimination, challenges in employment, as well as compensation due to systematic racism (Maness, et al., 2021). The following information will elaborate the association between the social determinants of health, the barriers that African Americans face in society, and the impact it has on cancer mortality.

Economic Stability

Socioeconomic status is measured by a family's or an individual's access to economic resources, income level, work experience, education level, and position within society. Those with low socioeconomic status are mostly recipients of Medicaid or uninsured, meaning they are more likely to receive poor-quality healthcare services (Bradley et al., 2020). Having a low socioeconomic status is a significant element in determining healthcare accessibility because it's associated with health insurance coverage or the lack thereof and applies restrictions/limitations on healthcare services targeting those with low-income levels (Bradley et al., 2020).

African Americans are challenged with barriers within economic stability such as income level, education, employment, and social supports (Buchmueller, et al., 2020). Burdens of low

cancer survivorship are associated with socioeconomic factors such as lack of health insurance and inadequate education (Anderson, et al., 2019; Buchmueller, et al., 2020 & Cohen, et al., 2022). University of California San Francisco (UCSF) published a research study that reflected worse outcomes of breast cancer survivorship for patients that reside within large minority communities and have low socioeconomic status (Mitchell et al., 2022). Economic, cultural, and social factors impact the prevention of cancer, the early detection of cancer, the diagnosis and incidence of cancer, the treatment, the quality of life during the post-treatment stage, as well as the mortality and survivorship of cancer (Giaquinto, et al., 2022). Eliminating the disparities that exist in cancer treatment remains a predominant challenge for the American Cancer Society (Giaquinto, et al., 2022).

Recent research also confirms that African American men are 1.4 times more likely to die from cancer compared to white men and African American women are 1.2 times more likely to die from cancer compared to white women (Giaquinto, et al., 2022 & Gopalani, et al., 2020). As the disparity persists to maintain the inaccessibility to quality cancer treatment, race and socioeconomic status will remain at the forefront of how cancer care is being rendered to African American patients.

Education Access and Quality

A solution to reduce the poverty and remove the wealth gaps in the United States among non-Hispanic whites and African Americans is attaining an advanced level of education (Espinosa et al., 2019). However, many African Americans are not as likely to be prepared for college as they graduate from high school (Espinosa et al., 2019). The deficiencies among African Americans toward the lack of academic achievement, are centered around disparities in culture and environment.

African Americans have a disproportionate level of health literacy which stems from the structure of systemic discrimination within practices and regulations that limits the accessibility of resources (Muvuka, et al., 2020). Systemic discrimination has also decreased the ability for African Americans to apply, obtain, or simply gain an understanding of health information (Muvuka, et al., 2020). Historically speaking, the healthcare system has contributed to the existence of disparities among African Americans which still plays a vital role as to why there are still barriers to health literacy. Due to discrimination in healthcare services has also affected access to healthcare information or health literacy among minority groups like African Americans.

Furthermore, low health literacy is a key factor in the overall patient decision-making process as well as the underlying mechanism to controlling communication in cancer treatment and care (Jou et al., 2021). Oral, visual, and written forms of communication directly impact the development of health literacy (Jou et al., 2021). It was acknowledged recently that patients that have low health literacy relied on receiving health information through verbal communication, television, radio and any advice received from friends and relatives (Jou et al., 2021). Having trained health educators that are experts in certain health matters have reflected efficiencies with cancer control and community-based interventions (Jou et al., 2021).

Healthcare Access and Quality

There are four constructs within equitable access to healthcare which include: 1) having health services accessible in a timely manner that is relevant and appropriate for the patient's health condition; 2) having the ability to utilize health services without discrimination; 3) knowing that a patient will be treated respectfully when seeking care; and 4) having equal access to appropriate health information (Tucker-Seeley, 2021). With less education and high rates of unemployment among African Americans, access to quality healthcare is problematic. With the high cost of healthcare service, African American women are therefore not able to access necessary services at

the right time (Tucker-Seeley, 2021). There is a vital need to improve the utilization and accessibility of quality health services, which are the most prominent barriers that African Americans face in the public health sector (Tucker-Seeley, 2021). African Americans may still experience low-quality of health care even after they acquire the services needed (Tucker-Seeley, 2021). Having the accessibility to health care services to serve as the purpose of health insurance coverage may not be the primary resolution, however, improving the overall structure of health insurance coverage, in general, is a strategy for decreasing the disparities among African Americans (Mitchell, et al., 2022).

The National Cancer Database noted that between 2004 and 2015 600,063 patients were diagnosed with stage 1 to stage 3 esophageal cancer, colorectal cancer, pancreatic cancer, noncardia gastric cancer, and gastric/esophagus cardia cancer (Mitchell, et al., 2022). Once the stage, age, and comorbidities were adjusted, the data showed that surgical rates were low and disproportionate among African American patients as compared to other races. That is caused by various factors such as high unemployment rate, health literacy, and even low level of income among the population compared to other racial groups (Mitchell, et al., 2022).

Regardless of health insurance and income level, African Americans with non-small cell lung cancer that have been diagnosed at stage 1 or stage 2, have an increased likelihood of not receiving surgical treatment as compared to white non-Hispanics (Cohen, et al., 2022). Whites have a higher likelihood of obtaining the necessary treatment for cancer while African Americans are not given the specific stage for their cancer and remain untreated for their cancer diagnosis (Clarke et al., 2022). When compared to African Americans, white non-Hispanics are also more likely to receive all necessary therapy as well as the required follow-up care (Cohen, et al., 2022). Despite various factors that have contributing effects on cancer treatment, inequitable accessibility

to healthcare services and resources based on economic and/or financial circumstances is the most significant barrier (Clarke et al., 2022).

Health insurance is highly critical to receiving appropriate health services (Bradley, et al., 2020). Data demonstrates that there's a significant connection between the survivorship of cancer, the stage of cancer diagnosis, cancer screenings, and health insurance (Bradley, et al., 2020). The National Cancer Database and the National Health Interview Survey provided an analysis that focuses on the link between the utilization of cancer services and treatment and the outcomes of the utilization (Bradley, et al., 2020). Insufficient coverage and lack of health insurance have become major issues in receiving services for preventive health and being able to obtain adequate care (Buchmueller, et al., 2020). Cancer screening is a valuable service that detects cancer at an early stage and has been proven to demonstrate its effectiveness in reducing the mortality of colorectal and breast cancer, as well as others (Bradley, et al., 2020). However, many Americans do not have sufficient coverage or health insurance to receive the screenings (Buchmueller, et al., 2020). Although disparities have decreased since the expansion of the Affordable Care Act, a higher number of Blacks still remain uninsured (Buchmueller, et al., 2020). Reduced rates of cancer screening and reduced accessibility to cancer prevention services, force people that have no health insurance coverage to have an increased likelihood to be diagnosed with cancer at an advanced stage versus those that have coverage (Bradley, et al., 2020). Cancer patients in general encounter financial obstacles that impact their health and survivorship which can lead to high mortality rates (Bradley, et al., 2020). In the United States, the most common health coverages are Medicaid, Medicare, and private health insurance through an employer-sponsored program (Bradley, et al., 2020).

Medicaid

Medicaid is implemented in the health system as a state-operated and federally aided insurance program that provides health coverage for those that have low-income levels (Bradley, et al., 2020). Most Medicaid programs do cover basic screening for breast, cervical, prostate and colorectal cancer. The Medicaid program is regulated under the Title XIX of the Social Security Act to cover a portion of those within poverty guidelines that meet specific criteria for eligibility (Bradley, et al., 2020). This program typically considers women that are pregnant, disabled individuals, the elderly population, and low-income families as eligible candidates to be covered (Bradley, et al., 2020). However, African American women have a higher likelihood to be dependent on Medicaid as compared to white non-Hispanic women (Miles, 2020). Compared to white non-Hispanics, African Americans are not as likely to have employment-based health insurance or private insurance and have a higher likelihood to be covered under Medicaid or any other insurance that is publicly funded (Buchmueller et al., 2020). The disadvantage of Medicaid is its inaccessibility of care which adversely impacts the incidence and mortality of cancer among African Americans throughout the continuity of care after being diagnosed and treated (Bradley, et al., 2020). It impacts cancer prevention services, survivorship, early detection of cancer, as well as palliative care services (Bradley, et al., 2020) (Bradley, et al., 2020).

Medicare

Americans that are 65 years old and above and approximately 2% of those that are below 65 years old, have Medicare insurance coverage (Smith, et al., 2019). To be deemed eligible for Medicare, the individual must be a permanent resident and a United States citizen or have a spouse that has paid into 10 years of Social Security (Smith, et al., 2019). Those that are eligible for Social Security obtain automatic enrollment in Medicare Part A as soon as they turn 65 years old (Smith, et al., 2019). Medicare Part A is the medical insurance coverage that covers hospitalizations (Smith, et al., 2019). Medicare Part B offers inpatient and outpatient insurance coverage for diagnostic

testing, mammograms, physician drug administration, outpatient hospital services, specialist visits, cancer screenings, and PAP tests (Smith, et al., 2019). Monthly premiums are required to be paid each month based on the individual's income (Smith, et al., 2019). A disadvantage is that beneficiaries of Medicare are required to cover 20% of the expenses that are covered by Medicare Part B, which is more likely to occur when the individual is admitted for long-term care for a cancer diagnosis (Smith, et al., 2019).

Medicare

The advantages of the employer-based system insurance include risk pools whereby those that are healthy and are considered low-risk subsidize the insurance costs for those that are not as healthy and considered high-risk (Kent, et al., 2020). The disadvantages of this insurance coverage are that not every employee is deemed eligible to participate and they may not be able to afford their portion of the insurance premiums (Kent, et al., 2020). Additionally, if an employee is diagnosed with cancer or any other terminal illness, they may not have the opportunity to maintain their job which forces them to no longer have access to being insured through their employer (Kent, et al., 2020). Although COBRA (Consolidated Omnibus Budget Reconciliation Act) gives the person the option to pay a particular amount to keep receiving their insurance coverage after they are no longer employed with the company, maintaining the costs of the health insurance may be very expensive (Kent, et al., 2020). Furthermore, if the employee begins working with a new company, they may no longer have the option to continue using the same health providers which derive the discontinuity of treatment and care (Kent, et al., 2020).

Barriers relating to health insurance coverage and the costs of cancer treatment are the challenge within employer-sponsored insurance coverage (Kent, et al., 2020). Early cancer detection services and cancer treatment are often declined or rejected in coverage approvals within

employer-sponsored health insurance (Kent, et al., 2020). If coverage is included it typically includes high deductibles, copayments, premiums, and medical care costs (Kent, et al., 2020).

Compared to non-Hispanic whites, African Americans are the main racial group that is at a high risk of being diagnosed with cancer and having a short life expectancy after being diagnosed with cancer due to the low quality of cancer treatment and insufficient health coverage (Kent, et al., 2020). Eliminating the disparities that African Americans face with financial barriers and insurance coverage will need to be measured to make quality cancer prevention services and early cancer detection services available, accessible, and affordable (Kent et al., 2020).

Preventive services, such as screenings for colorectal cancer, have been proven to reduce the rates of mortality (White, et al., 2020). Access to quality healthcare is a significant challenge facing African American patients due to various systemic and behavioral factors (White, et al., 2020). To achieve health equity, public health initiatives must prioritize raising awareness about these barriers and how they contribute to poor health outcomes, particularly for medically underserved African Americans seeking cancer screenings (White, et al., 2020). The root cause of poor health prevalence among the Black community can be attributed to the destructive impact of poverty, racism, inaccessibility to quality healthcare services, discrimination, low socioeconomic status, substandard housing conditions, unsafe neighborhoods, and inadequate insurance coverage (Tucker-Seeley, 2021). Despite the significant progress made in areas such as education, civil rights, income levels, and housing, African Americans continue to face health inequities due to the disparities that persist in the overall political, social, and economic structures (Tucker-Seeley, 2021). Furthermore, African Americans are disproportionately represented in census tracts areas that lack access to healthcare resources, have unsafe neighborhoods, and nonexistent ecological resources (Tucker-Seeley, 2021). These challenges underscore the urgent need to address

healthcare access and quality issues to promote positive health outcomes among African American patients.

Social and Community Context

The social and community context domain is a crucial factor that influences cancer outcomes among African Americans. Racial disparities within this domain are prevalent, leading to poor health outcomes in this population (Bell et al., 2018). African American communities are exposed to environmental and social conditions that negatively impact their health, including violence, incarceration, and toxic environmental hazards such as air pollution, inadequate water supply, ozone depletion, chemical waste, and lead exposure (Manduca, et al., 2019). These communities are often racially segregated, with unhealthy environmental and social contexts that contribute to increased rates of cancer morbidity and mortality (Bell et al., 2018 & Zhang et al., 2018). The ongoing negative conditions in which African Americans live can significantly affect their psychological health, leading to intensified health disparities (Bell et al., 2018). To address this, it is essential to understand the cultural relevance of psychosocial factors and their impact on cancer mortality within the African American community (Dawadi, et al., 2022). By addressing the social and community context domain, interventions that target the underlying causes of these disparities can be implemented, leading to improved cancer outcomes among African Americans.

Instilling cultural knowledge and its significance, as well as individual respect for African American patients towards their health, produces the ability for oncologists and hematologists to improve the survivorship of African American cancer patients.

Seeking healthcare education or obtaining health literacy regarding cancer is still a major issue among the population despite high cancer mortality rate among African American women (Borondy Kitts, 2019; Clarke et al., 2022; Cohen et al., 2022). Many healthcare providers are culturally unaware of the factors that impact care and treatment to a population that is culturally

diverse. The lack of attentiveness that is demonstrated within the delivery of care for African Americans exposes the cultural incompetency that exists among healthcare providers and is a necessity for cancer prevention, the early detection of cancer, and the coordination of treatment for the African American population (DeSantis, et al., 2019). The need for cultural competency is significantly needed in the United States health sector to address the burdens of high incidence rates of disease and death among ethnic minority populations (Tekeste et al. 2019). Without cultural competence, racial and ethnic minority groups tend to be the recipient of poor-quality healthcare services (Tekeste et al. 2019). This specific matter can be alleviated by implementing cultural competency within healthcare systems that decrease the communication barriers between healthcare providers and minority patients. The result of the implementation may prevent delays in treatment and late diagnosis, therefore, determining that cultural competency is essential to healthcare quality (Jones et al., 2018). The provision of health services based on cultural competency can potentially improve minority health outcomes as health professionals increase their efficiency thus resulting in an increase in patient satisfaction (Jones et al., 2018).

Cultural Competency is constructed of multiple dimensions that play a vital role in the aspect of healthcare delivery, especially for minority groups. The dimensions of cultural competency are how a patient may perceive their disease or illness and the causes behind it; the patient's health and wellness belief systems; the patient's attitude towards their health providers as they are rendering care and the patient's behavior as they are seeking care (Nair et al., 2019). All healthcare organizations and medical professionals need to be culturally competent as this is a method to improve adequate responsiveness to cultural needs, healthcare practices, and a patient's health beliefs (Nair et al., 2019). This method of healthcare delivery is required to reflect improvement toward the accessibility and equity of healthcare services to minority patients (Nair et al., 2019).

Cultural competency is perceived and associated with how receptive African Americans are to colorectal cancer screenings. Due to the lack of colorectal cancer screenings among African Americans, they are at the forefront of suffering from this disease (Dawadi, et al., 2022). Research demonstrates that positive attitudes of receptivity, favorable norms, and levels of behavioral control are higher towards having the necessary screenings when healthcare providers demonstrate positive engagement and positive intentions (Dawadi, et al., 2022). Recent studies reflect the importance of cultural competency as a crucial element in preventive health among the African American population (Dawadi, et al., 2022). There are various factors that impact differences in medical treatment such as the hesitancy of undergoing certain testing and procedures, lack of health insurance, religious beliefs, and other socioeconomic factors. However, the historical and cultural input from healthcare providers is what impacts the patient-provider relationship the most with African Americans. Having cultural competency should not be a burden for the health provider nor should it compromise the quality of care being rendered. The unfortunate legacy in the United States of racial discrimination among African Americans has generated social inequities that currently still influence their patient-provider relationship (Tekeste, et al., 2019). According to Borondy Kitts (2019), discrimination within the patient-provider relationship is primarily influenced by the complexity of having healthcare providers that are not culturally competent and the perceived stigma of African Americans thus leading to the lack of health literacy.

Incorporating cancer prevention programs for African Americans must involve the participation of all communities; outreach that is innovative; cultural competency among providers; and the utilization of social institutions and networks (Jones et al., 2018). This approach would be sustainable in minimizing the mortality of cancer for African Americans since it addresses the barriers that are prominent among the African American community thus decreasing the morbidity/incidence of cancer (Jones et al., 2018).

Summary of Literature Review

African Americans continue to experience high incidence and mortality rates of cancer, despite a decline between 1999 and 2015 among African American women (Mitchell, et al., 2022). The rates remain three times higher for African Americans than for white non-Hispanics. African American women with low attainment levels of education or with no insurance coverage have lower utilization of cancer screenings. The disparity of cancer survivorship contributes to the access of occupational and educational opportunities, health awareness, and healthcare accessibility. Healthcare providers are failing to provide African American women with information on genetic testing and counseling services, hindering their overall health and wellness. These health disparities reflect a negative impact on the decreased life expectancy among African Americans thus increasing their likelihood of homelessness, creating barriers within their social ties, and their income. Overall, these disparities create a good condition for cancer mortality among African Americans to steadily increase.

Cultural competency and personal biases from health providers towards African Americans demonstrate their perceptions of health behaviors, whether conscious or unconscious, which perpetuate the disparities and health inequities among the African American community. Recent studies have found that high cancer mortality rates among African American women are due to having low income and the inability to pay high out-of-pocket costs. Health coverage is insufficient, making it necessary for health providers to develop adequate cultural competency for clinical care to be effective. Promoting cultural competency training and education would act as an intervention to positively address the oppression, violations of human rights, racism, and the social injustices the African Americans are burdened with. Health care providers must be culturally aware of the characteristics within each patient's ethnic group to achieve positive health outcomes for their patients. The disparities in having accessible health care and health care utilization among

African Americans require the successful elimination of socioeconomic contributors. Health providers must adopt the necessary behavior and values towards influencing social justice within the health care system. Any act against African Americans or any other ethnic group stemming from social injustice when rendering care dehumanizes everyone. Bridging the gaps of cultural differentiation can minimize the cultural incompetency among health providers, thus creating a platform for improving the health of African Americans.

Section 3: Methodology

The inclusion and exclusion criteria of the research study were based on identifying the abstracts and/or the full text from peer-reviewed articles that supports the relevance of cancer morbidity and mortality among African American women stemming from barriers within the social determinants of health. As shown in Figure 2, the sources that were used to gather the information were retrieved from the ProQuest database within Touro Library and Google Scholar. The keyword search used in Touro Library and Google Scholar was social determinants of health barriers in cancer treatment among African American women. Touro Library populated a yield of 76 results from the ProQuest database. Considering the 5-year time period (2018-2023), only 32 peer-reviewed articles were screened. Eighteen out of 32 articles did not specifically relate to African American women and the social determinants of health barriers that impact cancer morbidity and mortality. Focusing on the inclusion criteria, only 14 out of 32 peer-reviewed articles met the criteria for inclusion based on the abstract. From the 14 articles reviewed, 2 were duplicate articles, 5 articles did not specify relative data on African American women, cancer care, and the barriers within social determinants of health. However, 5 articles were added to the exclusion criteria due to the full text not being retrievable. Therefore, only 2 articles were relevant to the study. Google Scholar yielded 149,000 results. After accounting for the past 5 years, there were 20,200 articles. Forty articles were included and 20,160 were excluded based on the following: 5,724 articles were unretrievable due to being unable to view full-text for more information beyond the abstract; 3,777 articles did not primarily focus on cancer care and treatment; 3,271 articles focused on cancer prevention versus cancer treatment; 1,012 articles were duplicates; 2,496 articles did not provide details relating to African Americans or African American women in the United States; 906 articles did not provide significant details relating to African Americans or African American women nor did these articles have a strong focus on cancer treatment; 4,331 articles did not focus on the SDOH barriers within cancer treatment among

African American women; 723 articles were not applicable to cancer care and treatment among African American women due impossible diagnosis of testicular or prostate cancer, therefore, being irrelevant to the study. An additional 868 articles were excluded because the research did not pertain cancer care barriers among African Americans or African American women in the United States. From the remaining 412 articles, 5 articles were excluded due to not identifying the specific oncology setting. Therefore, only 35 were officially included in the research study from the Google Scholar search. Each article presented in the study discusses how the specified oncology setting addressed SDOH barriers within cancer treatment and care among African American women in the United States. Although the search terminology did not include *oncology centers*, the combined total of 37 peer-reviewed articles were included in the study due to its relevance to the research question and the identified oncology setting.

Each peer-reviewed article presented in Thematic Synthesis table (see Appendix A), is organized per the generated yield according to the utilized source. Table 1 shows that each SDOH domain consisted of several barriers which determined a generalized theme name for each identified barrier. Racial disparities towards quality healthcare delivery represented the categorized theme for the health access and quality domain. The unchanging bias towards minorities provokes negative health outcomes because race remains the premeditative factor within the scope of healthcare delivery (Cooper, 2021). All peer-reviewed articles that discuss the quality of cancer care coordination and the racial disparity within the for-profit hospital-based oncology setting. The education access and quality domain were thematically categorized under low education levels and lack of health education/literacy because African Americans have been limited in their educational resources throughout history, which has influenced their inaccessibility to quality education which correlates to health literacy and the ability to apply health information (Muvuka et al., 2020). All peer-reviewed articles that connect community-based and societal inequities towards cancer care

and treatment represented the social and community context domain category. Due to the disproportionate health outcomes, structural racism and discrimination toward African Americans have contributed to their inaccessibility and limitations to cancer prevention resources (Hastert et al., 2020). Having a low socioeconomic status has been proven to contribute to cancer incidence, prevalence and mortality among all ethnic groups, especially minorities. A recent study (Zavala et al., 2021) has provided evidence that cancer health disparities differ among racial groups based on socioeconomic status. The study concluded and confirmed that African American men and women had the highest mortality rates on all cancers when compared to other ethnic groups which determined the association between having a low socioeconomic status and racial health disparities. Therefore, I combined the two as it reflects the overall drawback or obstruction towards cancer care and treatment that African American women are faced with, within the economic stability domain. Every article that was categorized with an associated theme provided distinguished relevant connections to the importance of the research study. The peer reviewed articles in Table 2 (see Appendix A), support the importance of addressing the SDOH barriers within cancer care and treatment. Figure 3 also shows which themes were the most common.

Population and Sample

The population studied were African American women that were diagnosed with cancer in the United States between the ages of 18 and 64 years old. The sample was predetermined by the research that was conducted and therefore, varied.

Data Analysis

This research study consisted of a literature review followed by thematic synthesis to identify codes and themes related to social determinants of health barriers. The literature review and thematic synthesis focused on research from 2018 to the present. A system of themes and codes

was developed and organized chronologically within a 5-year period and synthesized based on each barrier within the social determinants of health.

Procedure

The procedure for this study involves the use of secondary research methods, specifically a literature review and thematic synthesis approach. The study began with a literature review during which relevant sources were identified and selected. The sources of data for this study consisted of existing literature and data sources related to cancer morbidity, and mortality among African American women and the social determinants of health. The study relied solely on previously published data sources and literature that meet the inclusion criteria. The data was extracted from these sources using a predetermined set of inclusion and exclusion criteria. The inclusion criteria consisted of published peer-reviewed articles from 2018 to present that discussed four domains of social determinants of health, which were education access and quality, social and community context, health access and quality, and economic stability; and also focused on cancer diagnosis and treatment pertaining to African American women between the ages of 18-64 years old. The exclusion criteria included African American women outside the United States and peer reviewed articles earlier than 2018. The selected data was analyzed using a thematic synthesis approach to identify trends within the barriers that African American women experience as they seek cancer care and treatment for cancer diseases. The instruments used in this study were research articles, reports, and data sets that were published in peer-reviewed journals from Google Scholar and ProQuest, reputable websites, and government agencies. The study used a literature review to identify relevant sources of data.

Figure 2. Inclusion and Exclusion Screening Process

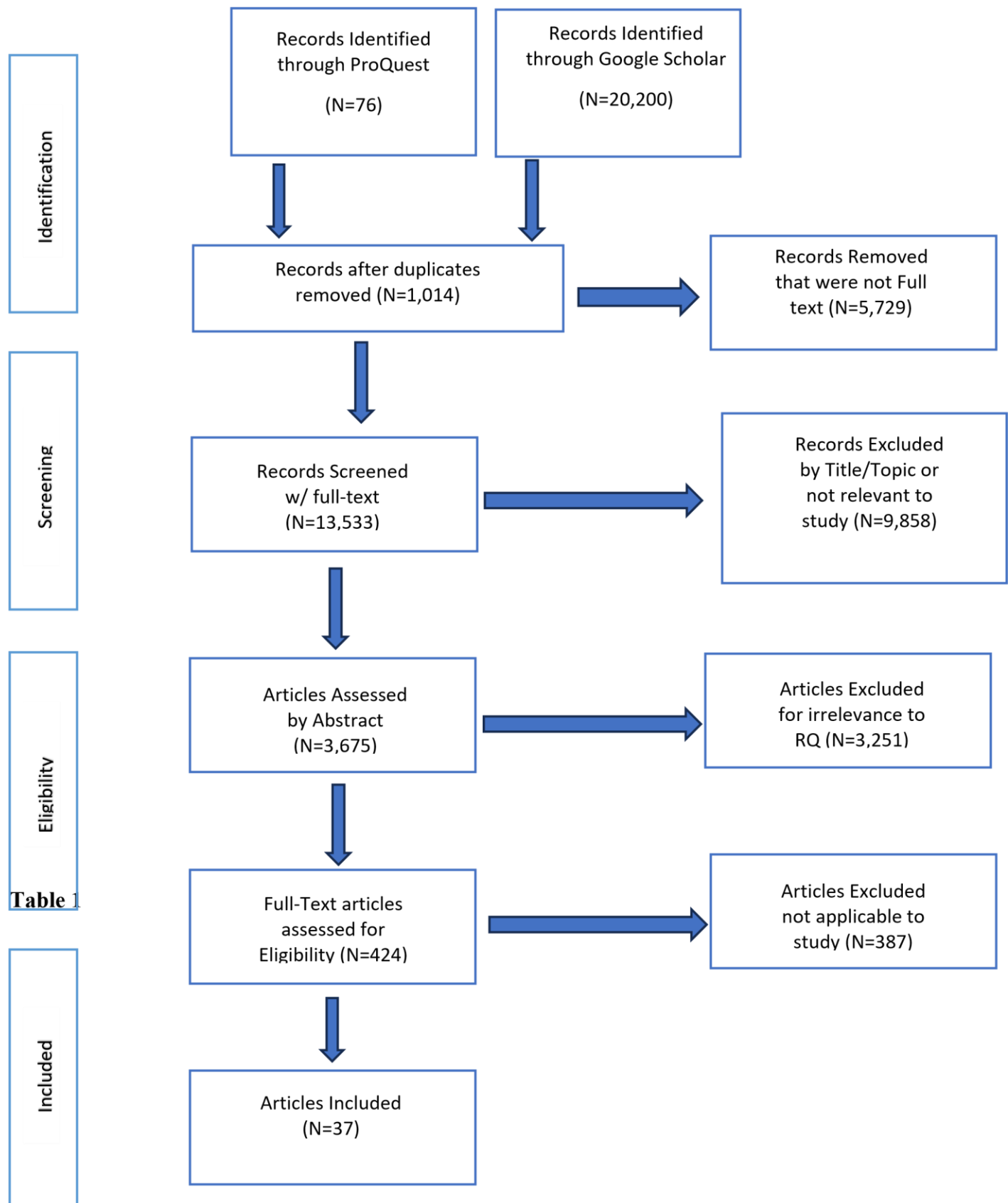


Table 1. Coding Table for Thematic Synthesis

SDOH Domain	Codes for Identified Barriers	Associated Theme
Health Access & Quality	Lack of quality care Inaccessibility to health resources Lack of sufficient insurance coverage Health Inequity	Racial Disparities Towards Quality Healthcare Delivery
Education Access & Quality	Low health literacy Lack of academic achievement	Low Education Levels and Lack of Health Education/Literacy
Social and Community Context	Cultural Incompetency Lack of health promotion toward cancer prevention Environmental hazards Racial segregation in neighborhood	Community-based and Societal Inequities towards Cancer Care/Treatment
Economic Stability	Low Socioeconomic Status	Socioeconomic Status and Racial Health Disparities

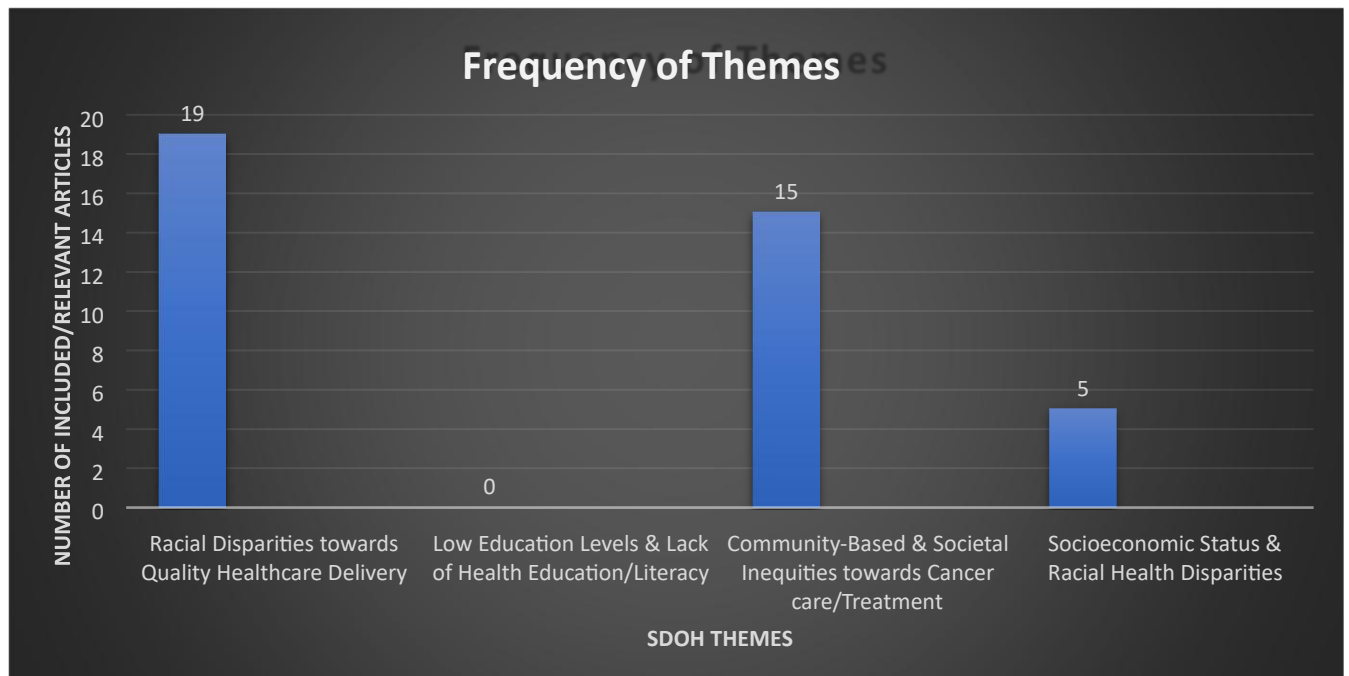
Section 4: Results

Thematic synthesis research was conducted to thoroughly examine the barriers within the social determinants of health that impact cancer mortality in African American women. By using the thematic synthesis method, the goal was to proceed with identifying and analyzing trends within the barriers that African American women experience as they seek care and treatment for cancer diseases. The utilization of thematic synthesis research assisted in determining some of the possible influences of cancer mortality among African American women as well as determining the SDOH barriers that need to be addressed by a non-profit value-based oncology center. This was a cost-efficient method to acquire evidence-based data over the duration of conducting this research study, which pertained to African American women, to ensure collected data reflects a valid extraction of the overall objective.

The results of this research study demonstrated the need for for-profit hospital-based oncology centers to be well-rounded in how cancer care is rendered to African Americans, but more explicitly, African American women. African American women are still suffering from the provision of cancer treatment and care in many for-profit hospital-based oncology centers due to SDOH barriers. Each of the peer-reviewed articles have discussed that healthcare accessibility was a major burden for African American women as they proceed with seeking care, treatment services, and resources. Additionally, the associated theme for health access and quality and the associated theme for social and community context, appear as the dominant controls to the ongoing increase of cancer morbidity and mortality among African American women. The quality of healthcare delivery within various oncology centers were discussed in the articles used in this study as a hurdle to the survivorship of African Americans, especially African American women. Overall, the articles that were presented, reflects that African American women are deprived of the advantages

that may contribute to being a cancer survivor which portrays the need for a value based structure to be implemented in the provision of cancer care and treatment.

Figure 3. *Frequency of Themes Bar Graph*



Section 5: Discussion

This literature review aimed to synthesize studies that explored and identified perpetual obstacles within the SDOH that African American women experience when seeking cancer treatment services from oncology centers. The research question that guided this study was based on how the current landscape of oncology centers have addressed barriers to cancer treatment and care for African American women. Acknowledging the role that cancer centers have, they are to address SDOH barriers by increasing cancer screenings in the community, implementing interventions that target behavior change at the individual-level, creating strategic approaches to increase accessibility to community health resources, and provide support with transportation (Korn et al., 2023). The outcome of the research question per each article listed in the thematic synthesis, portrays indirect and direct efforts towards addressing cancer treatment and care among African American women. However, additional ways cancer centers are to address SDOH barriers include being involved with insurance payers to reduce cancer screening expenses and overall cancer treatment costs, provide translation services to reduce language barriers, create partnerships with other health organizations to increase community advocacy and engagement, integrate health awareness, offer assistance with housing programs, and ultimately, implement efforts towards improving and advancing health equity in cancer care (Korn et al., 2023).

The outcome of this research study validates that without addressing the SDOH barriers within oncology centers, the delivery of cancer care and treatment coordination negatively influences cancer morbidity and mortality among the African American female population. All 42 studies were thematically synthesized and coded by categories based on each SDOH barrier. The main themes were titled under each of the 4 social determinants of health domains: health access and quality, education access and quality, social and community context, and economic stability.

However, the barriers within each domain were listed as the identified codes. The code names were an overall description of how the theme relates to its corresponding SDOH domain, as it ties into the negative outcome African American women encounter when seeking cancer care and treatment.

Interpretation of the Findings

Based on the research study, 2 out of the 4 SDOH barriers were more commonly used in each included article. The findings show that various types of for-profit cancer centers have not fully addressed the barriers that include racial disparities towards quality healthcare delivery (health access and quality domain) and community-based and societal inequities towards cancer/treatment (social and community context domain), which are the main impediments within cancer care that influence cancer morbidity and mortality among African American women.

Individuals who lack insurance or who live in areas with limited healthcare resources face barriers to timely and effective cancer screening, diagnosis, and treatment which describes the barrier under health access and quality domain. Having a low socioeconomic status can impact an individual's ability to access healthcare, afford preventive measures, and manage chronic health conditions, especially cancer. Under the social and community context, it is acknowledged that African Americans, particularly, African American women, are underserved in their communities through cultural incompetency; lack of health promotion toward cancer prevention; environmental hazards; and residential segregation.

Limitations and Implications

Overall, this literature review has emphasized the importance of how barriers within the social determinants of health contributes to cancer morbidity and mortality among African American women. The disparities that exist in cancer care and treatment are dominant among

African Americans. The thematic synthesis exemplifies that value-based cancer care is needed in oncology to address the 3 most common barriers within the social determinants of health. Based on the research study, improving the survivorship of African American female cancer patients has been minimal within the current landscape of oncology centers. Although literature prior to 2018 were excluded from the inclusion criteria, the recent five years have proven that the social and community context, economic stability, and the access to quality healthcare are vital issues that have not been addressed and are the highlighted boundaries in hospital-based for-profit cancer centers towards improving cancer morbidity and mortality among American Americans. This study implies that the ongoing barriers within the social determinants influence the cancer morbidity and mortality rates of cancer among African American women. The additional limitation for this study includes obtaining sufficient information to confirm that establishing a non-profit value-based cancer center in a minority-based community will in fact address all identified barriers generalized to the African American female population. Further research would be needed to provide a strong foundation to support this concept by comparing the quality of healthcare delivery for-profit cancer centers and non-profit cancer centers in full detail. It would also need to incorporate the appropriate research methodologies to confirm how the value-based care model would prioritize the quality of cancer care coordination, increase the accessibility to necessary services for cancer treatment regardless of insurance coverage and reduce the racial health disparity by catering to African Americans and other minority groups. Additional research would need to also evaluate how each center would be governed under the National Comprehensive Cancer Network in order to facilitate the improvement of health care accessibility as well as equitable cancer care and treatment. It is suggested that the expansion of their network into minority communities within the United States and emphasizing value-based care, the oncology industry can highlight the value of reducing the mortality rates among African American women and tailor the experience of cancer treatment coordination to be more culturally competent.

Conclusion

It is identified from the completed research that African American women are underrepresented in cancer treatment and health equity. Their quality of life is not acknowledged and given the same recognition as their counterparts. African American women are being restricted from having the opportunity to increase their likelihood of being a cancer survivor due to the barriers they face which are very disproportionate. Adequate coordination of cancer care and treatment are critical to cancer survivorship and is associated with equitable and accessible resources. In order to contribute a permanent adjustment to address the cancer morbidity and mortality among African American women, the barriers within the social determinants of health must be diminished.

Questions:

One (1) distinct way that our Journal stands apart from other *Journals* is that each article includes discussion questions for training purposes. This allows for the completing of the “missing link” plaguing most modern-day *Journals*: *Journal* articles are written for other scholars, not the students that should be the primary sources served.

Dr. Porter’s Dissertation-Addressing Cancer Morbidity and Mortality Among African American Women- warrants further discussion:

1. What do you think of Dr. Porter’s aspiration of establishing a non-profit value-based oncology treatment center in African American communities to address racial disparities in cancer treatment?
2. What diverse tools to treat cancer can you envision?
3. How can either/both the relatively lower levels of education and/or access to insurance be remedied for African American women related to breast cancer? What are the economic arguments that support this?
4. How does the value-based model ensure a higher level of treatment?
5. Address the study’s research question in-depth: How has the current study of oncology centers addressed barriers to cancer treatment and care for African American women?
6. Elaborate upon Dr. Porter’s contention based on her research that we must find ways to center screening expenses. How can her assertion be realized?
7. What do you think would/will be the greatest barriers to creating additional non-profit value-based cancer centers in African American communities?
8. What did you learn most from reading this study? Be specific.

Related Scenario:

Suppose you were selected as the Subject Matter Expert (SME) to testify before Congress regarding the need for greater resources to combat cancer affecting African American women who reside in economically marginalized locations. The concern is to specifically address this issue in marginalized, rural areas. In this scenario, it is an election year. While “both sides of the aisle” are eager for a win, the United States is entering into a recession as you are preparing your presentation.

1. Write out an outline of your presentation.
2. How will you appeal to potential allies?
3. How will you prepare for “hostile” questions during the hearing?
4. What do you believe is your strongest argument for requesting additional funds?
5. What specific resources and actions will you ask for?

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Appendix A

Author	Title	Source	Year	Journal	Article Summary	SDOH Domain Addressed	Associated Theme	Oncology Setting	RQ Outcome
Hastert et al.	Social needs and health related quality of life among African American cancer survivors: Results from the Detroit Research on Cancer Survivors study	Google Scholar	2020	American Cancer Society Journal	Structural discrimination has negatively impacted the housing market, which has contributed ongoing instability among the African American population. The negative effects that structural discrimination have impacted barriers to cancer care, adverse hospitalizations, and health outcomes.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Community cancer center; Academic cancer center	Evidence-based interventions in academic and community-based oncology practices were developed to address social needs that are relative to the health of African Americans, that can identify and measure specific health outcomes and provide feedback systems should be implemented.
Gehlert et al.	A Critical Theoretical Approach to Cancer Disparities: Breast Cancer and the Social Determinants of Health	Google Scholar	2021	Frontiers in Public Health	Not having health insurance and not having adequate insurance coverage are both linked to poor health outcomes which includes lack of chronic illness management, low adherence to medication, and late detection of diseases. For Black women, not having adequate health coverage or lack thereof, is associated with being diagnosed with breast cancer at an advanced stage.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Safety-net hospital	To help control breast cancer mortality, safety-net hospitals is utilizing the Medicaid expansion of rates towards mammogram screenings. The expansion of Medicaid was connected to the decrease of breast cancer among Black women. Safety-net hospitals have contributed more efforts to breast cancer reduction among Black women involved an expansion within health insurance coverage, higher funding for hospitals, collaboration within the community, and structuring clinical trials to include more racial diversity.
Cousin et al.	Cardio-Oncology Health Disparities: Social Determinants of Health and Care for Black Breast Cancer Survivors	Google Scholar	2021	Clinical journal of oncology nursing	African American women have a higher likelihood of being diagnosed with cancer and a higher risk of cancer mortality. African American women are faced with challenges with accessing cardio-oncology health programs which includes socioeconomic barriers and other factors concerning SDOH. Eliminating the barriers to cancer care among African American women involves focusing on SDOH, increasing access to cancer care and incorporating tailored patient education opportunities as a way to provide social support and promote health equity.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Managed-care hospital	Cardio-oncology clinics and community resource centers offer nutrition, preventive health, and exercise service programs to decrease cancer risk and cardiovascular disease as a method to show improvement towards cancer survivorship among Black women and their overall quality of life.
Stringer-Reason et al.	Disparities in Breast Cancer Associated With African American Identity	Google Scholar	2021	American Society of Clinical Oncology Educational Book	Barriers of communication/information, financial, and emotional distrust, are common among poor African American women. All these barriers impact the high rates of breast cancer deaths. The access to breast cancer care is delayed more often for minority women. Economic, race, social, structural and poverty factors drive the determination of accessible, quality, and timely treatment for cancer patients. However, disparities of cancer mortality are significantly high for African American women.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Public safety-net hospital	By providing more health education to patients within public safety-net hospitals, they have had an increase of diversity to take place in the clinical trials process and offer more support within the infrastructure of community and academic facilities. The health education programs provided more resources and motivation towards an improvement of health promotion in policy reform.
Yoda, S., & Theeke L. A.	A Scoping Review of Factors Contributing to Late-Stage Diagnosis of Breast Cancer in Racial and Ethnic Minority (African American and Hispanic) Women	Google Scholar	2022	SAGE Open	African American women have a higher probability of being diagnosed reoccurrence of breast-cancer regardless of their access to supplemental cancer therapies. This indicates that being an African American woman signifies having health outcomes that are unfavorable and that cancer treatment is ineffective. SDOH are associated with advanced breast cancer diagnosis among African American women.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Community-based	To mitigate health awareness and promotion, health equity was attained within community-based hospital cancer centers through multi-level endeavors to address with persistence in disparities within communities that are deprived and underserved. Public health activities within this oncology setting, was appropriately implemented at the individual, interpersonal, organizational and political levels, to increase the community interventions towards the improvement of health outcomes of minority individuals.
White-Means et al.	Who Can Help Us on This Journey? African American Woman with Breast Cancer: Living in a City with Extreme Health Disparities	Google Scholar	2020	International Journal of Environmental Research and Public Health	African American women that are impoverished and underserved do not have accessibility to providers that offer high quality cancer care. They are faced with breast cancer screening facilities not being located in convenient neighborhoods, the inability to remain compliant to regimens of medications, inadequate accessibility to financial resources, and health literacy limitations.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Community-based	Community-based hospitals have developed support agencies that can provide affordable accessibility to medications that are expensive and create pharmacy-benefit opportunities for African American women. This implementation has reduced the barriers that intercept the ability for African American women to receive cancer care services to maintain their overall breast health.
Acquati et al.	The Impact of the COVID-19 Pandemic on Cancer Care and Health-Related Quality of Life of Non-Hispanic Black/African American, Hispanic/Latina and Non-Hispanic White Women Diagnosed with Breast Cancer in the U.S.	Google Scholar	2021	International Journal of Environmental Research and Public Health	The COVID-19 pandemic caused critical risks for cancer patients. However, African American patients were more likely to be infected when compared to non Hispanic whites. Although the susceptibility to the infection was caused by being immunocompromised due to cancer malignancy, African Americans were at a greater risk to be diagnosed with COVID. This demonstrated a very large racial disparity. Access to treatment and care negatively affected African Americans which involved delayed care and higher cancer mortality compared to non Hispanic whites	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Community-based	The assessment on the Covid-19 pandemic effects on cancer care and treatment and the associated impact of social determinants of health, has allowed community-based hospital cancer centers to put subsequent care delivery models in place that improves the transitions of cancer treatment and the continuity of cancer care.
Beltran Ponce et al.	Social determinants of health, workforce diversity, and financial toxicity: A review of disparities in cancer care	Google Scholar	2022	Current Problems in Cancer	The workforce within oncology has a lack of diversity and it has a vital influence on cancer care towards achieving health equity. Increasing ethnic diversity and racial diversity within cancer care among oncologists in the United States can encourage an increase in African American clinical trial recruitment, patient engagement, accessibility to affordable cancer care and potentially create an implemented pipeline program to encourage women and underrepresented minorities to pursue. The disconnect between these disparities and having equity in cancer care can potentially be addressed within a community-based setting.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Community-based	Community-based associations are now functioning concomitantly between members in the community and scientific academia, which enforces the achievement of cancer care equity.

Noyes et al.	An equity-based narrative review of barriers to timely postoperative radiation therapy for patients with head and neck squamous cell carcinoma	Google Scholar	2021	Laryngoscope Investigative Otolaryngology	African American patients are often presented with their diagnosis in a delayed manner which is caused by having low resources because of low socioeconomic status delays. The most imperative factor associated with timely post operative radiation treatment is SDOH. In order to maximize the cancer care outcomes, oncology providers must also consider SDOH as a method to promote access to equitable cancer treatment	Economic Stability	Socioeconomic Status and Racial Health Disparities	Hospital-based	Hospital based oncology centers have implemented efforts towards decreasing the disparities of health and increasing the promotion of health accessibility and health equity, which has addressed the needs of minority and underserved patients.
Johnson et al.	Bias Issues in Colorectal Cancer Management: A Review	Google Scholar	2022	Annals of Surgical Oncology	There are numerous inequities in the clinical trial accessibility that reflects bias among oncology providers as they treat patients with various malignant diseases. The quality of communication shows improvement Is necessary between patients and their oncologists as way to help patients with better decision making about receiving cancer screenings.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Outpatient surgery center	The outpatient surgical oncology center is practicing the utilization of evidence-based therapy interventions and cancer screenings to ameliorate barriers within their structure and works along with the health system to improve patient health outcomes.

Hirschey et al.	Barriers and facilitators to the engagement of physical activity among Black and African American cancer survivors during and after treatments	Google Scholar	2023	Support Care in Cancer	African Americans continue to be disproportionately affected by cancer when compared to other racial groups. A popular recommendation for those that have survived cancer is physical activity. African Americans are not as likely as non Hispanic whites to be physically active. There have been limited access for physical activity facilitators among African American cancer survivors during their course of cancer treatment and after. African Americans face environmental concerns which puts a limitation to their physical activity outdoors. Interventions that implement indoor physical activity would be necessary.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Hospital-based	The hospital-based oncology center developed physical activity interventions that responds to the facilitators and barriers to care that are identified among Black/African American cancer survivors and helps improve the population's cancer health outcomes.
Battaglia et al.	Translating research into practice: Protocol for a community-engaged, stepped wedge randomized trial to reduce disparities in breast cancer treatment through a regional patient navigation collaborative	Google Scholar	2020	Contemporary Clinical Trials	Non-Hispanic Black women have experienced inequities within breast cancer mortality compared to non-Hispanic white women, which is a recognized provocation. Strategies for coordinating evidence-based care to reduce the delays in treatment do exist but they are not implemented within the structure of many oncology settings.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Hospital-based	The integration of the patient-centered care coordination model was implemented in the hospital-based oncology setting as a way to minimize delays in cancer treatment and care for those experiencing barriers within the social determinants of health.
Silber et al.	Bridging the Care Continuum: A Pilot Program for Underserved Women with Breast Cancer	Google Scholar	2021	Journal of Oncology Navigation & Survivorship	Barriers within the social determinants of health generates the barriers within cancer treatment for African American women. SDOH barriers are composed of financial needs, lack of community support, psychosocial needs as well as many others, that limit underserved populations when seeking and undergoing cancer treatment and care. The field of oncology needs to integrate high-quality patient centered care as a commitment towards improving the health outcomes of medically underserved populations.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Traditional hospital based	Traditional hospital based cancer centers have implemented and created programs that are dedicated to women with breast cancer that are underserved. The programs provide supportive efforts to address barriers in cancer care and initiate the increase of accessible resources to promote improved continuity of care for vulnerable women.
Thompson et al.	Breast Cancer Disparities Among Women in Underserved Communities in the USA	Google Scholar	2018	Current Breast Cancer Reports	African American women encounter barriers at contextual, interpersonal, and individual levels when seeking high quality cancer care. Inadequate insurance coverage and being in poverty forces African American women to constantly suffer through the process of cancer screenings, the detection of cancer, cancer treatment and care as well as survival.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Comprehensive Cancer center hospital	The Susan G. Komen Foundation grant allowed the comprehensive cancer hospital to be involved in the local communities to work closely with researchers in order to recognize black women that may be in need of mammograms and connect them to patient navigators at their hospital. The patient navigators was the secondary intervention that allowed the comprehensive cancer hospital to make sure that the women who have positive results seek the necessary care and treatment.
Llanos et al.	Evaluation of Inequities in Cancer Treatment Delay or Discontinuation following SARS-CoV-2 infection	Google Scholar	2023	JAMA Network	African Americans disproportionately experience worse cancer outcomes than non Hispanic whites and Hispanic individuals. Various health inequities have contributed to this disparity. COVID19 has had a major impact on cancer survival among African American cancer patients. Cancer treatment and care was delayed more than two weeks among those that were disadvantaged by socioeconomic status which also led to the discontinuation of their cancer treatment. Inequities towards cancer survival was reflected more among African Americans.	Economic Stability	Socioeconomic Status and Racial Health Disparities	Safety-net hospital	Healthcare delivery has been disrupted by the COVID-19 pandemic significantly. However, the structural inequities caused by social injustice were addressed within the safety-net hospital to reduce the frequent delays in cancer treatment among nonHispanic Black cancer patients, by concentrating on the individual-level factors.
Dixit et al.	Navigating a Path to Equity in Cancer Care: The Role of Patient Navigation	Google Scholar	2021	American Society of Clinical Oncology Educational Book	Current cancer care and treatment advancements have not implemented beneficial interventions to address disparities throughout the continuity of care among minorities with low socioeconomic status. African American women experience high rates of late-diagnosis and mortality among other racial and ethnic patients. The advancements in cancer care and treatment are not implemented equitably thus creating greater disparities that are persistent in cancer outcomes categorized by geographical residence, socioeconomic status,	Economic Stability	Socioeconomic Status and Racial Health Disparities	Hospital-based (urban public)	Urban public hospital-based facilities achieved equity in cancer care for African American women by establishing local patient navigation programs that are responsive to their needs and by creating training programs for cultural competency for cancer care for all interdisciplinary healthcare professionals.
Smetherman et al.	Racial and Ethnic Disparities in Breast Cancer: A Collaboration Between the American College of Radiology Commissions on Women and Diversity and Breast Imaging	Google Scholar	2021	Journal of Breast Imaging	The guidelines of cancer care are currently based on race-based categories versus biological hormone receptors, that are linked to a greater burden of terminal disease which differentiates the outcomes of cancer between non-Hispanic whites and African Americans. Breast cancer mortality is not explained by comorbidities pertaining to race. Cancer treatment that is equitably rendered to African American women and non-Hispanic white women are reported to have health outcomes that are equal.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Non-profit Hospital based	The ACR Health Equity Coalition furnished a conceptual structure for radiologists to offer resources, ideas, and practices that was implemented in the non-profit hospital cancer center as well as radiology clinics and departments, medical institutions, and in the communities where the information can be accessible to patients. Oncology advocates, patients, and specialists have been able to collaboratively assist with mitigating health disparities that exist among disadvantaged populations within the non-profit hospitalbased setting.

Alcaraz et al.	Understanding and Addressing Social Determinants to Advance Cancer Health Equity in the United States: A Blueprint for Practice, Research, and Policy	Google Scholar	2019	ACS Journals	Current trends and needs in cancer care and treatment show that social care is to be integrated into the provision of healthcare. A population health approach is critically needed to identify effective public health policies that contribute to the underlying inequities of cancer incidence and mortality. Disadvantaged populations such as African Americans are limited in socioeconomic equity and social contexts which provokes their poor health outcomes related to cancer. Community-based cancer centers have been effective with utilizing community health workers and patient navigators to address gaps in cancer care towards minority patients as they focus on health equity throughout interventions that are individual-focused as it relates to social determinants of health	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Hospital-based	Multi-level research has been enhanced to support the necessary care models in hospital-based oncology settings as surveillance data is integrated into cancer care. Quality cancer treatment and care is prioritized from the leadership level to demonstrate the commitment to improving the accessibility to care for disadvantaged communities.
Schiefelbein et al.	Treatment Inequity: Examining the Influence of Non-Hispanic Black Race and Ethnicity on Pancreatic Cancer Care and Survival in Wisconsin	Google Scholar	2022	Wisconsin Medical Journal	Racial disparities are presented as a treatment barrier that limits African Americans in their cancer survival. African American patients are able to receive similar cancer survival rates as non-Hispanic whites as long as approaches to cancer care and treatment that mitigate cultural disparities are effectively structured.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Community-based	Community-based hospitals are actively addressing the disparities that are prevalent among non-Hispanic Black pancreatic cancer patients by employing approaches that are culturally humble such as utilizing community outreach programs, social engagement programs, medical interpreters, and nurse navigators as a method to improve the harmony between the patient-and-provider relationship.
Fazal et al.	Racial and Ethnic Disparities in Cardio-Oncology: A Call to Action	Google Scholar	2021	JACC Journals	Cultural incompetency/incompatibility issues among oncologists have an influence on African-American cancer care and treatment. Cultural representation within oncology assists with the gaps in cancer practice. Structural factors that include lack of health insurance, low attainment of education and limited accessibility to quality health services demonstrated a greater risk of cancer for African Americans. Closing the barriers to cancer care among the African American population includes addressing social determinants of health and structural racism in order to improve their health outcomes	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Hospital-based	Focusing on social determinants of health contributes to addressing the disparities and dismantling the racism that prevents accessibility to cardio-oncology treatment. Designing multifaceted interventions that monitor and quantify accurate approaches to cancer treatment will close the gaps in cardio oncology practices and clinical cancer care.

Kaye et al.	Costs of Cancer Care Across the Disease Continuum	Google Scholar	2018	The oncologist	The expenditures in cancer care and treatment demonstrate a higher incurred cost among African Americans. However, chemotherapy is not utilized as frequently among African American patients when compared to non-Hispanic whites, because of the costs. Due to poor accessibility to cancer care services and unaffordability, African American patients are routinely in the ICU and are often admitted to inpatient hospitals.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Acute hospital-based	The Oncology Care Model has been proven to demonstrate better cancer care coordination in acute hospitals because it improves the guidelines for consistency throughout the process of patients undergoing chemotherapy. OCM helps target the costs of cancer care and simultaneously helps improve the quality of care.
Chan et al.	Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature	Google Scholar	2023	a cancer journal for clinicians	There is evidence increasing within the United States that reflects disparities all over the continuity of cancer care among the African American population. Because of SDOH barriers, such as lack of financial resources and health coverage, there is a reduced level of adherence to cancer treatment regimens which makes their quality of life and likelihood of survival less favorable.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Acute hospital-based	Patient navigation has increased its effectiveness in acute hospitals towards improving patient health outcomes throughout the continuum of cancer care. Patient navigation has proven to increase health literacy with its health education component, timeliness of cancer treatment and care, and overall care coordination to better serve minority populations.
Vuong et al.	Outpatient Mastectomy: Factors Influencing Patient Selection and Predictors of Return to Care	Google Scholar	2021	Journal of the American College of Surgeons	Racial disparities are often found among African American cancer patients. They are more likely to be readmitted to the hospital after undergoing mastectomy surgeries and are less likely to undergo outpatient mastectomies compared to non Hispanic white patients.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Managed-care hospital	Rapid implementation of initiating communication of adopting new cancer practices concerning psychological and physical recovery and independence, have aided managed care hospitals in reflecting the efficiency of outpatient mastectomy procedures and reducing the high rates of unplanned hospital returns for care among African Americans.
Ellis et al.	Racial differences in the influence of healthcare system factors on informal support for cancer care among Black and White breast and lung cancer survivors.	Google Scholar	2020	Family & community health	The survival rate of breast and lung cancer for African Americans is much lower than non-Hispanic whites. This is due to poor financial health and poor physical health which is the contributing factor to their negative health outcomes. The racial disparity demonstrates the need for a more positive influence to be the instrument in achieving cancer survivorship	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Regional hospital	Regional cancer hospitals have made improvements on cancer care from the various levels that have impacted partnerships between community groups and other cancer centers to enhance the responsiveness to addressing the needs of underserved patients
Graboyes et al.	Barriers to the Delivery of Timely, Guideline-Adherent Adjuvant Therapy Among Patients with Head and Neck Cancer	Google Scholar	2020	JCO oncology practice	Barriers to treatment and care consisted of socioeconomic disadvantages, insufficient care coordination, communication, post-surgical issues, lack of timely education concerning necessary care, and insufficient timeliness of care delivery. These barriers were more affluent among the African American cancer patients.	Economic Stability	Socioeconomic Status and Racial Health Disparities	Outpatient hospital	The communication of treatment and care coordination is efficiently structured throughout the outpatient hospital setting. This component of their structure has increased the sufficiency of care transitions. Characterizing the dynamic of care transitions and generating translational interventions on every disciplinary level, decreased the delays of receiving timely care and treatment among patients that are underserved and socioeconomically disadvantaged.
Starweather et al.	Cancer-Specific health equity metrics in the United States of America: A scoping review	Google Scholar	2023	Cancer Medicine	Improving equity in cancer treatment and care among African American cancer patients is highly needed. Patient intervention is associated with the decrease in racial disparity when assessing timely care and adequate support from oncology providers.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Public safety-net hospital	Public safety net hospitals have improved equity in cancer treatment and care by strategizing necessary improvements for treatment interventions, evaluating methods to eliminate structural and social barriers among minority communities, identifying and addressing the gaps to cancer treatment and care that hinders cancer-related health equity, and extending
Mitchell et al.	Cancer healthcare disparities among African Americans in the United States	Google Scholar	2022	Journal of the National Medical Association	Although there's a lack of diversity in clinical trials, many cancer patients that are African American continue to be prescribed opioids beyond the phase of diagnosis and treatment, which increases the likelihood of opioid abuse/addiction among the African American population. Failure to address the inequities of cancer treatment widens the disparities in cancer care.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Hospital-based (urban safety-net)	The expansion of the diversity in clinical cancer trials reflected positive intentions in the urban safety net hospital, for underserved and underrepresented communities. It was the primary method to improve the available therapeutic options and overcome disparities.

Graboyes et al.	COVID-19 pandemic and health care disparities in head and neck cancer: Scanning the horizon	Google Scholar	2020	Head & neck	Hospitals where African Americans and other minority groups seek care, tends to offer a less capacity of healthcare resources and services. Certain services are limited in its accessibility to African American population due to their low health literacy. Building a community coalition to raise awareness to deliver culturally competent services to vulnerable populations can collectively support the needs of cancer care accessibility for African Americans.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Community-based	Data collection on cancer care accessibility from the community based oncology center was categorized by education, race/ethnicity, community, and income which raised awareness that the existence of ethnic and racial disparities continue to control the prevalence and incidence of cancer morbidity and mortality. Community based oncology centers have incorporated culturally appropriate protocols that proactively address challenges in health inequities and prioritize solutions towards ethnic and racial bias to ameliorate a strong impact on cancer care among African Americans.
Reyes et al.	Understanding a Diverse Cancer Center Catchment Area: A Qualitative Needs Assessment Built on A Theoretical Framework	Google Scholar	2020	journal of the Moffitt Cancer Center	High-risk populations, such as African Americans, are often known to have cancer at earlier ages prior to reaching the age 50. The guidelines for cancer screenings limits African Americans in certain age groups to receive services, which creates a barrier and demonstrates the need for effective cancer prevention and cancer control. Addressing this area of concern requires community interventions that can contribute to improving cancer outcome disparities.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Community-based	Community-based cancer centers have utilized comprehensive community needs assessments as a way to understand the needs of the community they serve. The assessments were a tool that visually demonstrated the health inequities that burden cancer patients. Conducting community needs assessments aided in convening community leaders and healthcare professionals to better understand the facilitators and barriers within cancer health disparities.
Jones et al.	Update to 2020-2022 ONS Research Priorities: Rapid Review to Address Structural Racism and Health Inequities through Oncology Nursing Research Agenda	Google Scholar	2021	Oncology nursing forum	Black/African Americans are faced with many health disparities pertaining to cancer treatment and care when they are compared to Whites. When Black/African Americans are in desperate need of cancer treatment, care, and resources, they are less likely to receive care and actively participate in cancer clinical trials, thus having unfulfilled needs.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Safety-Net Hospital	Safety net hospitals have implemented multi-faceted approaches that are guided by The Critical Race Theory, which achieved health equity in the overall provision of cancer care. It led to empowerment of a paradigm shift to diminish the structural racism that is implemented in oncology care coordination and oncology practices.
Irwin et al.	Developing a Virtual Equity Hub: Adapting the Tumor Board Model for Equity in Cancer Care	Google Scholar	2022	The Oncologist	Cancer related clinical trials have lower rates of Black participants. Safety-net hospitals serve a large portion of Black patients that reside in areas where health resources are scarce. Black patients that mainly seek care in safety-net hospitals are often diagnosed with cancer at an advanced stage. The lack of health coverage is responsible for this disparity.	Health Access & Quality	Racial Disparities Towards Quality Healthcare Delivery	Safety-Net Hospital	The advantages of technology in the safety net hospital have been maximized to generate collaborative communication in predominantly Black communities, which expanded the potential of cancer practices as a method towards addressing the complexity within cancer care barriers.

Maniar et al.	Understanding the Social Determinants of Cancer: Challenges, Opportunities, and Pathways to Success	Google Scholar	2018	Quality Cancer Care	Black women have high death rates of cancer compared to non-Hispanic whites. Black women to continue to face obstacles in cancer care such as not having quality education, safe living environments, poverty, inadequate accessibility to decent jobs with fair wages, racial discrimination, and quality health care.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Non-profit Hospital based	To address the ongoing barriers to cancer treatment and care, nonprofit hospital based oncology centers have put forth the actions towards Identifying the oncology centers that provide care to patients in communities that have poor health outcomes generated by social determinants of health; establishing community health improvement programs that are implemented as an organizational priority; offer financial resources; implement programs that specifically relates to each sdoh barrier, measure the progress; make a report; and continue addressing the needs of the community each year.
Stabellini et al.	Social Determinants of Health and Racial Disparities in Cardiac Events in Breast Cancer	Google Scholar	2023	Journal of the National Comprehensive Cancer Network	Blacks have been classified as an inferior race since the 17th century and have been subject to inferior opportunities and rights. Social injustice, cultural injustice, poverty, education level, and low income, are factors of structural racism. It impacts their lifestyle conditions and limits access to cancer care and treatment. These conditions have played a major role on the poor health outcomes for Blacks.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	tertiary care center	Tertiary care centers have focused on health equity as a way to mitigate the impact of disparities in racial health outcomes to improve the parameters of social determinants of health.
Miller et al.	Cancer treatment and survivorship statistics, 2022	Google Scholar	2022	A Cancer Journal for Clinicians	Structural racism has provoked Black women to encounter ongoing barriers in accessing health care services and socioeconomic resources, thus forcing them to be exposed to health hazards, and having high prevalence rates of comorbidities. Many Black women do not receive mastectomies at stage 3 of breast cancer when compared to White women.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	hospital-based	Ongoing efforts are still in progress within hospital-based cancer centers towards improving survivorship among cancer patients. However, hospital-based cancer centers have identified and implemented appropriate practices for ensuring equitable cancer care and treatment is being rendered to patients, as their posttreatment and rehabilitation, is vital to addressing cancer morbidity and mortality.
Yedjou et al.	Health and Racial Disparity in Breast Cancer	Google Scholar	2019	Springer Link	Although improvements for diagnosis, screenings, and early detection of cancer have been reflected in the health system, Black women are still unlikely to receive adequate cancer care and treatment when compared to White women. Social determinants of health have affected the ongoing disparities in morbidity and mortality of breast cancer among Black women. The social injustice placed upon the culture of Black women limits their options for cancer treatment.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	York State hospitals	York State hospitals have put forth efforts towards implementing diversity in their representation of healthcare professionals from minority groups, as a critical aspect that is needed in their decision-making process on addressing racial disparities to improve the provision of breast cancer care and treatment.

Moss et al.	Disparities in health-related quality of life in women undergoing treatment for advanced ovarian cancer: The role of individual-level and contextual social determinants	Touro Library (ProQuest)	2019	journal of the Multinational Association of Supportive Care in Cancer	Women that are undergoing treatment for ovarian cancer may experience having a low health-related quality of life depending on their socioeconomic status, ethnicity, and race. These aspects of social determinants of health have been directly associated with the decrease of ovarian cancer survivors.	Social and Community Context	Socioeconomic Status and Racial Health Disparities	Outpatient treatment center	Outpatient treatment centers have addressed the barriers between the social determinants of health and insurance coverage status, thus improving the overall experience of treatment for ovarian cancer significantly.
Han et al.	Risk Factors of Health-Related Quality of Life among Gastrointestinal Cancer Survivors in the U.S.: With a Focus on Social and Behavioral Determinants of Health (SBDH)	Touro Library (ProQuest)	2023	International journal of environmental research and public health	Relationships between ethnic and racial minorities and their health-related quality of life, is their poor social determinant of health status.	Social and Community Context	Community-based and Societal Inequities towards Cancer Care/Treatment	Comprehensive Cancer Center	Comprehensive cancer centers have established health-related quality of life assessments that are customized to test survivorship interventions. This allows efficient observation of gastrointestinal cancer survivorship among those that are underserved in minority populations and are disadvantaged economically and socially. Comprehensive cancer centers have community-based programs for cancer survivors that can provide support for mental and functional health rehabilitation as a method towards improving the accessibility to cancer care.