

Racial, Ethnic, and Economic Disparities in California Medicare Fee-for-Service

Cancer

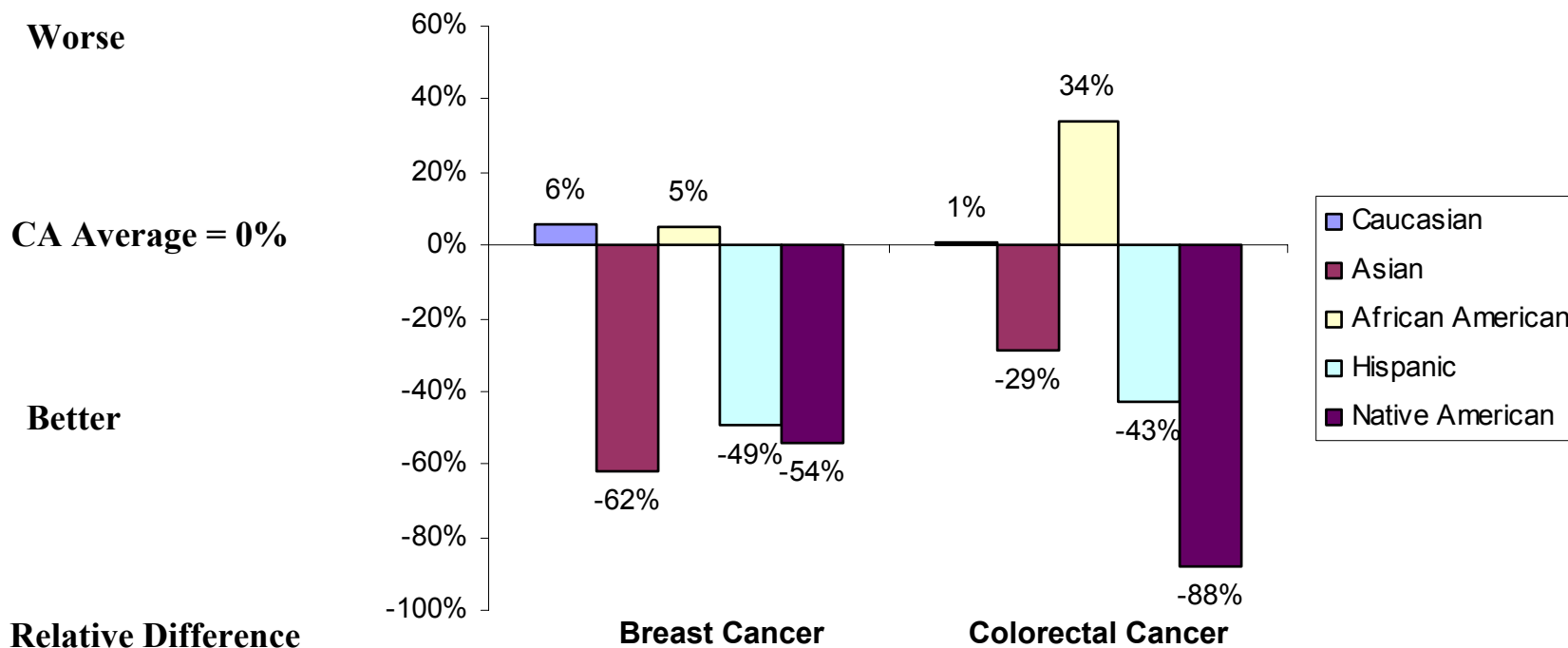
Selected indicators from:

Medicare Fee-for-Service In California:

Disparities in Quality by Place, Race, and Economic Status

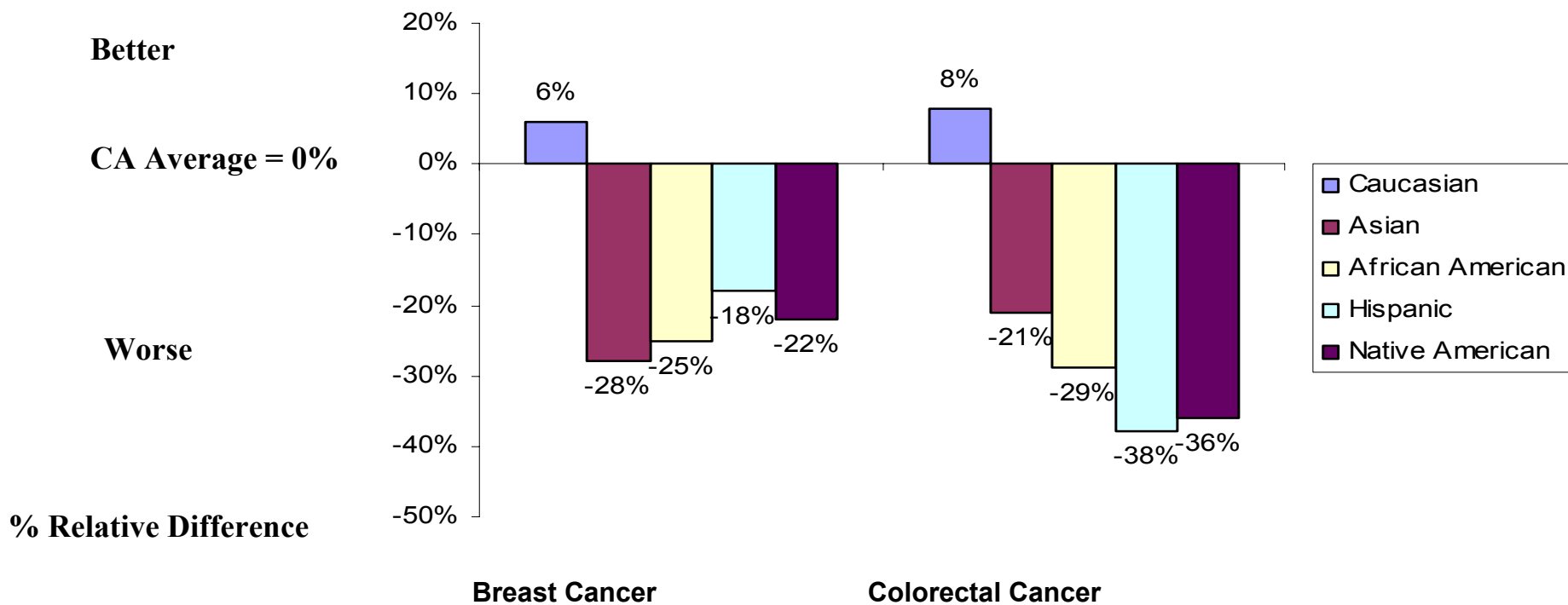
California HealthCare Foundation and CMRI

Cancer mortality for Caucasians and African Americans higher than average, much higher than other groups.



Relative Mortality Rates by Clinical Condition and Race Percent relative difference in rate/100,000 Population, 1999, as compared to the California average.

Cancer screening rates lower than average for all groups except Caucasians.



1999-2000 Medicare fee-for-service population

California compares favorably with U.S. on percentage of late stage cancer diagnosis.

	Breast Cancer	Colorectal Cancer
CA	2.6%	11.1%
US	6%	20%

Late stage diagnosis identifies advanced cancer, which has a higher risk of death than earlier stages.

Late stage cancer diagnosis is based on staging criteria published by the American Joint Committee on Cancer. Data from the California Cancer Registry public use file *Cancer in California: 1988-1998*, and the State of California, Department of Health Services, Cancer Surveillance Section, December 2000.

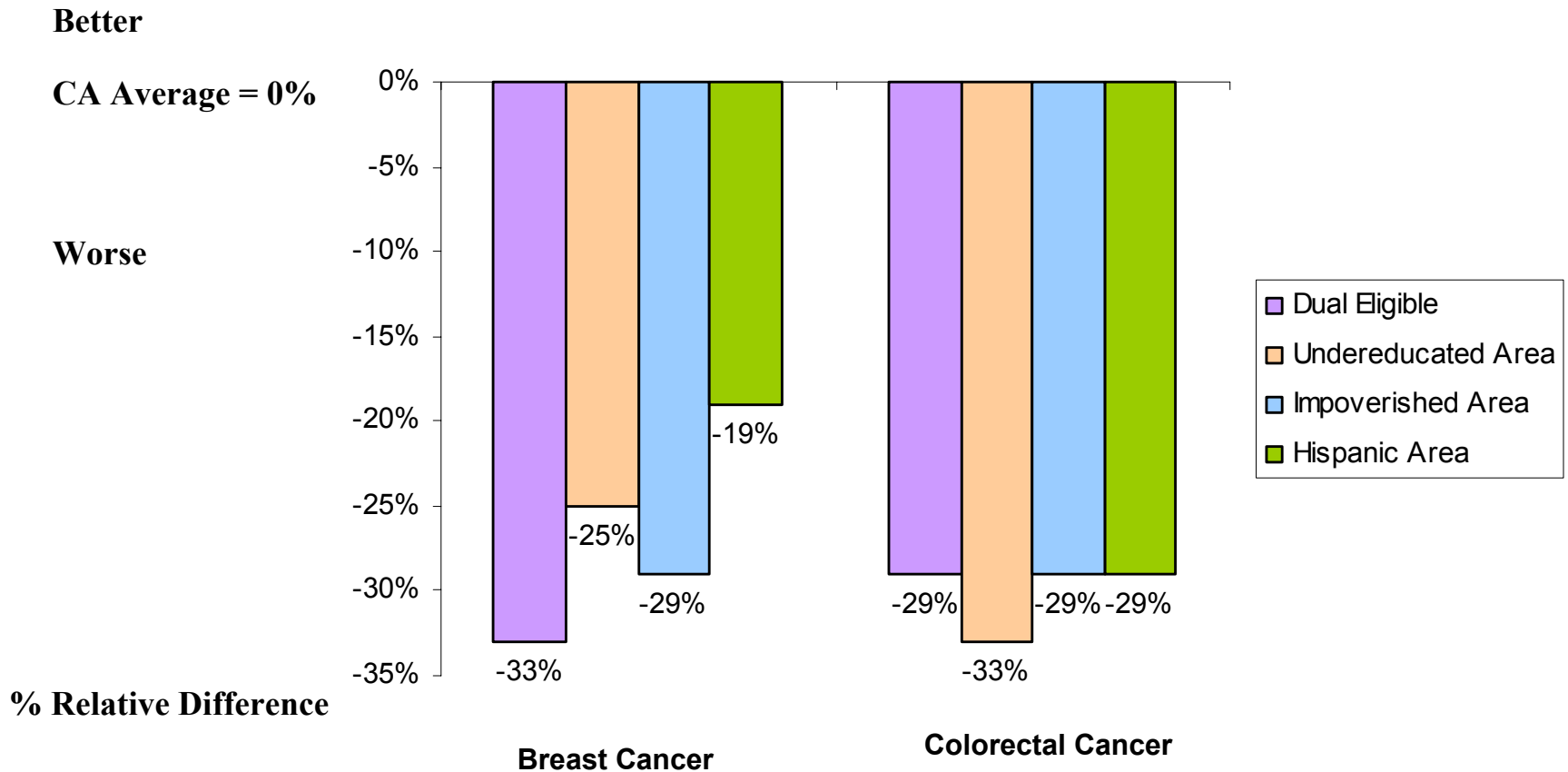
Quality Indicator: **Breast Cancer** Screening

- Breast cancer is the most prevalent cancer and second leading cause of cancer mortality in California women, yet many do not take advantage of regular screening with mammography, which can detect cancer at earlier stages, when the risk of mortality is much lower.
- The CMRI quality indicator measures the proportion of women ages 65 and older at the beginning of a two-year time period who have had at least one mammogram within the time period.

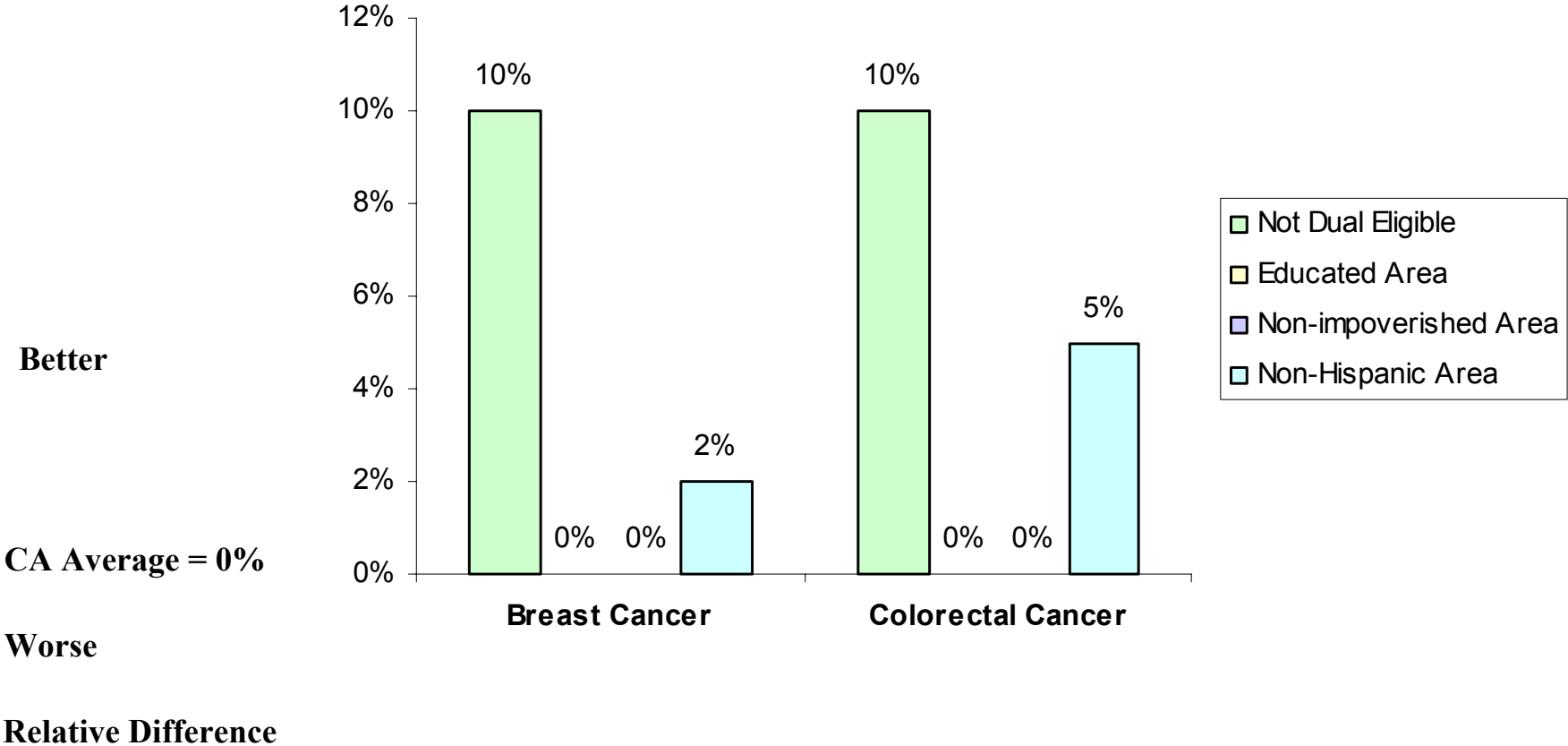
Quality Indicator: **Colorectal Cancer** Screening

- Colorectal Cancer (CRC) is the 2nd leading cause of cancer death in the United States, primarily affecting those age 50 and older. Every year, approximately 130,000 Americans are diagnosed with CRC, and more than 56,000 die from the disease. For a disease largely preventable with screening, only about 20% of California's Medicare beneficiaries take advantage of CRC screening coverage.
- This study looks at whether a beneficiary has had a fecal occult blood test (recommended annually); or a flexible sigmoidoscopy; colonoscopy, or barium enema within the study period.

Cancer screening received by beneficiaries with lower SES status, 1999-2000, compared to California average.



Cancer screening received by beneficiaries with higher SES status, 1999-2000, compared to California average.



Across most race groups, beneficiaries with lower SES were less likely to receive cancer screening than beneficiaries with higher SES. This was particularly true among Caucasians, where some of the largest differences between low and high SES were seen.

Cancer screening rates by race, California Medicare fee-for-service population compared to national levels.

Quality Indicator	Caucasian	Asian	African American	Hispanic	Native American	California	U.S.
Breast Cancer, 1999-2000 Biennial mammography	54	37	39	42	40	52	56
Colorectal Cancer, 1999 Screening	22	16	15	13	13	21	44*

California falls particularly short of national quality performance levels in Colorectal Cancer Screening

* Source: 1999 CDC sample of adults age 50 and older

Questions and Comment

- What is the best strategy for improving colorectal cancer screening rates?
- Can we get explanations for the racial, ethnic, and socio-economic variations in cancer mortality?
- Opportunities
 - Increase Colorectal Cancer Awareness and Screening across the board
 - Investigate dietary and lifestyle factors