

# Hospitals serving large Black, Hispanic populations have fewer resources for cancer care: Study

November 16 2023

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Among the nation's hospitals, those that serve high numbers of Black and Hispanic patients are far less likely to have advanced medical

equipment and critical services that have been shown to boost the quality and effectiveness of cancer care, according to a study led by investigators at the UCLA Health Jonsson Comprehensive Cancer Center.

The findings, [published](#) in *JAMA Oncology*, highlight the importance of ensuring accessibility across diverse health care facilities to equitable and [quality care](#) for all patients diagnosed with [cancer](#).

"When it comes to treating people with cancer, we know adequate resources are essential for quality care," said Dr. Gracie Himmelstein, a [resident physician](#) in the department of medicine at the David Geffen School of Medicine at UCLA and first author of the study.

"And we know what hospital you go to has a big impact on sort of what care you get. A big piece of why that is has to do with the resources that are available at those hospitals."

The researchers analyzed patient data from hospitals across the U.S. that accept Medicare and Medicaid, and they obtained hospital-reported data from the 2020 American Hospital Association Survey. Their analysis included 4,373 hospitals, 432 of which serve high numbers of Black patients and 432 that serve a large population of Hispanic patients (with 62 of these also serving a high number of Black patients).

The team looked at the availability of 34 cancer-related services at these facilities, including core services like [hospice care](#) and [pain management](#), chemotherapy and [radiation therapy](#), robotic surgery, [diagnostic radiology](#), patient support groups, and tobacco-cessation programs.

They found that hospitals serving high numbers of Black, Hispanic, and other racial and ethnic minority patients were significantly less likely to offer all the core services.

Among these core services, 13 significant disparities emerged. These included access to PET/CT scanners, palliative care, esophageal cancer ablation services, several radiotherapy techniques, diagnostic radiology services, treatments like chemotherapy and robotic surgery, tobacco treatment programs, support groups and acute inpatient psychiatric consultations.

"Many of these services are indispensable for offering top-quality cancer treatment," said senior study author Dr. Patricia Ganz, a professor of medicine at the Geffen School of Medicine and director of the Center for Cancer Prevention and Control Research at the Jonsson Cancer Center.

"Access to a PET/CT machine, for instance, plays a pivotal role in precise cancer diagnosis and monitoring, while [palliative care](#) services are instrumental in improving the overall quality of life for patients. Similarly, the capability to perform ablations for esophageal cancer can significantly impact treatment outcomes and survival rates."

The lack of tobacco treatment programs available for people of color was also surprising, Himmelstein noted, since racial and ethnic minority groups are more likely to have tobacco-related cancers.

"The study's findings shed light on the uneven distribution of crucial resources in different health care settings, which can alter access to timely and appropriate screening, treatment planning, cancer care delivery and outcomes," Himmelstein said.

The researchers said that further work is needed to understand the interplay between these disparities and the role of geographic, linguistic and cost barriers, as well as cultural beliefs and discrimination.

**More information:** Patricia Ganz et al, *JAMA Oncology* (2023). [DOI:](#)

[10.1001/jamaoncol.2023.4952](https://doi.org/10.1001/jamaoncol.2023.4952) , [jamanetwork.com/journals/jama/ ...  
/jamaoncol.2023.4952](https://jamanetwork.com/journals/jama/.../jamaoncol.2023.4952)

Provided by University of California, Los Angeles

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