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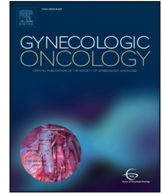
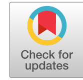


Review Article

# A contemporary framework of health equity applied to gynecologic cancer care: A Society of Gynecologic Oncology evidenced-based review



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## HIGHLIGHTS

- Disparities in incidence and outcomes for women with gynecologic malignancies are multifactorial.
- Interactions between social determinants of health and the healthcare system lead to disparities.
- Accurate measurements of disparities are challenging.
- Multilevel interventions are needed to improve health equity for women with gynecologic cancer.

## ARTICLE INFO

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## ABSTRACT

Health disparities are defined as the preventable difference in the burden of disease, injury, and violence, or opportunity to achieve optimal health that socially disadvantaged populations experience compared to the population as a whole. Disparities in incidence and cancer outcomes for women with gynecologic malignancies have been well described particularly for American women of Black race. The etiology of these disparities has been tied to socio-economics, cultural, educational and genetic factors. While access to high quality treatment has been primarily linked to survival from cervical and ovarian cancer, innate biologic distinctions have been principally cited as reasons for differences in incidence and mortality in cancers of the uterine corpus.
This article will update the framework of disparities to incorporate a broader understanding of the social determinants of health and how they affect health equity by addressing the root causes of disparities within the health care system. Special populations are identified who are at risk for health inequities which include but are not limited to Black race, underserved racial and ethnic minorities (e.g. indigenous peoples, low English fluency), trans/gender nonconforming people and rural populations. Each of these populations at risk have unique structural barriers within the healthcare system impacting gynecologic cancer outcomes. The authors provide practical recommendations for practitioners aimed at eliminating cancer related outcome disparities.
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## 1. Introduction

The public health implications of racial and ethnic disparities in healthcare in the United States came to broad attention in 2002 with the Institute of Medicine (IOM) report entitled *Unequal Treatment* [1]. Since the time of the IOM report, the definition of health disparities has broadened. As the United States diversifies, direct engagement to reduce healthcare disparities is an ethical imperative and is necessary to improve population-level health outcomes [2]. Beyond social justice, health disparities result in a direct cost burden on the healthcare system as well as indirect costs associated with lost work productivity, absenteeism, family leave associated with avoidable illness in family members, and lower quality of life [3].

This article provides a systems-level framework of understanding disparities for the practicing gynecologic oncologist and reviews the specifics of health disparities related to gynecologic cancer care.

## 2. Definitions and background

A *health disparity* is defined as a "difference in health that is closely linked with social or economic, and/or environmental disadvantage and is often driven by the social conditions in which individuals live, learn, work, and play" by the National Cancer Institute [4]. Health disparities cannot be defined without defining *social disadvantage* or *social inequity* as "the unfavorable social, economic, or political conditions that some groups of people systematically experience based on their relative position in social hierarchies [2,4]."

*Social determinants of health* are a broad constellation of economic, social, and environmental factors that influence an individual's health status [5]. The Healthy People 2020 report focus on disparities reflects the idea that an individual person's health is inseparable from the health of the person's community and that the absence of disease does not automatically equate to good health [5,6]. Five core social determinants include economic stability, education, social and community context, health and health care, and neighborhood and built environment. Each of these core determinants have sub-categories that inform and shape an individual's risk or protection from the development of specific health conditions [6].

The goal of equal health for all requires a structure of *health equity* - defined as the "attainment of the highest level of health for all people." Fig. 1 allows this concept to be visualized. In the illustration, all people need to reach the fruit but not everyone is the same size. Size, in this metaphor, represents different levels of opportunity, access, or privilege for a certain group. The distribution of extra boxes to those who need

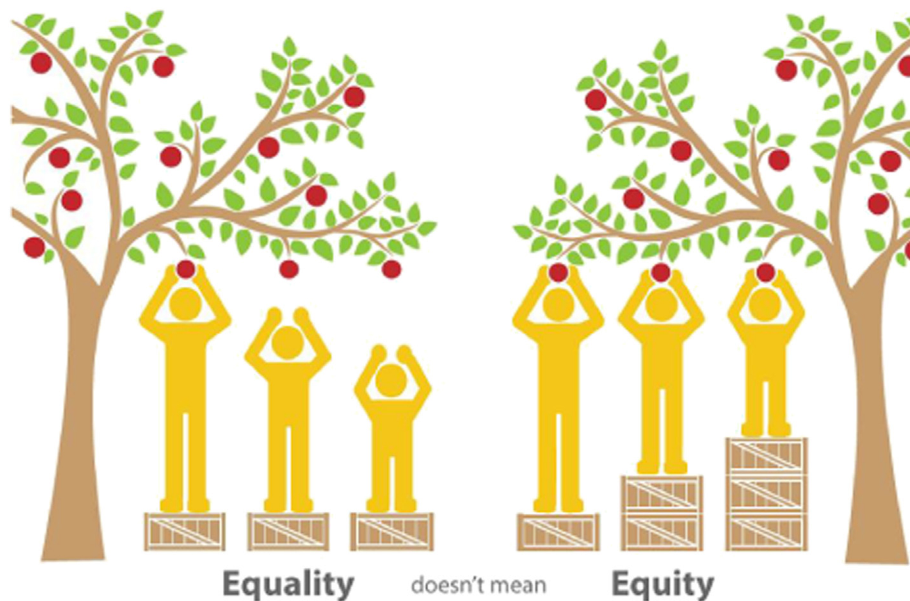


**Fig. 1.** Provision of health equity means recognizing that some patients will actually need more resources in order to reduce health care disparities. http://culturalorganizing.org/the-problem-with-that-equity-vs-equality-graphic/.

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