Why is Data Collection Important?

Some groups may have a higher cancer burden based on race, ethnicity, language, or other characteristics. Collecting demographic data can help clinicians better understand and treat their patients and can help communities take action to reduce the cancer burden.

Collecting Demographic Data Such as *RACE, GENDER, ETHNICITY, LANGUAGE,* and *DATE OF BIRTH* Will Help You To:

- Better describe the population you serve

- Ask better questions and seek solutions

- Gain a better understanding of factors that contribute to cancer disparities

- Identify and address communication barriers

- Address disparities through finding and closing the gaps in access to care

- Compare and share data

- Meet "Meaningful Use" requirements

- And much more

Did you know that 20% of people in the U.S. have a primary language that is not English and less than 60% of non-primary English speakers living in the U.S. speak English "very well"?

For more information and examples of how Michigan organizations are collecting and using demographic data go to:

http://www.michigancancer.org/Data/DataCollection.html

MCC
Michigan Cancer Consortium

Why is Data Collection Important?

Is All Health Care Provided Equally?
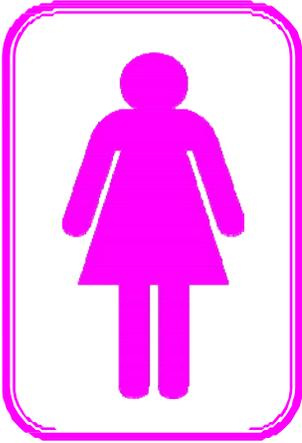
- In Michigan, as in the U.S., White females have a higher rate of new breast cancer cases than African American females. Yet, African American females have the highest age-adjusted rate of death from breast cancer.[1]

Are African American Women Getting Mammograms?

- Historically this was thought to be caused by underuse of mammograms among African Americans.[2] However African Americans between the ages of 50-74 have a similar mammogram rate (73.2%) to Whites (72.8%).[3] Other factors in the higher breast cancer death rate include issues such as longer follow up times.[4]
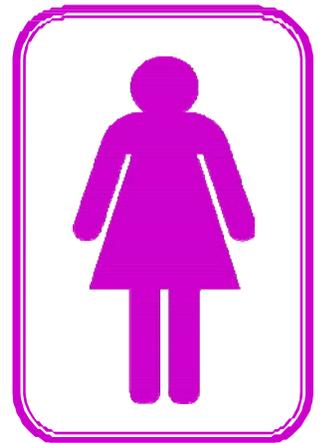
What Is Preventing African American Women From Completing Treatment And Surviving?

- Socioeconomic status has been found to be a better predictor of breast cancer prognosis than race. African American patients in Detroit were 36% more likely to die than their White counterparts in one analysis. When adjusted for socioeconomic status, the risk of death in African Americans was not significantly different from Whites.[5]

1. National Cancer Institute, "Cancer Health Disparities" http://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet
2. Centers for Disease Control and Prevention (CDC). Use of Mammography—United States, 1990. *MMWR* 1990; 39(36):627–630.
3. Centers for Disease Control and Prevention (CDC). Cancer screening—United States, 2010. *MMWR* 2012; 61(3):41–45.
4. "J Women's Health"2013 Feb; 22(2): 159–166.
5. Molly E. Roseland BS, Mary E. Pressler MD, Lois E. Lamerato PhD, Rick Krajenta MS, Julie J., Ruterbusch MPH, Jason C. Booza PhD, Kendra Schwartz MD, MPH and Michael S. Simon MD, MPH, "Racial differences in breast cancer survival in a large urban integrated health system", 25 JUN 2015