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:


Acknowledgments: Michigan Cancer Consortium Data Collection Subcommittee and Ingham County Health Department. This publication was supported in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement SU5DP003040. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
**Why is Data Collection Important?**

- 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

- 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

- 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

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