ASO Author Reflections: The Impact of Residential Segregation on Pancreatic Cancer Diagnosis, Treatment, and Mortality

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A myriad of studies exist highlighting racial disparities in pancreatic cancer treatment and outcomes between blacks and whites.¹ However, few have assessed structural racism as the etiology of these disparities, and fewer still have offered solutions towards parity. Given the socially constructed nature of race and the long history of discriminatory practices and policies that have been formed around it, our study sought to further understand the impacts of discriminatory practices, in the form of residential segregation, on pancreatic cancer treatment and outcomes.

Our findings are stark and highlight the enduring impact of segregation on the health of black Americans today.² We find that with increasing segregation, black patients suffering from pancreatic cancer are significantly more likely to present at advanced stage, less likely to undergo surgical resection, and have worse overall mortality. Similarly, compared with white patients, blacks are more likely to present at advanced stage, less likely to undergo resection, and had higher mortality. Most importantly, these disparities disappear at low levels of segregation, which suggests that segregation is an important driver of these disparities.

Overall, our study highlights the social construction of race and the effects of discrimination therein. Segregation within urban areas and redlining have led to devaluation of black communities with resultant intergenerational poverty that likely contribute to higher rates of chronic health conditions and poor access to care.³ Our findings shine

light on the need for targeted investment in these segregated communities to address the racial disparities in diagnosis, management, and outcomes in pancreatic cancer and all cancers.

Our own hospital, which serves a largely marginalized black population, has seen this need and has invested in housing within the very community that it serves to improve health. Armed with findings around the impact of structural racism on the health of black Americans, hospitals, and medical organizations can set the example for revaluing these disinvested communities. However, lasting change will need to come from naming racism as a root of the problem and implementing governmental policies aimed at investment in black communities to reverse the effects of historically racist policies.

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