Guest Editorial

Special Issue on Global Health Disparities Focus on Cancer

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Haeok Lee, PhD, RN, FAAN who is a Korean-American nurse scientist, received her doctor al degree from the Nursing Physiology Department, College of Nursing, University of California, San Francisco (UCSF), in 1993, and her post doctor al training from College of Medicine, UCSF. Dr. Lee worked at Case Western Reserve University and University of Colorado Health Sciences Center. She has worked at the UMass Boston since 2008. Dr. Lee has established a long-term commitment to minority health, especially Asian American Pacific Islanders, as a community leader, community health educator, and community researcher, and all these services have become a foundation for her community-based participatory research. Dr. Lee's research addresses current health problems framed in the context of social, political, and economic settings, and her studies have improved racial and ethnic data and developed national health policies to address health disparities in hepatitis B virus (HBV) infections and liver cancer among minorities. Dr. Lee's research, which is noteworthy for its theoretical base, is clearly filling the gap. Especially, Dr. Lee's research is beginning to have a favorable impact on national and international health policies and continuing education programs directed toward the global elimination of cervical and liver cancer-related health disparities in underserved and understudied populations.

The population of the developed countries has enjoyed rising life expectancy and improving health,[1-3]and significant progress has been made in the battle against cancer in these countries.[4-6] Global Burden of Cancer Study estimates about 14 million new cancer cases and 8 million deaths occurred globally in 2012.[6] Over the years, the burden of cancer-related health issues has shifted to less developed countries, and the gap in cancer-related health outcomes between the developed and developing countries is widening.[1-6] According to the WHO, the social determinants of health are mostly responsible for health in equities in the world.[2] These include where persons are born, live, work, and the health-care systems in their communities. In the1990s, 89% of the annual world expenditure on healthcare was spent on 16% of the world's population who bear 7% of the global burden of disease.[7] The WHO reports that sub-Saharan Africa, with 11% of the world's population and 25% of the global burden of disease, accounts for <1% of global health expenditure while the Americas, with 14% of the worlds' population and 10% of the global burden of disease, account for more than 50% of the global health expenditure.[8] According to a recent

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International Financial Cooperation report,[9] sub-Saharan African has 11% of the world's population but carries 24% of the global burden of diseases with <1% of global health expenditure and only 3% of the world's health workers.

The aim of this special issue is to examine global cancer health disparities and to provide a forum for health professionals, researchers, educators, politicians, nongovernment agencies, and social activists to share their knowledge on cancer-related global health disparities. It is our intent to create dialog to gain a deeper understanding of individual and social determinants of cancer disparities from a global perspective. This special issue comprises both editorial comments and four articles that examine cancer incidence across countries and the determinants of cancer-related health. The authors then provide recommendations to move toward more equality in coping with cancer globally. In my opinion, these articles represent a timely and substantial contribution to oncology nursing within a global perspective.

The first article reports on presentations during the 2016 Oncology Nursing Society conference by panelists who were invited to discuss health disparities from their respective regional perspectives including Canada, Australia, Europe, and Asia. The panelists, all leaders in oncology nursing, review cancer health disparities and contributing factors to these disparities within and between countries. They identify the differences in the incidence of cancer and health outcomes between countries and continents. They emphasize the importance of recognizing and understanding the challenges and the complexity of global cancer health disparities. They also propose strategies, such as developing effective navigation programs in response to the fragmented systems of healthcare in there source-rich countries to improving access to cancer care among marginalized individuals and populations. They share their expertise to help nurses, particularly those who practice in resource-limited countries. Wang and Jiao thoughtfully review the literature and shed light on the status of cancer health disparities in China. They describe the status of health disparities facing rural communities across providences propelled by the rural–urban income gaps as well as by the smaller number of health professionals and health-care systems in the rural areas. They emphasize the high incidence of cancers in rural communities with limited cancer screening programs and the potential to improve cancer control. They conclude that the government controlled health-care systems are insufficient to address cancer health disparities in rural areas.

In his editorial of review of clinical trials, Zwitter states that most current clinical research is conducted by profit organizations and by researchers from the developed countries and claims that problems specific to cancer care in developing countries as opposed to those in more privileged countries are ignored. For instance, the populations in Asia and sub-Sahara Africa suffer from cancers that are less common in the West. Liver, cervical, and stomach cancers that are more common in some regions of Asia and Africa may not be addressed by as many treatment options as cancers such as lung, breast, and prostate more common in North American and Europe. Zwitter suggests that here be more studies (including clinical trials) among patients outside of the U.S. and Europe by nonprofit institutions and by researchers from both developed and developing countries.

One in six cancers world wide are caused by infections, and most of the infection-attributable cancers occur in less developed countries and were caused by infections that were preventable or treatable (HBV and hepatitis C virus [HCV], human papillomavirus, and *Helicobacter pylori*).[10]Lee and others bring integrated perspectives to the issues involved in the stigma of HBV infection among Asian and Asian-American populations, how different socio cultural contexts shape and affect HBV-related stigma experiences, and how stigma impacts health outcomes and health behaviors. They note that social stigma related to HBV is commonly found in Asians and that HBV-positive patients and their family members experience social exclusion or discrimination to the point that they were reluctant to undergo testing or to seek treatment. They urge the development and implementation of targeted group-specific public health educational interventions to address the avoidance of HBV testing and management that is due largely to a lack of knowledge about the routes of HBV transmission and social stigmatization. Most people in sub-Saharan countries face the double burden of both communicable and noncommunicable diseases which pose complex and additional problems within communities that possess limited resources and have unhealthy living environments.[8-12] Cancer health depends on the proper training of health-care workers (HCWs) by ensuring that they are not only well educated but also have had experiences that expose them to and prepare them for cancer care practice. The article by Mtengezo and others examines the knowledge of and attitudes toward HIV, HBV, and HCV among Malawi HCWs and finds that although HIV-related knowledge among them was high, the majority of HCWs had less knowledge about HBV and HCV and possessed more negative attitudes toward HBV and HCV than HIV. This points to the importance of providing better health education to HCWs, with an increased focus on HBV and HCV prevention.

The summary above demonstrates that this special issue addresses global health and cancer through a variety of topics that are all related to the global care of cancer and the disparities in that care. In developing countries, the major barriers to the prevention and treatment of cancer are the high cost, inadequate knowledge about and negative attitudes toward the disease, and a lack of the technical and public health infrastructure to support cancer screening and treatment.[2,3,7-12] The conclusions drawn in this special issue are to increase access to cancer-preventable vaccinations and treatments, promote public health education, and lower the cost by creating ways as HIV treatment which was made widely available throughout the world so that most people have access to it. There is also the need to train more nurses involved in cancer management to meet the needs of developing countries.

There needs to be new paradigm that addresses cancer health disparities which is globally accountable. It needs to enhance understanding in a world with radically different assumptions about health and healthcare and among people with different languages, customs, and social norms. This paradigm cannot reflect just the Western reductionist perspective. Reconstructing a new paradigm to reduce global cancer health disparities will require the direct engagement of people from both developed and developing countries as well as imaginative and innovative ideas embracing both similarities and differences across countries. More work is needed to improve research, resources, and health policy. Cancer management programs reflecting local populations and their sociocultural factors need to be developed and/or refined to reduce disparities in cancer screening and treatment.

Finally, all of the authors deserve our gratitude for their excellent work. The guest editor would also like to acknowledge the reviewers who dedicated their time and scientific expertise to ensure the high quality of the papers in this issue. I would like to conclude with my deep hope that you will learn and benefit from this issue just as much as I did.

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