

Absorb continued from // BA4

The physical environment around us — the chemicals our bodies absorb from the air, water and what we eat — also plays a role in cancer but linking a specific environmental factor to one person's cancer is particularly tricky.

But still, Rudaniecki does have his suspicions. He might be right, he might be wrong.

His house is almost directly across the street from the notorious environmental hot spot once known as Currie Products, a roofing tar manufacturer that operated on the site until 1979.

The property was subsequently covered over with earth and turned into Central Park. But there are still lingering concerns about the toxic soup of contaminants buried underneath, and the city once again started poking through the soil last month at the request of Ontario's environment ministry.

Rudaniecki said tar leaks were common when the company was in business, and he remembers waking up one morning to a river of tar running down the street from one curb to the other.

Benzene is one of the main components of tar and it's a known carcinogen linked to an increased risk of chronic lymphocytic leukemia.

"We had the fumes from there constantly," said Rudaniecki. "We had a garden in the



GARY YOKOMAMA, THE HAMILTON SPECTATOR

'If screening didn't affect the outcome, then we wouldn't screen. But we know that if we catch colon cancer early, we can improve survival rates.'

SHAWN FORBES
COLORECTAL SURGEON
SPECIALIZING IN CANCER,
JURAVINSKI CANCER CENTRE

back, like everyone along here, and we ate the vegetables out of the garden."

His mother, he said, had a breast removed because of cancer and she also had a brain tumour. His stepfather died from a combination of lung and brain cancer.

Rudaniecki says there have also been cases of cancer in the three houses next to his.

He adds it up in his head — seven people in four houses who got cancer.

"Coincidence? I don't know," he said.

"But seven people and four houses in a row?"

SHAWN FORBES is a colorectal surgeon specializing in cancer at the Juravinski centre.

Income continues // BA6

MANY STRATEGIES MUST COME INTO PLAY TO CREATE CHANGE

It's 'unsettling' to acknowledge our city's wealth equals health disparities

DR. RALPH MEYER

THE SPECTATOR'S cancer series vividly describes that people from across our neighbourhoods face different risks of developing cancer and have different outcomes after a diagnosis of cancer is made. The series follows themes reported by The Spectator since 2010 — we live in a society where health and educational disparities exist.

That these disparities exist is not new information. The series' important main message is that, despite this knowledge, there remains a clear relationship between socioeconomic factors and health. We also see that this relationship includes cancer.

In August, I took on the roles of president of Juravinski Hospital and Cancer Centre and regional vice-president for cancer services in our LHIN, and resumed a faculty position at McMaster University. I work with highly qualified and dedicated colleagues and together we face important challenges. Our community expects that we will address these challenges with diligence and compassion.

This community is important to me and to my family and we established roots here. I graduated from McMaster's medical school in 1978 and between 1984 and 2006 was a member of McMaster's faculty and worked as a hematologist for patients with blood cancers. During this time, my family and I lived and grew up in this community. To acknowledge that differences in cancer risks and outcomes exist in our city and can be traced to socioeconomic factors is unsettling. It is natural to ask "why does this happen?"

It is important to recognize that health disparities according to socioeconomic position have been observed in virtually every country studied. While health outcomes have improved dramatically over the past century for all populations, gaps continue to exist between higher and lower



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Dr. Ralph Meyer: 'gaps continue to exist between socioeconomic groups.'

socioeconomic groups. Some information suggests the magnitude of these gaps has increased.

Much work has been done to try to develop strategies to improve this situation. In 1993, Yale University professor Jonathan Feinstein proposed that explanations for disparities in health could be considered along two dimensions.

The first dimension considered

whether factors contributing to health status were directly or indirectly linked to household income. The second dimension accounted for factors that occurred over the lifespan of an individual, as well as factors related to ability to access and use the health care system. Combining these dimensions provides insight into the risk factors and outcomes associated with cancer, and direct courses of action.

For instance, if we combine both factors we can envision that a person's health can be affected by availability of housing, neighbourhood environmental hazards, or the link between jobs and occupational risks. Actions to address this include social and regulatory policies.

When considering factors occurring over a person's lifespan that are not directly associated with income, we anticipate that health, including risks of cancer, can be determined by underlying genetic risks or individual behaviours, such as smoking, diet and exercise.

Addressing this requires multiple strategies. With smoking, for example, actions can include social policy, such as bans on smoking in public places, educational initiatives and interventions such as smoking cessation programs.

Factors related to access and use of the health care system that are directly related to income include having medical and drug insurance, and proximity to health care facilities. Actions include social policies, such as universal health care and drug insurance, and strategies to provide social support, as well as health care professionals who tailor services to local health problems.

Factors not directly associated with income that affect access and use of the health care system include cultural compatibility of services, awareness of how to access these services, compliance with a professional's advice and ability to self-identify health ailments.

Actions include providing an efficient health care system that is sensitive to cultural differences and aligns the availability of multiple health care providers.

Our regional cancer program incorporates strategies and interventions for cancer prevention, screening to detect tumours at precancerous or early stages, diagnostic testing, cancer treatments and posttreatment care. Factors contributing to health disparities by socioeconomic position occur at each step.

Importantly, differences by socioeconomic position are particularly associated with gaps in accessing prevention and screening interventions.

These observations led to our cancer program's recent launch of a mobile coach bus. The coach brings access to cancer risk assessment, screening for breast, cervical and colon cancer, and information about cancer prevention. These services are provided to communities where risks of certain cancers are greatest and unmet needs exist.

Evidence from the social and medical sciences assist our understanding about health disparities. However, the complexities of factors that contribute to the disparities are sometimes difficult to explain. Equally, every strategy for action has important limitations.

From the perspective of public awareness, these analyses may appear sterile — information that evokes a more emotional and compassionate reaction is needed to engage the many elements of our society that have a role in contributing to solutions.

We will continue to work with all interested parties to determine how we can make a difference to the people we serve. We welcome new partnerships and thank The Spectator for profiling these important issues.

Dr. Ralph Meyer is the new president of Juravinski Cancer Centre, regional vice-president for Cancer Care Ontario and a professor in McMaster University's department of oncology.

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