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The Office of Research on Women's Health (ORWH) of the National Institutes of Health (NIH) is proud to have participated in the development of the National Cancer Institute Monograph on Cancer in Women of Color. This monograph offers a single, accessible source of cancer information specific to the diverse populations of women of many racial and ethnic origins living in the United States. The monograph identifies gaps in knowledge where additional data and cancer-control interventions are needed. It also provides valuable direction for those who are planning projects, programs, and policies to enhance and expand our efforts to combat cancer in women and minority populations. The research summarized here will aid investigators as they design studies and recruit women from diverse communities for participation in clinical research, allowing all women to ultimately benefit from the findings of publicly supported research.

This monograph is an important resource for policymakers and women's health advocates to understand the unique health status of women of color and to take action to more fully address their specific needs. The data presented here focus not only on cancer-related outcomes, such as incidence, mortality, and survival, but also describe the historical and cultural contexts that affect the health and quality of life of women in nine minority populations. The evolution of women's roles and the patterns of acculturation among minority groups have important consequences for the causes and impact of cancer on women's lives, and also provide opportunities for the development of culturally sensitive pathways to prevention.

ORWH was established in 1990 to serve as the focal point for women's health research at NIH. The mandate of the ORWH includes efforts to:

- strengthen and enhance research related to diseases, disorders and conditions that affect women and related to sex and gender factors in health;
- ensure that women are appropriately represented in biomedical and biobehavioral research studies supported by NIH; and,
- develop opportunities for and support the recruitment, retention, re-entry and advancement of women in biomedical careers.

This monograph is one of many ways in which ORWH is addressing its mission. Building on other recent efforts, such as the Women of Color Health Data Book, this publication continues our commitment to improving the health of all women in the United States by strengthening research on health issues of women of color. The inclusion, or later exclusion, of women and minorities from many mainstream health-research protocols resulted from a number of historic events and posed specific questions related to their risks as populations in clinical studies. Events such as the revelations of the intolerable actions of the Public Health Service study of syphilis in African American men in Tuskegee, Alabama, and the marketing of drugs and devices

for women without appropriate clinical research (e.g., thalidomide, diethylstilbestrol, and the Dalkon Shield IUD) or even some related clinical trials had disastrous consequences. As a result, research policies and practices resulted that for many years may have influenced some important research studies that did not include women or minorities in order to prevent their further exploitation. While perhaps well-intentioned, such policies or practices has resulted in a lack of data about many diseases and conditions affecting these traditionally underserved populations. And, a lack of data can result in a continued lack of identified or proven effective interventions that could alleviate health disparities for these groups.

ORWH is committed to working proactively to ensure that women of diverse populations are included in clinical research, and to maintaining a scientifically appropriate, up to date, comprehensive agenda for women's health research. Based in the women's health movement of the 1970s and 1980's, Federal law and NIH policies now require that women and minorities be included in NIH-supported clinical research in numbers adequate to allow for valid statistical analyses. And, today, the NIH agenda for research on women's health encompasses issues that go far beyond the traditional focus on women's reproductive capacity, cutting across and integrating scientific disciplines, medical specialties, psychosocial and behavioral factors, and environmental determinants in a multidisciplinary, collaborative approach. It addresses various sex and gender perspectives of women's health, as well as differences in health status and health outcomes among diverse populations of women. The agenda encompasses the entire life span of women, from birth through adolescence, reproductive years, menopausal years, and the more advanced, elderly years. The women's health research portfolio includes studies to better define normal development, physiology, and aging in women, as well as studies of conditions that are unique to women and those that affect both men and women.

The authors of this monograph identify unique challenges for improving cancer-control research and interventions involving women of color. Issues common to several groups include educational and language barriers (including differences between these women and mainstream providers in verbal and nonverbal communication styles), expectations for care, and faith in the efficacy of complementary and alternative therapies. Several chapters identify culture-based beliefs about cancer, such as fatalism, invisibility, and incurability, which can all significantly hinder cancer-prevention efforts. Despite some promising successes, cancers are still generally discovered at later stages in women of color than in White women; earlier detection is one of the most crucial element in improving cancer survival in minority populations.

This monograph also identifies numerous cultural strengths on which successful cancer-control efforts can be built. Most of the nine ethnic groups discussed in this publication rely on strong family and community bonds for support and information. Several authors describe successful interventions in which community-based health workers recruit and maintain women into cancer-detection and cancer-prevention programs. The traditional beliefs of many ethnic groups include a strong sense that an individual's health is just one part of the holistic balance of life. Working with this philosophy rather than against it, researchers and practitioners can develop effective interventions within this context. Several chapters call for improved cross-cultural training for health care practitioners and researchers to assist them in appreciating the traditional beliefs and cultural context of the

particular group under study. Such respect is important if improvement in health is to occur in populations of color and diversity of cultures. Practitioners and researchers must be willing to understand and work to reverse any existing skepticism and distrust resulting from a historical legacy of discrimination and exclusion due to annexation, immigration, slavery, and/or segregation.

There is a tremendous amount of information in this monograph. However, this information is important only if it is put to use to design new and effective cancer research and cancer-control interventions. It is our hope that readers—be they researchers, practitioners, policymakers, or the public consumers of health care or volunteers in clinical research—will use this monograph as a starting place for removing the health barriers encountered by women of color, thereby enhancing our ability to provide quality services to all women, regardless of race, ethnicity, or cultural environment.