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ASO Author Reflections: Neighborhood Deprivation Indices and Cancer Care

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PAST

Inequity in cancer care has been well established by patient socioeconomic status, insurance coverage, race, and geography.^{1,2} With growing scrutiny of these disparities in cancer care delivery, there has been increased examination of how neighborhood characteristics influence cancer care.^{3,4} Multiple composite measures or indices of small-area socioeconomic characteristics have been used, but there is little consensus or consistency regarding how to employ them across cancer-related studies.¹ Understanding the structure of these indices, their application in cancer research, and their relationship with outcomes can better illuminate potential paths for improved care delivery.

PRESENT

This study conducted a scoping review to summarize the use of these neighborhood socioeconomic indices, and their association with outcomes in recent cancer literature.⁵ There are currently multiple measures of local socioeconomic status that vary in geographic area, from the level of block group to county. We highlight the differences in the most commonly used measures, what cancer-related outcomes have been evaluated using these measures, the populations that have been studied using indices, and the degree to which neighborhood-level socioeconomic status is associated with cancer outcomes.

FUTURE

Despite variance in methodology, there is a strong indication that socioeconomically deprived areas are associated with adverse cancer-related outcomes. Further work investigating deprivation in the context of cancer can inform drivers of inequity, and identify potential targets for care delivery and policy interventions. The decision about what measure to be used in current literature seems to be largely guided by the data available. However,

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DISCLOSURE

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researchers should balance the increased granularity of smaller-area measures with the potential instability of data that comes with smaller number of observations. The increased use of common deprivation indices with the appropriate causal frameworks may help create a more refined definition of neighborhood deprivation and direct solution-oriented work on cancer care inequities.

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