



Michigan Cancer Consortium (MCC) Tool of the Month - Use it to Promote:

### **National Minority Cancer Awareness Week is April 11 – 17, 2017**

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## MCC Tool of the Month

### **National Minority Cancer Awareness Week is April 11-17, 2017**

Sample Article on National Minority Cancer Awareness Week For Use in MCC  
Member/Stakeholder Organization Employee/Staff Newsletters

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### **National Minority Cancer Awareness Week – What You Can Do**

National Minority Cancer Awareness Week is April 11-17, 2017. It's a reminder that cancer affects some population groups more than others. Use National Minority Cancer Awareness Week to talk with others including family members and friends about the importance of cancer prevention and early detection, and to also encourage healthy behaviors.

Cancer disparities is the term used to describe how some population groups are adversely affected by cancer.

- Blacks shoulder much of the cancer burden in both the number of new cases and the death rate.
- It is thought that LGBT individuals are more likely to get or die from cancer than other groups. These disparities are likely caused by social/economic factors including the stress of living as a sexual/gender minority as well as behaviors including poor physical and mental health, obesity, smoking, and excess alcohol.
- It is estimated that there are over 1 million LGBT cancer survivors in the U.S.
- Individuals with a mental illness may develop cancer at a 2.6 times higher rate on account of late stage diagnosis and inadequate treatment and screenings. Individuals with a mental illness have a higher cancer death rate.
- American Indian and Alaska Native men and women have the highest liver cancer death rates.

The existence of cancer disparities point to obstacles people have in receiving health care services related to cancer prevention, early detection, and high quality treatment. Poverty is considered an important factor. And yet, even when insurance status, age, severity of diseases, and health status are comparable, it has been shown that racial and ethnic minorities tend to receive lower-quality health care than non-Hispanic whites.

The presence of social inequalities play a role too – these are the ways in which different groups of people have unequal opportunities and uneven access to social goods such as healthcare. These inequalities may include communication barriers and provider/patient assumptions and can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care.

There are a number of known risk factors for cancer. Risk factors are those things, many of which a person has control over, that increase a person's chances of getting cancer. People can reduce their risk for cancer by making healthy changes in their lifestyle. For example, if you smoke and want to quit, call the Michigan Tobacco Quitline at 1-800-QUIT-NOW (784-8669).

Talk with your health care provider about how you can prevent cancer and live healthier.

## April is National Minority Health Month

The 2017 theme is *Bridging Health Equity Across Communities*. The Office of Minority Health (U.S. Department of Health and Human Services) is working with partners to raise awareness about efforts across health, education, justice, housing, transportation, and employment sectors to address the factors known as the social determinants of health – environmental, social, and economic conditions that impact health.



The HHS Office of Minority Health leads the observance of National Minority Health month each year, and joins with federal, state, tribal, local and territorial partners across the country in calling for a renewed commitment to eliminate health disparities and achieve health equity.

Source: [U.S. Department of Health and Human Services, Office of Minority Health](#),

## National Minority Cancer Awareness Week is April 11-17, 2017

National Minority Cancer Awareness Week is a time to learn more about how cancer adversely affects some population groups. The table below describes some of these disparities.

Cancer	Who	Disparity	Fact
Lung	Black men	Higher new case and death rates	Highest new case and death rates of any racial or ethnic population group
Colorectal	Black men and women	Higher new case and death rates	Highest death rates of any racial or ethnic population
Breast	Black women	Higher death rate	Higher death rate than White women and more than two times the rate of Asian and Pacific Islanders, American Indian and Alaska Native, and Hispanic/Latino
Breast	Black women	Higher number of new cases	Black women have the highest incidence or number of new cases
Prostate	Black men	Higher death rate	Death rate is more than 2 times that of any other group
Cervical	Hispanic women	Higher number of new cases	Highest number of new cases of any racial or ethnic group
Cervical	Black women	Higher death rate	Death rate is almost 2 times that of White women
Kidney	American Indian and Alaska Native men and women	Higher new case and death rates	Highest kidney cancer death rates of any racial or ethnic population

Incidence rates for selected cancer by race and ethnicity, US, 2009-2013; Death rates for selected cancers by race and ethnicity, US, 2010-2014

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2016; published in American Cancer Society Cancer Facts & Figures 2017

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## National Minority Cancer Awareness Week is April 11-17

### Michigan Data

#### **Breast Cancer**

- Incidence
  - White women: 6413 cases/123.3 age-adjusted rate
  - Black women 1027 cases/132.5 age-adjusted rate
- Mortality
  - White women: 1218 deaths/21.5 age-adjusted rate
  - Black women: 222 deaths/27.8 age-adjusted rate

#### **Colorectal Cancer**

- Incidence
  - White 3694 cases/36.3 age-adjusted rate
  - Black 656 cases/48.8 age-adjusted rate
- Mortality
  - White: 1457 deaths/13.81 age-adjusted rate
  - Black: 244 deaths/17.83 age-adjusted rate

#### **Lung Cancer**

- Incidence
  - White: 6395 cases/61.08 age-adjusted rate
  - Black: 993 cases/74.32 age-adjusted rate
- Mortality
  - White: 5126 cases/48.09 age-adjusted rate
  - Black: 702 cases/52.17 age-adjusted rate

Source:

Incidence: Michigan Cancer Surveillance Program, 2013

Mortality: Michigan Cancer Surveillance Program, 2014

All rates per 100,000.

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## Why do cancer disparities exist? Understanding Social Determinants of Health and Socioeconomic Status

Research shows that where people live, learn, work, and play, has an important role in their health. And how these places affect health is called social determinants of health.

Socioeconomic status (SES) is related to social determinants of health. SES is a measure of an individual's or family's economic and social position in relation to others based on income, education, and occupation. It is known that people with lower SES have higher cancer death rates than those with higher SES.

What is known is that:

- Both smoking and obesity prevalence are risk factors that are higher in people with lower SES. One of the reasons cited is that marketing strategies by tobacco companies and fast food chains target these populations.
- Environmental and/or community factors often limit opportunities for physical activity and access to fresh fruits and vegetables. Environmental and workplace exposures may also play a role.
- People in lower SES groups have lower cancer survival rates because the disease is often detected at an advanced stage and because people in these groups are less likely to receive standard treatment.
- Barriers prevent people from receiving the care they need and include:
  - Inadequate health insurance
  - Financial
  - Structural (things other than finances that make it difficult for people to get cancer screening and other services)
  - Personal barriers
  - Low health literacy rates.

Racial and ethnic disparities in the cancer burden reflect obstacles to receiving health care services related to cancer prevention, early detection, and high quality treatment, with poverty as the largest contributing factor.

### Besides poverty, discrimination also contributes to cancer disparities

- Racial and ethnic minorities tend to receive lower-quality health care than non-Hispanic whites even when insurance status, age, severity of disease, and health status are comparable.
- Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care.

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#### Prevalence of Cigarette Smoking in Other Population Groups

The prevalence of cigarette smoking, a risk factor for cancer and other chronic diseases, varies among different population groups.

According to the CDC:

- In 2015, the smoking rate in the U.S. was 15.1% (adults aged 18 or older).
- In 2015, the smoking prevalence among lesbian, gay, bisexual, and transgender (LGBT) individuals in the United States was 20.6% compared with 14.9% among heterosexual/straight individuals. This may be in part due to aggressive marketing of tobacco products to this community and the fact that LGBT individuals are also likely to have risk factors for smoking that include daily stress related to prejudice and stigma that they may face.
- In 2009, among adults with HIV, 42.4% were current cigarette smokers.
- In 2011, 24% of all active-duty military personnel reported currently smoking cigarettes, compared with 19% of civilians.
- 36% of adults with a mental health condition smoke cigarettes.
- Adults with disabilities are more likely to be cigarette smokers than those without disabilities. This might be because a smoker's disability is the result of smoking or because of possible higher stress associated with disabilities. In 2015, the prevalence of current cigarette smoking among adults with disabilities was 21.5% compared with 13.8% among adults with no disability.

#### Geographic Variability

##### Rural American at Higher Risk

A new Centers for Disease Control and Prevention [study](#) demonstrates that Americans living in rural areas are more likely to die from five leading causes than their urban counterparts. In 2014, many deaths among rural Americans, including those from cancer, were potentially preventable. The percentages of deaths that were potentially preventable were higher in rural areas than in urban areas. Residents of rural areas tend to be older and sicker than their urban counterparts and have higher rates of risk factors related to cancer and other chronic diseases. These gaps can be addressed. Healthcare providers in rural areas can increase cancer prevention and early detection, promote smoking cessation, and encourage physical activity and healthy eating among other public health recommendations.

##### Cancer Rates Vary by Geographic Area

Cancer new case and death rates in the US vary by geographic area, reflecting differences in behaviors, such as smoking, as well as socioeconomic factors related to population demographics, environmental exposures, and cancer screening prevalence. An example of this is the variation in lung cancer death rates by state – Kentucky has a lung cancer death rate (in males and females) that is more than three times the rate of Utah's. These differences reflect historic differences in smoking prevalence across states, which continues today. For example the smoking prevalence in adults in 2015 was 9% in Utah and 26% in Kentucky and Virginia.

Source: American Cancer Society Facts & Figures 2017

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## RESOURCES

### **MCC Resources**

[Provider Resources](#) – Health Disparities

[Cancer Plan for Michigan 2016-2020](#)

[Collecting Demographic Data](#)

[Health Disparities Data](#)

[Health Equity Committee](#)

### **Other Agencies and Resources**

[ACCESS](#) – Arab Community Center for Economic and Social Services

[American Cancer Society](#)

[Centers for Disease Control and Prevention](#) – Health Disparities in Cancer

[Health Disparities Reduction and Minority Health Section](#) (MDHHS)

[Healthy Asian Americans Project](#)

[Intercultural Cancer Council and Caucus](#)

[Inter-Tribal Council of Michigan](#)

[LGBT HealthLink](#)

[National Cancer Institute – Center to Reduce Cancer Health Disparities](#)

[Office of Minority Health](#) – US Department of Health and Human Services

### **Other Sources of Health Disparities Data**

[American Cancer Society Facts & Figures 2017 Cancer Disparities](#)

[LGBT Cancer Network](#)

[National Behavioral Health Network For Tobacco & Cancer Control](#)

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### **National Minority Cancer Awareness Week is April 11-17, 2017**

#### Sample Social media for MCC Members/Stakeholders to Use

##### **Tweets**

Nat'l Minority Cancer Awareness Week 4/11-17. Individuals with a [#mentalillness](#) may develop cancer at a 2.6 times higher rate

Nat'l Minority Cancer Awareness Week 4/11-17 – Black men and women have the highest [#colorectal cancer](#) death rates of any group

LGBT individuals, it is thought, carry a disproportionate [#cancerburden](#) due to many social/economic and behavioral factors

Black women have the highest [#breastandcervicalcancer](#) death rates of any group. Talk to your doctor.

[American Indian and Alaska Native men and women](#) have the highest [#kidneycancer](#) & [#livercancer](#) death rates of any group.

It is estimated that there are over 1 million LGBT [cancer survivors](#) in the U.S.

##### **Facebook Posts**

LGBT individuals, it is thought, carry a disproportionate [#cancerburden](#) due to many social/economic and behavior factors including the stress of living as a sexual/gender minority as well as behaviors including poor physical and mental health, obesity, smoking, and excess alcohol. National Minority Cancer Awareness Week is April 11-17.

Black men have the highest number of new cases of [lung cancer](#) and also the highest lung cancer death rate. National Minority Cancer Awareness Week is April 11-17.

Individuals with a [mental illness](#) may develop cancer at a 2.6 times higher rate on account of late stage diagnosis and inadequate treatment and screenings. Individuals with a mental illness have a higher cancer death rate. National Minority Cancer Awareness Week is April 11-17

National Minority Cancer Awareness Week is April 11-17. Black men and women have the highest [colorectal cancer](#) death rate of any group.