

Tobacco Related Cancer Disparities: Community Perspective

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Tobacco use is the most common cause of cancer in the United States and worldwide.^{1,2,3} Americans have long been aware of the adverse consequences of tobacco usage on health; however, rates of smoking remain higher than desired, and the effects of tobacco are particularly severe in African-American communities—as the three articles point out.^{1,2,3} Data from the South Carolina African American Tobacco Control Network (www.scaatcn.org) and other sources (Behavioral Risk Factor Surveillance System and the American Cancer Society) indicate that approximately 45,000 African Americans die from a preventable smoke-related disease annually in the US. In South Carolina, 24.9% of African Americans are current smokers, approximately 5,900 people die each year as a result of tobacco use. In addition, it is estimated that 640 to 1,130 South Carolina adults, children, and babies die each year from secondhand smoke. Despite the known consequences, many African Americans continue to smoke without regard to the long-term effects on their health, the environment or others. Tobacco control advocates believe the greatest advancements in reducing tobacco-related disparities in African-American communities will be achieved through removing barriers that prevent the utilization of effective tobacco prevention and control strategies, increasing education about the marketing practices of tobacco companies in the African-American communities, and the increasing prevention of tobacco use among youth.

Many African-American communities have not benefited from proven effective tobacco prevention and control strategies. Inequalities in treatment and prevention services exist throughout the spectrum of tobacco prevention and control. Barriers to achieving implementation of these strategies include intersecting factors at the individual, societal, and institutional levels. Many African Americans are more likely to defer medical visits due to financial reasons, lack of health insurance, competing life priorities, family responsibilities, and other social factors. There is also a reluctance to face a potentially life threatening illness. As a result, diseases are more often diagnosed in later stages when treatment options are limited.

Tobacco companies have gained awareness and credibility through provision of financial support to many organizations within African-American communities. For example “Big Tobacco” were among the first companies to hire and promote

African American employees, thereby providing a better quality of life for individuals that may be difficult to achieve due to systemic racism. Despite providing a sense of economic gain in the community, this tactic is more of a marketing strategy to promote tobacco use and increase sales. Specifically, the interests of these companies are not about the overall health and well being of the community, but merely about the financial gain to their industry.

Finally, tobacco impacts on youth can not be overlooked. African-American youth are more susceptible to long-term tobacco use when family members smoke in their home. If more youths grew up in households where smoking is not tolerated from any member of the household, they would be less likely to smoke as adults. A considerable number of youths who grow up in homes where smoking is allowed are more likely to develop cancer later in life, due to their exposure as children, and the increased likelihood that they will become smokers themselves. African-American youth continues to be at risk once they leave the family domain, where they are exposed to tobacco industry targeted marketing.

These are some of the reasons why disparities exist. Based on our experiences, we offer the following three suggestions for addressing tobacco-related cancer disparities and reducing the overall impact on African-American communities.

Join Forces to Work Together

Unfortunately, the tobacco control movement has been slow to embrace and adequately fund African-American communities. It is important to understand the need to develop capacity and infrastructure. Although there is a movement to address tobacco use and its consequences on individuals and society, more efforts are needed. Grassroots development and adequate allocations of funds are needed to lessen the disparity gap. If this happens, impacted communities will be more involved in the decision-making process of tobacco use prevention. A recent occurrence related to funding has pitted one minority group against another. Instead of increasing overall funding of minority-based efforts, resources are reallocated from one minority fund to another. This creates competition among minority groups for funding sources that are inadequate for a one group, much less all groups combined. We must understand that this practice undermines prog-

ress that has been made and exacerbates disparities, rather than relieving them. Working together, we can encourage change and mobilize the community.

Design Culturally-Appropriate Prevention and Control Programs

Culturally appropriate tobacco prevention and cessation programs also need to be a part of any impact-reduction plan. Culturally appropriate strategies to counter the advertising of Big Tobacco with tobacco prevention messages are needed. Success at quitting depends on the availability of culturally appropriate cessation programs. A focus needs to be placed on educating primary care providers to ask questions about smoking during medical check-ups and to encourage patients to consider nicotine replacement therapies or other services such as Quit-lines and smoking cessation programs.

Reach Youth Before They Start Smoking

Efforts to reduce youth smoking need to be addressed by organizations and institutions that target African-American youth. For example, colleges and universities offer health education programs for this population. They provide a safe environment from the unhealthy influences of tobacco use and advertisement.

Policy Development and Community Advocacy

Education is the key to creating changes in attitudes, knowledge, and beliefs. Public health officials need to develop policies and then enforce these policies. Youth and adults need to be educated about their role and the influence they can have on others' habits and practices. Lastly, because of the aforementioned challenges and barriers, it is not surprising that the

health consequences of tobacco use, including various forms of cancers, emphysema, heart disease, and other ailments, are particularly pronounced within the African-American community. Usually these communities do not have access to readily available primary and secondary tobacco prevention resources. Focus needs to be placed on reducing tobacco use and exposure to secondhand smoke, but also encouraging healthier lifestyles that include increased physical activity, better nutrition, and interventions aimed at developing and implementing culturally relevant tobacco education, prevention, and policy changes. Consequently, the impact of eliminating tobacco use and environmental tobacco smoke through prevention and policy change represents the simplest and most effective means of decreasing cancer disparity rates in South Carolina. By addressing these challenges, better and more affordable interventions could be implemented for reducing and ultimately eliminating tobacco use. From what we see, the cancer disparities observed in African Americans are large for the amount of tobacco our communities use.^{1,3} So, efforts aimed at cessation and prevention may have an even bigger impact than they would in European Americans.

References

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