



The Facts on Our Fight: Cancer Disparities in the Black Community

Cancer affects everyone, but it doesn't affect everyone equally.

Black people are disproportionately burdened by cancer and experience greater obstacles to cancer prevention, screening, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system and insurance coverage.

Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

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In the U.S., research has shown that:

- 👤 Black people have the highest death rate and shortest survival of any racial/ethnic group for most cancers.¹
- 👤 Black men have a 7% higher overall cancer incidence rate, but a 14% higher mortality compared to non-Hispanic White men.¹
- 🔍 Prostate cancer death rates in Black men are double those of every other racial/ethnic group.²
- 👤 Despite lower incidence rates in Black women compared with White women for uterine corpus and breast cancers, death rates for these cancers in Black women are about 98% and 40% higher, respectively.⁸
- 👤 Black people have higher incidence and mortality for colorectal cancer than any other racial/ethnic group except for Alaska Native people, with death rates that are 36% higher than in White people.⁸
- 👤 According to a recent Agency for Healthcare Research and Quality report, Black people receive worse medical care than White people on 76 of 190 measures, including effective treatment for breast and colorectal cancers.³
- 👤 Black people living in segregated communities are more likely than those who don't live in segregated communities to be diagnosed with breast and lung cancer after it has spread and to die from these cancers.⁴

What also contributes to these disparities?

- 👤 **Racial bias and discrimination in health care and every other aspect of society as well as differences in insurance coverage** contribute to poor health for many racial and ethnic groups, including Black people.⁵
- 👤 **Disparities in access to paid sick and vacation days among Black workers disproportionately limit access** to life-saving cancer screening and other preventive medical care, not to mention risk of job loss and financial hardship. More than one-third (36%) of Black workers report having no paid time off of any kind, away from their jobs.⁷
- 👤 In a review of the scientific literature, **racial residential segregation contributed to poor cancer outcomes** in 70% of the studies. Living in segregated areas was also associated with increased chances of later-stage diagnosis of breast cancer and higher breast cancer mortality.⁴
- 👤 **Black individuals make up less than 3% percent of participants in pharmaceutical clinical trials** while making up 13% of the current US population.

Here are some ways ACS and ACS CAN are working to address cancer disparities and to advance health equity with the Black community.

RESEARCH

ACS is funding **61 health disparities research grants**, reflecting \$49 million in research to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Cancer Facts and Figures for African Americans** and more general **Cancer Facts and Figures 2021** provides updated cancer information about African Americans and Black people, including **statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment**.

PROGRAMS, SERVICES, AND EDUCATION

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with **trained cancer information specialists** who can answer questions and provide guidance and a compassionate ear.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at all levels of government**, including the following:

- ✓ Supporting the Centers for Disease Control and Prevention (CDC)'s **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**, which provides community-based breast and cervical cancer screenings.
- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA) that specifically aid people of color**, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.
- ✓ Advocating for **ending the sale of all flavored tobacco products**, including menthol cigarettes, which prevents the tobacco industry from targeting communities of color, and **addressing systemic racism in the enforcement of tobacco control laws** by advocating it be entrusted to public health officials or other non-police officers.
- ✓ Advocating for **smoking cessation treatment that is barrier-free, comprehensive, and widely promoted** for people enrolled in Medicaid.

PARTNERSHIPS

ACS has partnered with **The Links, Inc.** to develop the **Health Equity Ambassador Links (HEAL) program**. ACS has trained more than 250 Links members as health equity ambassadors. These trained health equity ambassadors have delivered health equity information in communities. With help from an **Anthem Foundation** grant, in 2021, The Links, Inc. has committed to having another 500 ambassadors trained, which is expected to reach over 100,000 individuals in the next two years.

With funding from the **National Football League (NFL)**, ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they **help women of color and women with no insurance or who are underinsured get access to cancer screening, timely follow-up, and timely access to care, regardless of their insurance status or ability to pay** through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

ACS is partnering with **Pfizer Global Medical Grants** to reduce the breast cancer mortality disparity between Black and White women, reduce disparities impacting Black men facing prostate cancer, and **address disparities in the delivery of cancer care** impacting outcomes for Black people facing cancer.

The **National Black Justice Coalition** collaborates with ACS and ACS CAN to **reach Black LGBTQ+ communities and other constituents** with important messages relating to cancer prevention and early detection.

ACS is **contributing to ongoing dialogue and collaborating around health equity issues with additional Black-led social, civic, and faith organizations** such as the African Methodist Episcopal Church, Alpha Kappa Alpha (AKA) Sorority, Inc., Delta Sigma Theta Sorority, Inc., Phi Beta Sigma Fraternity, Inc., and Zeta Phi Beta Sorority, Inc. These partnerships are critical in **leveraging our mutual commitments to saving lives and reducing cancer disparities among African Americans and Black people** through health education on cancer prevention and early detection, access to resources for people who have cancer and their caregivers, fundraising, and supporting ACS CAN's public policy work. Contact inclusion@cancer.org for more information.

Black South Carolinians are much more likely to be diagnosed with more advanced stages of colorectal cancers (CRC) than White South Carolinians. Significant disparities in screening rates, incidence and mortality exist between urban and rural South Carolinians. With funding from the Centers for Disease Control and Prevention, ACS launched the **South Carolina Communities Unite to Increase CRC Screening Learning Collaborative in partnership with the University of South Carolina** to address these disparities. Five health system partners, ranging from South Carolina's largest FQHC to rural hospital owned primary care practices, participate in intense quality improvement training and are currently identifying the root causes for cancer screening disparities within their patient populations.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of Black people with cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.