



The Impact of Cancer On Diverse Communities in California

Decades of commercial tobacco use have devastated the health of many California communities.

Tobacco use is linked not only to lung cancer, but to at least nine other cancers, including colorectal, kidney, oral cavity, and cancer of the bladder (Morris et al., 2010).

Data presented in this fact sheet highlight populations that are more vulnerable to cancer and cancer-related mortality due to lack of targeted prevention materials, poor access to health care, tobacco industry targeting, and/or low income or education. Specifically, the data focus on African American, American Indian/Alaska Native, Asian American, Hispanic/Latino, Lesbian, Gay, Bisexual and Transgender, Native Hawaiian and Pacific Islander, and the low socioeconomic status communities of California.

American Indian/Alaska Native

The top four cancers among the American Indian and Alaska Native population are kidney and renal, pelvis, liver, stomach, and breast cancer (NCI, Seer Cancer Statistics Review, 1975-2008). Nationally and in California, colon and rectal cancers are the 3rd most common cancers in American Indians (Satter et al. 2010). Cancer is the 2nd leading cause of death among American Indians and Alaska Natives over the age of 45 years, and the 3rd leading cause of death for all ages (Cobb & Paisano, 1998).

Asian Americans

Screening rates for breast cancer and colorectal cancers were significantly lower among Asian Americans compared to other groups (64.1 percent for breast cancer and 46.9 percent for colorectal cancer, respectively) (CDC MMWR 2011). Vietnamese women are at a greater risk for cervical cancer yet over 95% of Vietnamese women and girls in California have never received the HPV vaccine (CHIS 2007). Some of the highest smoking rates are among males of Asian American subgroups: 28.3% of Vietnamese men and 18.6% of Filipino men in California smoke (CHIS 2009).



Below are some examples of the impact of cancer on diverse communities in California:

African American

In California, the mortality rates for colorectal cancer are highest among the non-Hispanic Black population (California Dialogue in Cancer, 2009). African American women are at greater risk for triple negative breast cancer (Stead et. al., 2009), which is more aggressive and harder to cure. Though more white women get breast cancer, more Black women die from it; and even more Black women die from lung cancer though there is much greater media coverage of breast cancer (CDC MMWR 2011).



Hispanic/Latino

Lung cancer has not declined at the same rate in Hispanics compared to African Americans and non-Hispanic whites from 1988-2005 (Cowling and Yang, 2009); smoking rates of over 16% in men may be an underlying factor (Max et al, 2010). Hispanic women have the highest risk of developing cervical cancer and experience about one and a half times higher risk than non-Hispanic white women, African American, and Asian/Pacific Islander women (ACS Cancer Facts & Figures, 2012).

LGBT

Lesbians, gay men, bisexuals and transgenders are at increased risk for a variety of cancers due to high smoking rates. Lesbians in California smoke at a rate that is nearly triple the rate of all women in California. California youth aged 18-24 who self-identify as LGBT smoke at a rate of 44% (Bye et al, 2005). Boehmer et al, 2011 using the California Health Interview Survey (CHIS), found that “forty-one percent of bisexual women reported cervical cancer, more than twice the prevalence in other women.”

Low Socioeconomic Status

Low SES smokers with smoking-related cancer have a 50% increased risk of having a serious concomitant disease such as chronic obstructive pulmonary disease (COPD) (Louwman et. al., 2010). Low SES female smokers are at seven times greater risk for developing squamous cell or small cell lung cancer and are at 78% increased risk of dying from the disease, and low SES men are at 89% increased risk of dying from lung cancer (Ekberg-Aronsson, et. al., 2006).

Native Hawaiian & Pacific Islanders

Smoking rates for NHPI youth in the 7th grade are amongst the highest at 11% and nearly triple by the time they reach 12th grade (CDC 2011). In addition, Pacific Islanders in California are heavier smokers than other Californians who smoke. Nearly 60% of Pacific Islander smokers report that they smoke every day versus 24% for all California smokers (UCLA Center for Health Policy Research 2011).



Early detection can save lives.

More resources, especially for California's most vulnerable communities, are needed.

This fact sheet was developed by the ADEPT project, funded through the Tobacco Related Disease Research Program (TRDRP) of California, which administered the project's funding from the California Cancer Research Fund* for the University of California. *Contributions to the California Cancer Research Fund are used to conduct research relating to the causes, detection, and prevention of cancer and to expand community-based education on cancer, and to provide prevention and awareness activities for communities that are disproportionately at risk or afflicted by cancer. Look for the voluntary contribution lines or tell your tax preparer about donating to the California Breast Cancer Research Fund on line 405 and/or the California Cancer Research Fund on line 413 of your state tax Form 540.

To learn more information about California's Voluntary Contributions, see the Franchise Tax Board's FAQ page.