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

Although anyone can get lung cancer, including people who once smoked and people who never smoked, the risk of lung cancer for people who smoke is many times higher than for people who don't smoke. Furthermore, certain groups of people are disproportionately burdened by lung cancer and experience greater obstacles to prevention, detection, 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, quality care, and insurance coverage. In addition, the stigma associated with being at risk for or receiving a lung cancer diagnosis can cause people emotional stress and even delay screening or treatment. This is because people with lung cancer are routinely made to feel that they are to blame for their disease.

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.

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

- Lung cancer has the largest geographic variation of any cancer type because of vast differences in smoking rates that reflect the extent of state tobacco control policies. For example, lung cancer incidence and mortality rates are 3 to 5 times higher in Kentucky, where 1 in 4 residents currently smoke, than in Utah or Puerto Rico where 1 in 10 people smoke.[1]
- People with limited incomes are about twice as likely to smoke as those who have higher incomes; as a result, men who reside in high-poverty counties have lung cancer death rates that are about 40% higher than those who reside in more affluent counties.[1]
- Black men have higher lung cancer incidence and mortality rates than other racial/ethnic groups, despite having lower lifetime use of tobacco. This is largely due to barriers in communication between providers and patients and medical mistrust, as well as disparities in screening eligibility, insurance coverage, access to care, and income.[2,3]
- Social stresses from living in a society that can be hostile to lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people contributes to a much higher smoking prevalence among LGBTQ+ people in the United States than among heterosexual people. Nearly 1 in 5 LGBTQ+ adults smoke cigarettes compared with about 1 in 6 heterosexual adults.[4]

What also contributes to these disparities?

- 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 associated with increased chances of later-stage diagnosis of lung cancer and higher lung cancer mortality.[5]
- **Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage,** contribute to poor health for many racial and ethnic groups, LGBTQ+ people, people with limited incomes, and people with disabilities, all of whom are at greater risk for lung cancer.[6]

1. Siegel R, Miller K, Jemal A. Cancer statistics, 2019. CA A Cancer J Clin. 2019;69:7-34. doi:10.3322/caac.21551Cit
2. Rivera MP, Katki HA, Tanner NT, et al. Addressing Disparities in Lung Cancer Screening Eligibility and Healthcare Access. An Official American Thoracic Society Statement. Am J Respir Crit Care Med. 2020;202(7):e95-e112. doi:10.1164/rccm.202008-3053ST
3. American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021
4. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2020. Atlanta: American Cancer Society; 2020.
5. Landrine H, Corral I, Lee J, Efird J, Hall M, Bess J. Residential Segregation and Racial Cancer Disparities: A Systematic Review. J Racial Ethn Health Disparities. 2017;4(6):1195-1205. doi:10.1007/s40615-016-0326-9
6. Tello M. Racism and discrimination in health care: Providers and patients. Harvard Health Blog. Accessed March 2, 2021. https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015

April 2021

Here are some ways ACS and ACS CAN are working to address lung cancer disparities and advance health equity.

RESEARCH

ACS is currently 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 2021** provides updated lung cancer information, including statistics on cancer occurrence and risk factors, as well as information about prevention, detection, treatment, and survivorship.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at the local, state and federal levels,** including the following:

- ✓ **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 comprehensive**, barrier-free, and widely promoted for people enrolled in Medicaid.

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 people with lung 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.

PROGRAMS, SERVICES, AND EDUCATION

ACS publishes **Lung Cancer Screening Guidelines**, **information on tobacco cessation and staying healthy**, and other resources for healthcare professionals and the public on **cancer.org**.

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.

PARTNERSHIPS

With funding from the **National Football League (NFL)**, ACS is working towards evidence-informed interventions through the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) Grant Program that awards small grants to Federally Qualified Health Centers (FQHCs) and safety-net health systems to improve lung cancer screening rates. Each grantee will establish and or improve their lung cancer screening and tobacco cessation programs, with a focus on increasing lung cancer screening rates, increasing access and timely navigation to specialized care, and timely interventions for confirmed cancer diagnoses. A total of 461 individuals have been screened so far.

- ✓ One example of a CHANGE Grant success story takes place at **Grady Health System** in Atlanta, GA. Through the grant, Grady has implemented a Lung Cancer Patient Navigator into their patient care. This role has reduced their patients' barriers and increased their likelihood of completing their Low Dose Computed Tomography Scan (LDCT) lung cancer screening.

ACS collaborates with the **National LGBT Cancer Network** to improve the lives of LGBTQ+ cancer survivors and those at risk by educating, training, and advocating for the LGBTQ+ community through cancer outreach, education, and tobacco use reduction.

CenterLink works with ACS to educate LGBTQ+ people on cancer prevention and early detection. One key area of focus is tobacco cessation.

The National Lung Cancer Roundtable (NLCRT) has 152 member organizations (medical societies, cancer centers, government agencies, advocacy groups, health plans, and corporate partners) and over 200 volunteer experts and patient advocates dedicated to reducing the incidence, morbidity and mortality from lung cancer. The NLCRT is focused on improving every aspect of lung cancer control, and every initiative includes attention to identifying and overcoming disparities in the delivery of care, including health education, and access to screening, state of the art diagnostics, and therapy. The work of the NLCRT extends from national-level initiatives to support for state-based initiatives, including identification of areas of need based on race/ethnicity, income, insurance coverage, and geography.