November, 2012

Greetings, SEMPAC Partners.

Welcome to the November edition of the SEMPAC Newsletter. As you may know, November is National Lung Cancer Awareness Month, so in this issue, we share an article about lung cancer health disparities among African-Americans, we share facts about second-hand smoke, we remind you about National Family Health History Day, and we wish you a very Happy Thanksgiving.

As always, if you have something you’d like to share with SEMPAC partners, or if there is something you’re interested in learning more about, please let us know!

Thank you for your work to reduce cancer health disparities among older African Americans in Detroit. We, like you, are committed to making a difference.

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African Americans and Lung Cancer

You may be aware that lung cancer is the number one cancer killer in America. But did you also know that if you are African American, you are more likely to develop lung cancer than any other population group in the U.S.? A new report by the American Lung Association explores this troubling disparity in lung health and delivers a call to action to end lung cancer’s lopsided toll on African Americans.

Troubling findings, complex causes
Too Many Cases, Too Many Deaths: Lung Cancer in African Americans, a report released by the American Lung Association examines lung cancer among African Americans and the need to eliminate this and other health disparities. The report – which includes a preface by noted oncologist William J. Hicks, M.D. – reveals the complex mix of biological, environmental, political and cultural factors that make African Americans more likely to get lung cancer and more likely to die from it. The findings are eye opening:

- Despite lower smoking rates, African Americans are more likely to develop and die of lung cancer than whites.
African American men are 37 percent more likely to develop lung cancer than white men, even though their overall exposure to cigarette smoke – the primary risk factor for lung cancer – is lower.

African Americans are more likely to be diagnosed later, when cancer is more advanced.

African Americans are more likely to wait longer after diagnosis to receive treatment, to refuse treatment, and to die in the hospital after surgery.

While the reasons for this unequal burden are not entirely clear, the report presents a compilation of research that examines smoking behavior, workplace exposures, genetics, access to healthcare, discrimination and social stress, as well as other possible contributors as to why African Americans are disproportionately affected by lung cancer.

A call for action
“While some progress has been made, especially in reducing smoking rates and exposure to secondhand smoke much remains to be done,” said Charles D. Connor, President and CEO of the American Lung Association. “Reducing lung cancer disparities needs to be a focused effort. The Lung Association stands ready to work with the healthcare industry as well as governments, community leaders and individuals, to eliminate the disparity of lung cancer in African Americans.”

The American Lung Association is calling for a series of steps to combat lung cancer in African Americans, including:

- Increase funding for research on lung cancer and health disparities: [http://action.lungusa.org/research_lungs](http://action.lungusa.org/research_lungs)
- Enact and enforce proven policies to reduce tobacco use, including curbing cigarette advertising targeting youth, comprehensive smoke free air laws and coverage of tobacco cessation services are needed.
- Address radon exposure in federal housing. Radon exposure is the number two cause of lung cancer after smoking.
- Change the healthcare system to improve access to care, improve delivery of healthcare and reduce communication barriers between patients and providers.
- Recruit more minorities to the healthcare field.
- Encourage African American community and spiritual leaders to speak up about lung cancer and the importance of hope and trust in getting good care.

Concerned about lung cancer?
If you think you or someone you love may be at risk for lung cancer, don’t delay – learn more and take action now. If you have questions about lung cancer, American Lung Association nurses and respiratory therapists can provide answers and offer support to lung cancer patients and their caregivers through our Lung Helpline: 1-800-LUNG-USA.

Information for this article was abstracted from [http://www.lung.org/about-us/our-impact/top-stories/african-americans-and-lung-cancer.html](http://www.lung.org/about-us/our-impact/top-stories/african-americans-and-lung-cancer.html) and modified for use in the SEMPAC Newsletter. This newsletter is intended expressly for informational purposes. The views represented in this article are not necessarily reflective of the views of the SEMPAC Center.
Secondhand smoke is accountable for 42,000 deaths annually to nonsmokers in the United States, including nearly 900 infants, according to a new UCSF study.

Altogether, annual deaths from secondhand smoke represent nearly 600,000 years of potential life lost — an average of 14.2 years per person — and $6.6 billion in lost productivity, amounting to $158,000 per death, report the researchers.

The study, which involved the first use of a biomarker to gauge the physical and economic impacts of cigarette smoke, revealed that secondhand smoke exposure disproportionately affects African Americans, especially infants.

UCSF is home to national leaders in tobacco control and a digital library of one the largest collections of tobacco documents related to the practices of the tobacco industry. The Center for Tobacco Control Research and Education serves as a focal point for a broad range of research, education, and public service activities for 46 faculty in 11 departments and all four professional schools at UCSF, as well as colleagues at UC Berkeley and UC Merced.

This new research reveals that despite public health efforts to reduce tobacco use, secondhand smoke continues to take a grievous toll on nonsmokers.

The study was published Sept. 20, 2012 in the American Journal of Public Health.

“In general, fewer people are smoking and many have made lifestyle changes, but our research shows that the impacts of secondhand smoke are nonetheless very large,” said lead author Wendy Max, PhD, professor of health economics at the UCSF School of Nursing and co-director of the UCSF Institute for Health & Aging. “The availability of information on biomarker-measured exposure allows us to more accurately assess the impact of secondhand smoke exposure on health and productivity. The impact is particularly great for communities of color.”

Exposure to secondhand smoke is linked to a number of fatal illnesses including heart and lung disease, as well as conditions affecting newborns such as low birth weight and respiratory distress syndrome.

Secondhand smoke is a mixture of gases and fine particles that includes smoke from a burning cigarette, cigar, or pipe tip, smoke that has been exhaled or breathed out by the person or people smoking, and more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer.

In children, secondhand smoke can cause ear infections, more frequent and severe asthma attacks, respiratory symptoms (e.g., coughing, sneezing, shortness of breath), respiratory infections (i.e., bronchitis, pneumonia) and a greater risk for sudden infant death syndrome (SIDS)

**Heart Disease**

Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25 to 30 percent.

Secondhand smoke exposure causes an estimated 46,000 heart disease deaths annually among adult nonsmokers in the United States.

**Lung Cancer**

Nonsmokers who are exposed to secondhand smoke at home or work increase their lung cancer risk by 20 to 30 percent.
Secondhand smoke exposure causes an estimated 3,400 lung cancer deaths annually among adult nonsmokers in the United States.

Information for this article was abstracted from http://www.ucsf.edu/news/2012/09/12759/secondhand-smoke-takes-large-physical-and-economic-toll and modified for use in the SEMPAC Newsletter. This newsletter is intended expressly for informational purposes. The views represented in this article are not necessarily reflective of the views of the SEMPAC Center.

Thanksgiving is National Family Health History Day
Time to gather together and share your family health history!

Thanksgiving is here and it is a good time for you to talk with your relatives and collect your family health history. It is a useful tool for understanding your health risks and preventing disease in the family.

The CDC (Centers for Disease Control and Prevention) suggests the following steps:

• Write down the names of blood relatives you need to include in your history. The most important relatives to talk to are your parents, brothers and sisters, and your children. Next, you may want to talk to grandparents, uncles and aunts, nieces and nephews, and any half-brothers or half-sisters. It is also helpful to talk to great uncles and aunts, as well as cousins.

• Ask questions, including:
  o Do you have any chronic diseases, such as heart disease or diabetes, or health conditions such as high blood pressure or high cholesterol?
  o Have you had any other serious diseases, such as cancer or stroke?
  o How old were you when you developed these diseases?
  o Did you have any childhood health problems or birth defects?
  o For those relatives who have died, ask about their age at death and cause of death.

• Write this information down, and update it from time to time. Share it with your relatives and your doctor, and keep it in a safe place for future reference.

Visit these websites for more information and for tools to help you collect your family health history: www.cdc.gov/Features/FamilyHealthHistory and www.hhs.gov/familyhistory.

Information for this article was abstracted from https://rocklandgov.com/files/7713/5282/8539/11-13-12FamilyHealthHistoryDayPR.pdf and modified for use in the SEMPAC Newsletter. This newsletter is intended expressly for informational purposes. The views represented in this article are not necessarily reflective of the views of the SEMPAC Center.

HAPPY THANKSGIVING!