



Cancer Mortality in African American Men in South Carolina: Lung, Prostate and Colorectal Cancer

JUNE 2021

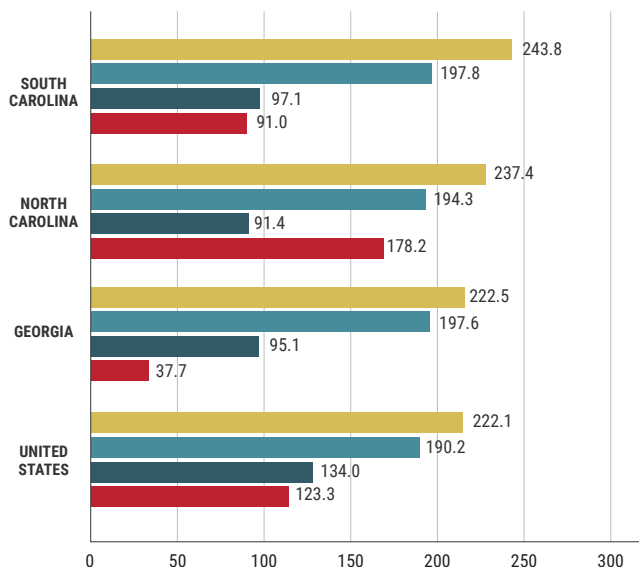
African American men suffer a disproportionately higher burden of cancer than any other racial group in the United States.^{1,2} On average, African American men in the United States are diagnosed with cancer at an earlier age and are more likely to have advanced cancer stages at the time of diagnosis.^{3,4} The American Cancer Society estimates that 1,898,160 new cases of cancer will be diagnosed across the United States in 2021, and of those, 33,030 will likely occur in South Carolina.⁵ Although South Carolina has witnessed a

consistent decrease in cancer mortality rates since 2009, recognizable racial and ethnic disparities persist. Graph 1 illustrates the most recently published verified data on cancer mortality, which illuminates the enduring racial disparities in overall cancer deaths across South Carolina, North Carolina, Georgia and the United States and demonstrates that African American men in South Carolina die at a higher rate when compared to both our neighboring states and the United States as a whole.⁶

GRAPH 1

Five-Year, Age-Adjusted Cancer Mortality Rate per 100,000 in South Carolina, North Carolina, Georgia and the United States, 2014-2018⁷

Legend: African American Men (Yellow), Hispanic Men (Dark Blue), White, Non-Hispanic Men (Light Blue), American Indian/Alaska Native Men (Red)



A Glimpse of Lung, Prostate and Colorectal Cancer among African American Men in South Carolina

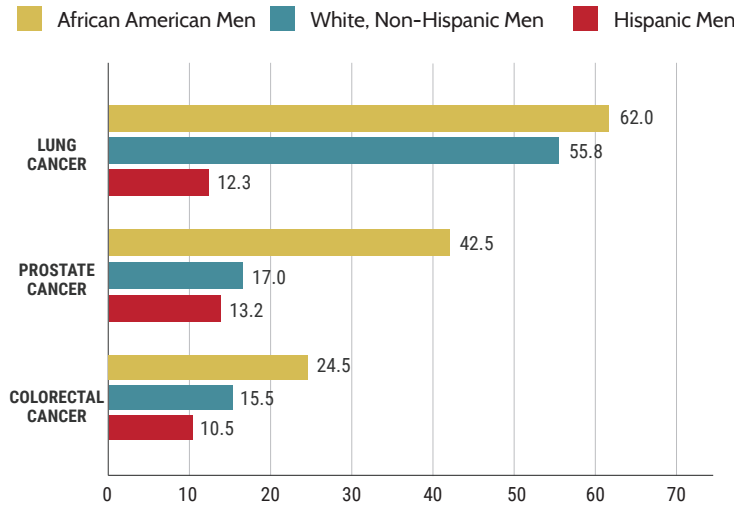
Data provided by the National Institute and stratified by location of cancer in the body illustrates that in 2018, African American men had the highest mortality rate attributed to prostate, lung and colorectal cancer in the nation.⁸ Lung cancer is the deadliest, and one of the most common cancers in South Carolina.⁹ The high rates of lung cancer in South Carolina are likely due to the fact that, as of 2018, 18% of South Carolina adults were smokers - a figure that is significantly higher than the national rate of 13.7%.^{10,11} African American men throughout the state suffer disproportionately high rates of lung cancer compared to white, Hispanic and female residents.¹² Although the age-adjusted mortality rate attributable to lung cancer among African American men has decreased from 78.9 per 100,000 to 56.3 per 100,000 between 2009 and 2018, this population still suffers the highest lung cancer mortality rates in the state. Marlboro (86.8), Lancaster (85.9), Lee (78.2), Clarendon (78.0) and Hampton (74.1) counties reported the highest age-adjusted death rates among African American men between 2014 and 2018.¹³

Prostate cancer was the second leading cause of cancer death, after lung cancer, among African American men in South

Source: National Cancer Institute, The National Institute of Health, 2021

GRAPH 2

Five-Year, Age-Adjusted Lung, Prostate and Colorectal Cancer Mortality Rate per 100,000 in South Carolina, 2014-2018²⁰



Source: National Cancer Institute, The National Institute of Health, 2021

Carolina in 2018.¹⁴ The American Cancer Society estimates that in 2021, 4,860 South Carolinians will be newly diagnosed with prostate cancer and 620 South Carolinians will die from the disease.¹⁵ Like lung cancer, the most recent verifiable data reports that African American men die from prostate cancer at a significantly higher rate than white or Hispanic men.¹⁶ The stark disparity in mortality is often attributed to environmental factors and can be further exacerbated by limited access to health care services including primary and specialty care.^{17,18}

Colorectal cancer was the third leading cause of cancer death among African American men in 2018.¹⁹ Between 2014 and 2018, the five-year, age-adjusted colorectal cancer mortality rate for African American men in South Carolina was 58% higher than the five-year, age-adjusted colorectal cancer mortality rate for white men and 133% higher than the five-year, age-adjusted colorectal cancer mortality rate for Hispanic men, also illustrated in Graph 2.

Socioecological Determinants of Cancer

Genetics, exposure to carcinogens, stress, social influences and negative health behaviors such as smoking are known risk factors for the development of cancerous cells.²¹ Among African American men, a lack of access to quality health care and limited representation among providers also negatively affects prevention and early identification.²²

Patients who are members of minority groups often prefer to be seen by doctors of the same race or ethnicity.²³ For example, African American patients are more likely to agree to preventative screenings when they are recommended by an African American physician.^{24,25,26} The lack of diversity in health care negatively impacts health outcomes in minority groups.^{27,28}

Historical, cultural and economic inequities further increase risk of exposure to carcinogens among African American men.²⁹ For decades, unbalanced industrialized development has resulted in systemic racial segregation, environmental inequities and disparate opportunities for safe working environments.³⁰ These factors make regular screenings, high-quality preventive care and early detection even more important.³¹ The coronavirus pandemic affected cancer screenings across the country. Cancer screenings from March 2020 through July 2020 were substantially lower compared to March 2019 through July 2019. Screenings for colon, prostate and lung cancers decreased by 75%, 74% and 56%, respectively, in April of 2020 compared to April of 2019.³²

African American South Carolinians are the second most likely group to be uninsured in the state, following Hispanic South Carolinians.³³ About 150,400 (13%) nonelderly African

American South Carolinians were uninsured in 2019.³⁴ That same year, 364,900 nonelderly African American South Carolinians were enrolled in Medicaid (44%).³⁵ Research suggests that low-income adults who are insured through Medicaid have increased access to regular lung and colorectal cancer screening services.^{36,37}

Financial and physical access are also barriers to prevention and early detection. Programs that offer free cancer screening services in South Carolina include the Colorectal Cancer Prevention Network and the South Carolina Family Planning Program. The Colorectal Cancer Prevention Network at the University of South Carolina facilitates community education and provides screenings for individuals who are medically underserved or uninsured.³⁸ The South Carolina Family Planning Program is a limited adult Medicaid benefit program that provides breast, skin, colorectal and lung cancer screenings to men and women. Screenings for prostate cancer are a covered benefit for full-benefit Medicaid members. As of May 2021, there were 1.19 million full-benefit Medicaid members and 135,000 of those members were African American adults between the ages of 19 and 64.³⁹

As of June 4, 2021, the South Carolina Department of Health and Human Services (SCDHHS) has committed to covering screenings for prostate cancer through the South Carolina Family Planning Program and is currently working to establish an effective date for the coverage change.⁴⁰ SCDHHS will follow prostate cancer screening recommendations from the United States Preventive Services Task Force to determine what age screening coverage will begin.⁴¹

^a Medicaid, according to the Kaiser Family Foundation (KFF), includes individuals covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligible who are also covered by Medicare.

Recommendations

Fortunately, all three cancers often respond positively to treatment contingent on early detection and intervention. Opportunity exists for South Carolina to address cancer inequities for African American men in our state. Actions that should be considered include the following:

1. Improve access to screening services and early detection care by expanding safety net programs. Expansion of safety net screening and early detection programs results in earlier identification of cancer, timely access to treatments and lower mortality rates.^{42,43,44}
2. Engage community health workers with customized resources to target African American men to reinforce the need for ongoing screenings and early detection services. Recruiting community health workers to educate patients about their health, the need for screenings and early identification and assisting in overcoming structural barriers is an evidence-based method to improve health outcomes.^{45,46}
3. Mobilize communities to help facilitate cancer education and outreach efforts to targeted populations.^{47,48} Gathering community support is important and should be considered when connecting with African American men and addressing barriers African American men face when accessing cancer screening services.^{49,50}
4. Recruit a more diverse physician workforce that includes more Black physicians by establishing pipelines that attract people of color to clinical education paths to provide African American men with access to providers they trust.^{51,52,53} African American patients are far more likely to agree to certain health screenings when seen by an African American physician.^{54,55,56}

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Contributors

Elána R. Frazier, MSPM

Project Coordinator

South Carolina Institute of Medicine & Public Health

South Carolina Institute of Medicine & Public Health

1301 Gervais Street, Suite 300
Columbia, SC 29201 | (803) 602-3639

Brittney Sanderson, MSc., MPH

Research and Policy Analyst

South Carolina Institute of Medicine & Public Health

South Carolina Cancer Alliance

1800 St. Julian Place, Suite 408
Columbia, SC 29204 | (803) 708-4732



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Medicine & Public Health

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