

Scott: Welcome to The Three P's of Cancer Podcast where we'll discuss prevention, preparedness, and progress in cancer treatments and research, brought to you by the University of Michigan Rogel Cancer Center. I'm Scott Riding. We're here with Alena Williams, a Michigan Medicine health educator, tobacco treatment specialist, and clinical group facilitator at the Cancer Support Community of Greater Ann Arbor, where she facilitates their African American fellowship, living with cancer, and friends and family support groups. Alina also serves as a community health advisor at the Cancer Support Community, focusing on health disparities and psychosocial cancer support services within the African American community through outreach, program development, and volunteer training. Welcome, Alena.

Alena: Hi Scott. Thank you so much for having me.

Scott: Well, it's pretty widely known that quitting smoking can greatly reduce your risk of cancer. What is it about tobacco that causes cancer?

Alena: Great question. I'm really excited to be here to talk about tobacco and the cancer health disparities that come with it and the amazing work that we do at the Cancer Support Community and within the Michigan Medicine community. As a tobacco treatment specialist at Michigan Medicine, I have the honor and privilege to work with thousands of patients every year that are current or former tobacco users, and many of them have cancer diagnosis.

The link between smoking and cancer is very well established. We know that one out of every three cancer deaths in the United States is linked to smoking, and while lung cancer was the first cancer to be identified as having this causal relationship with smoking, we know that there are actually 16 different cancers that are caused by smoking, including cancer of the stomach, the pancreas, colorectal cancer, cervical cancer, kidney, and liver cancer.

This tobacco cancer link is the result of tobacco smoke's damaging effect on every organ in the body. Tobacco smoke contains 7,000 chemicals with at least 70 of these chemicals known to cause cancer. The smoke is inhaled into the lungs from either directly smoking or indirect exposure from secondhand smoke. It's then absorbed into the blood stream and then carried to every organ in the body.

Scott: Both my parents smoked when I was a kid growing up. I was a product of the seventies and the eighties. What are my chances, potentially, of that secondhand smoke being a factor for me maybe getting cancer later on?

Alena: So I'm assuming that you live in a smoke free environment now?

Scott: Yes.

Alena: Within 10 years of not having that exposure, your chances are half that now. So you're in a good place. Yeah. So it's just really interesting, that fact that when we think about smoking, we often think of lung cancer, but again, it's impacting every organ in the body

because essentially, cancer is this mutation of our cells where our DNA isn't controlling it properly. And what smoking and those chemicals does is damage our DNA where we don't have control over that. So it's really the start of cancer and this is where we're looking at that long-term effect.

Scott: What brought you to wanting to get involved in tobacco cessation and health education along those lines as it relates to tobacco as well as even for support care for African Americans?

Alena: Yeah. So for me personally, I have a personal and professional connection to cancer, specifically smoking related cancers where I was one year out of undergrad here at Michigan where my mother was diagnosed with stage four lung cancer. And we went through about two years of treatment and she eventually passed away from the disease. And she was a smoker, so when I talk to people that smoke, there's this huge stigma around smoking and the blame and guilt that comes with it. It is very much so an addiction with a number of factors that come into play where it is not easy to quit.

I saw that with my mother. I see that with the patients that I work with. So I say some of my favorite people are smokers and really being able to connect with people well on a very human level around, why do you use? Because a part of it is biological. Most people start to smoke, it's about 90 percent of people that's had their first cigarette before the age of 18. That's a time when your brain is still developing. We know that brain development lasts until about the age of 25, so when your brain is introduced to nicotine, it changes your brain chemistry.

There are nicotine receptors sites there, millions of them, that are going to crave that nicotine, want that nicotine, which is ultimately releasing dopamine, which makes us feel good. We all need to feel good. We need to have dopamine and the tobacco industry has created a product that gets you that really quickly and is really accessible. So that connection there of just being able to connect with people around coping is really important to me and it drives the work that I do.

We're all trying to cope with something. Have a cancer diagnosis enter into your life, you're going to be coping a little bit more harder than most people. It can be pretty devastating, but there are a lot of support and resources out there. I call it almost the beauty and the struggle that I've been able to see in people is really amazing.

Scott: With obviously your personal connection with your mom, did you also see in your neighborhood growing up other issues as it related to [inaudible 00:06:29] tobacco but cancer and other environmental issues that maybe could impact the community at large?

Alena: Yes, definitely. So I grew up in southwest Detroit, a very small close knit community, one that unfortunately is surrounded by oil refineries. So we have huge environmental toxins within our community with some of the highest asthma rates and actually lung cancer rates for the state. So knowing that all those things play a factor in health and

access to care around healthy choices, we didn't have grocery stores in our communities either. There's no local store where we can go and access healthy food.

Also, the number of tobacco retailers, as far as gas stations and convenience stores, are access points. So we know that in communities, typically communities of color, low socioeconomic status communities, there's more access to these things like tobacco and alcohol. So really kind of being in that neighborhood and having that awareness now, of course growing up it was our norm, but realizing the impact that it really has on our community.

My mom, like so many people, started smoking when she was 14, 15 years old and you're introduced to it. Now, I would think, how in the world is a 14 year old or 15 year old even allowed to purchase cigarettes? And there's a lot of policy work around access and use that's hopeful and we still have a lot of work to do.

Scott: You had mentioned about in your neighborhood, easy access for alcohol and tobacco and that there is a lack of grocery stores for healthy foods. Are there other avenues like prevention or other healthy aspects that maybe your neighborhood didn't have access to and why would that be?

Alena: So we know that African Americans have the highest death rate and shortest survival for any racial or ethnic group in the US for most cancers. The cause of these inequities are complex and reflect social and economic disparities more so than biological differences. Social economic disparities reflect inequitable access to opportunities and resources such as work, wealth, income, education, housing, and overall standard of living, as well as barriers to high quality cancer prevention, early detection, and treatment information and services.

These resources are so important when we think about cancer care. One thing that we do with the Cancer Support Community, we know the importance of psychosocial services for cancer care and what that does to treatment outcomes. My work with the cancer support community works to address these barriers. So the Cancer Support Community is a local nonprofit. We provide free educational workshops, wellness programs, and support groups for anyone impacted by cancer. It really is an amazing place where people come to find hope.

And I actually found the Cancer Support Community after losing my mother. So I've been involved with the Cancer Support Community for the last 10 years off and on in various capacity. I would say I inherited my little brother when my mother passed away, and I remember the day that I walked into the Cancer Support Community, just really feeling lost and leaving with a strong sense of hope that this is something that we're gonna do, we'll get through it, and there's a network of people that have a shared experience that I can lean on.

So that was really powerful for me. And throughout my experience, I've found different ways to stay connected with the cancer community through volunteer work. When I was completing my master's in social work, I did my internship there, and then for about

the past four or five years, I've been at group facilitator and have taken over the African American fellowship. So this really creates the opportunity to engage with the community and really focus on the group that has the most disparities and limited access to services.

Unfortunately, there's a lot of misperception or biases about support groups and what they are within the African American community. It's often that were out at educational workshops or community outreach events where people will say, "Oh no, I don't need a support group." And I'm not really sure what that means because to me, a support group is an amazing thing where you connect with people, you share, you learn, you grow together, and that's something everyone needs.

So really being able to talk to the community about what a support group is and what it isn't. There's this huge misperception that we're going to sit around in a circle and cry.

Scott: Or sing Kumbaya.

Alena: Or sing Kumbaya, yeah. So sometimes we cry, but a lot of times we laugh, and we lean on each other, and we grow, and really having that sense of hope and joy and strength that we get from each other is so powerful.

Scott: On a previous podcast, we talked about patient family support services and support groups. And so I know we've discussed that, but how is it that, knowing that people need these, what's a good way to let them know it's okay and reach out to them?

Alena: So one thing that we do is we want to go to the community because the community sometimes isn't coming to the us. So being able to meet people where they are in areas where they're comfortable, to really address some of those barriers or their fears about what this journey is can be really helpful.

So we have connections with the Ann Arbor NAACP, Park Ridge Community Center, which is a community center and one of the housing projects in Ypsilanti, and really connecting with other local organizations that are doing the work as well to say, "We have this support service and we're here and available to you." Our next goal for 2019 is to do more outreach with church groups and organizations because we know those are places that people go to for support, and we want to be an extension of that support that they receive.

Scott: Men also aren't the best at getting support either. I don't know if it's necessarily a race or an ethnic aspect. I think it's just men in general sometimes can be that way.

Alena: It definitely is a man thing. So in a number of my support groups, I have men, and I am amazed at the openness that comes with that. First, the initial fear and kind of getting over, what is this? But really, it's a powerful thing to see men open up and express their feelings. And again, that's that human aspect of life. So one thing that we do as an outreach event, and we're always supporting the Cancer Center, they frequently have a men's breakfast.

And it's a wonderful event where I've seen 60 to 70 men come together and they're receiving education about cancer prevention and treatment, and they're also expressing those feelings. And we usually do some work around self care, which is so important and I think for men as well, that sometime miss. And we need men to kind of open up and talk about these things. And as a woman with the husband, I want to make sure that my husband's doing appropriate self care so I can support him and he can support me. So it definitely creates positive healthy families.

Scott: We've talked about cancer in particular and smoking, but are there other health concerns people of color need to keep an eye on?

Alena: Definitely. When we think about lifestyle and the impact that that has on our health, things like heart disease, stroke, diabetes are definitely things that we see disproportionate rates in minority communities. And a lot of that gets back to access. So access to healthy food and education regarding those healthy lifestyle decisions, and then prevention and access to health care. So are you having regular screenings? Are you aware of what your numbers are as far as your blood pressure and BMI and things like that?

So that's a lot of what we gifts on when we think of the support group atmosphere. So yes, we talk about cancer, but you're a whole person. So cancer is one aspect of someone's life. We want to focus on the whole person. And so that comes with, what are the daily decisions that you're making to ensure that you're promoting the best possible health for yourself? So definitely looking at diet and exercise as things that we can control and having some ownership over that can be a very powerful thing.

And what we focus on is small changes. I'm not suggesting anyone change to a vegan diet, but looking at ways that you can incorporate small changes into your daily choices around nutrition. You know, adding more fruits and vegetables, limiting sugar intake, exercising. And it doesn't have to be an hour at the gym and heavy lifting. Is it 15 minutes of walking a day? Just really change over time is what we know is going to be really impactful and that change can be very small.

Scott: Obviously, Michigan and the Cancer Support Community does a good job of reaching within Washtenaw County and Ypsilanti and into some of the other areas that are underserved outside of Ann Arbor. What would be suggestions or ideas to be able to address these in other areas that don't necessarily have some of these resources? Maybe your old neighborhood, maybe up towards Flint, areas where there definitely are some health concerns and reaching those people to make sure that they know that they've got services available for them.

Alena: So there's a lot that we can do to minimize the health risks that we have and also realizing that there are barriers to access. So understanding that everyone isn't as fortunate to live so close to the University of Michigan, like our Ann Arbor and Ypsilanti patients. So kind of understanding what resources are out there.

As far as tobacco treatment goes, there is the Michigan Tobacco Quit Line, which is a nice, it's one 800-QUIT-NOW. You can call and do treatment sessions over the phone. Here at Tobacco Consultation Service, we also offer phone sessions to try to make it more accessible and reach more people. So hands down, quitting tobacco is the best thing that you can do for your health. The health implications, they're there, but the other thing is just making those healthy life decisions and staying in contact with the people that are close to you and encouraging them to do the same.

So thinking of as that team support, if it's not a support group, but there are people in your life that are there, that love and care about you, and that support you. So looking to your friends and family to hold you accountable for some of these things that you want to do can be really important. Also, goal setting is something that we work on from a health education standpoint, making sure you're doing things that are reasonable and accessible and putting a time limit on things where you can be really effective.

I worked with one woman whose goal was to quit smoking and lose weight because she was concerned about the fact that once I stop, I'm going to gain weight because there's that oral fixation piece where we need more food. So her goal was to walk 10 minutes a day, and a year later, the impact that had, her walking 10 minutes every day, quitting smoking, her risk for diabetes went down, she lost weight, she was happier and healthier.

So really focusing on small things and then looking to those resources that might be available to you, maybe not physically, but if it's over the phone, if you have internet access, the support groups that are available online and those resources, and really looking to your clinical team for support. Thinking about what they're treatment plan is for you and additional services that might be available.

As having a background in social work, I feel like everybody at some point in time should have a consultation with a social worker. We have a lot of resources up our sleeves that people may not be familiar with. Even if it's not healthcare related, it might be financial support to manage medical bills or food insecurities. What that does, taking that burden, the financial burden away, what that does for your physical health is powerful. So really looking to your team about how they can support you, and that team to me includes your family and your friends and those people in your life that support you.

Scott: As we wrap up, if there was something that you would like people to be able to take away from this today, what would it be?

Alena: Quitting smoking is the best thing that you can do for your health and there is support out there to assist you with the process. I encourage people to don't try to do it alone. It's really hard. There is a biological factor that's in play, but there's also an environmental and a social aspect of tobacco use that we address within treatment. So get some support. Contact Tobacco Consultation Service, The Quit Line. Have your friends or family hold you accountable.

It's not easy, but it can be done. And nicotine replacement therapy and the cessation meds can be really effective. We know that when you use those products, you double your chances of being able to quit successfully. So I want to give people the tools to be successful.

Scott: Well, thank you for taking the time today and really appreciate all the insightful information.

Alena: Thank you so much. It's wonderful talking with you, Scott.

Scott: Thank you for listening and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to cancercenter@med.umich.edu or message us on Twitter [@umrogelcancer](https://twitter.com/umrogelcancer). You can continue to explore the three P's of cancer by visiting rogelcancercenter.org.