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The use of tobacco tax revenues to fund the Guam Cancer Registry: A double win for cancer control

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Abstract

Cancer registries that provide reliable data on cancer incidence, mortality and burden are essential to cancer control. However, establishing sustainable local funding mechanisms to support cancer registries remains a challenge in many countries.

Guam, an unincorporated Territory of the United States of America in the Western Pacific, enacted a bill that raised tobacco taxes, and earmarked a percentage of tobacco tax revenues to support its Cancer Registry. This provided a reliable funding stream for the Registry, allowing for continued staffing and capacity building; at the same time, youth tobacco consumption decreased following the tax increase.

Linking tobacco tax revenues to cancer registry support is a feasible strategy with a double benefit: higher tobacco prices from higher tobacco taxes reduce tobacco-related cancer risk while assuring the long-term viability of systematic cancer data collection and dissemination.

Keywords

Cancer; Registries; Tobacco; Tobacco taxes; Sustainable financing

1. Introduction

Cancer registries that provide reliable data on cancer incidence, mortality and burden are essential to cancer control. However, establishing sustainable local funding mechanisms to support cancer registries remains a challenge in many countries.

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Guam, an unincorporated Territory of the United States of America in the Western Pacific, bears an increasing health burden from cancer. Of the top ten causes of mortality in the island, cancer ranks second, accounting for nearly 19% of all deaths [1]. Furthermore, the cancer burden is rising. Both cancer incidence and mortality have increased over the 3 time-periods for cancer data collection: 1998–2002, 2003–2007, and 2008–2012 [2]. Clearly, a viable cancer registry is indispensable to guide the Territory's cancer control policy and program development. However, ensuring sustainable support for the cancer registry was for many years a challenge.

1.1. Methods and historical background

Prior to 1998, there was no systematic mechanism to gather data on cancer in Guam. Recognizing this critical data gap, in 1998, the late Dr. Eduardo Cruz, then a physician member of the 24th Guam Legislature, spearheaded legislation to establish the Guam Cancer Registry. Public Law 24–198 passed unanimously on May 6, 1998, creating the Guam Cancer Registry as an unfunded mandate of the Department of Public Health and Social Services (DPHSS).

The Registry was operated initially as a collateral duty of Guam's Territorial Epidemiologist. Data collection was passive, with no full-time personnel dedicated to the Registry.

In 2003, the University of Guam (UOG) partnered with the University of Hawaii (UH) under the National Cancer Institute (NCI) Minority Institution/Cancer Center Partnership program for an institutional capacity building cancer research grant. Funding support for the Registry was included in the grant proposal, which was subsequently awarded to UOG and UH. By 2004, the Registry became a unit of the Cancer Research Center of Guam under the UOG-UH partnership, as a joint venture of the Universities and the DPHSS. Grant funding permitted the recruitment of a full-time data collection specialist and research associate.

By 2006, the Registry had progressed sufficiently to qualify for full member status in the North American Association of Central Cancer Registries (NAACCR), of which it remains a member [3]. However, by 2009, the NCI grant cycle was ending, and future support for the Registry was non-existent.

The Outreach team of UOG's Cancer Research Center together with the American Cancer Society (ACS) Guam Chapter and the Guam Comprehensive Cancer Control Coalition (GCCCC) identified a window of opportunity to secure long-term funding support for the Registry, when Vice-Speaker Benjamin Cruz of the 30th Guam Legislature proposed a bill raising tobacco taxes to augment government revenues in mid-2009. Working with the Offices of the Speaker and the Vice-Speaker, the team made a case for raising the proposed amount of tax increase from \$0.50 to \$1.00 per cigarette pack (with commensurate increases for other tobacco products) and earmarking a portion of the tax revenues to fund cancer prevention and control, with 1% allocated to support the Registry.

2. Results and discussion

By linking the tax increase to cancer prevention and control funding, the advocates were able to ensure political and community support for the Bill. The Legislature passed Public Law 30–80 on 22 January 2010. Taxes increased by \$2.00 per pack (with corresponding increases for other tobacco products), double the amount originally recommended by the coalition. Fifteen percent of tax revenues were earmarked into a special fund for cancer care, with an additional 1% of revenues allocated to the Guam Cancer Registry. Another 72% of the revenues went into a “Healthy Futures” Fund for tobacco, alcohol and drug prevention, health promotion and tobacco cessation [4]. As shown by annual tobacco consumption surveys, the tax increase was followed over time by reductions in smoking prevalence, particularly among Guam youth [5]; its impact as a cancer prevention strategy will likely be observed in the future.

Since the law came into effect in 2011, the Registry has received annual funding averaging ~US\$139,000.00, and the income appears to be rising. For the fiscal year 2016, US \$203,097.00 has already been allotted for the Registry (personal communication, Janet T. Dirige, Program Coordinator IV, University of Guam).

This has permitted the continued staffing of the Registry, with ongoing professional training of the Registry staff. In addition to a part-time Director, the Registry currently employs two full-time research associates trained in cancer case abstraction and case collection, one of whom is a Certified Tumor Registrar, and a full-time employee tasked with administrative and case collection duties.

Today, the Guam Cancer Registry does active and passive data collection, serving as both Guam's hospital registry and its central registry. The Registry staff work with researchers and health professionals in Guam, the Pacific Region and Hawai'i, providing data on cancer incidence, mortality and burden. Recently, the Registry staff started providing technical assistance to cancer registry staff from other Pacific Island Jurisdictions on case collection, abstracting and collaborative training.

3. Conclusion and lessons learned

Ensuring sustainable local funding support for cancer registries is critical for effective cancer surveillance and cancer control. Linking tobacco tax revenues to cancer registry support is a feasible strategy with a double benefit: higher tobacco prices from higher tobacco taxes reduce tobacco-related cancer risk while assuring the long-term viability of systematic cancer data collection and dissemination. Other countries could benefit from the experience in Guam, where a portion of tobacco tax revenues is channeled to fund the Cancer Registry. The applicability of this strategy to other commercial products that are known to contribute to cancer risk, such as obesity-promoting sugar sweetened beverages, should be explored.

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