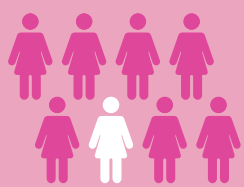




# The Road to Cancer Survivorship: Addressing Social Determinants of Health to Improve Breast Cancer Survivorship



**1 in 8** women will be diagnosed with breast cancer in their lifetime.<sup>1</sup>

## Breast cancer risk factors include

- Unmodifiable risk factors (age, family history, and genetics),<sup>2</sup>
- Modifiable risk factors (weight status, alcohol consumption, low levels of physical activity)<sup>2</sup>, and
- Social determinants of health (SDOH).<sup>3,4</sup>

Organizations can improve survivorship for the 313,000 people diagnosed with breast cancer each year by addressing modifiable risk factors and SDOH that increase people's risk of breast cancer.<sup>5</sup>

## The Road to Cancer Survivorship: Modifiable Factors and Social Determinants of Health



### PREVENTION ROADBLOCKS AHEAD

**PREVENTION:** Preventable or modifiable risk factors contribute to breast cancer, including obesity, lack of physical activity, and some SDOH. Organizations can help prevent breast cancer by promoting and enabling healthy lifestyle choices for all, regardless of income or education.

#### ROADBLOCKS

- ▲ **Level of education** affects job types and occupation, in turn influencing insurance coverage, income, health literacy, and environmental exposures in residential or worksite settings.
- ▲ **Level of literacy** (e.g., general, health, and digital) can influence a person's ability to locate, understand, and use health information and make timely health decisions.
- ▲ **Cancer myths** about who gets breast cancer and what causes it can prevent people from understanding and addressing their personal risks (see Common Breast Cancer Myths That Are Not True).
- ▲ **Food insecurity** and regular access to healthy foods is crucial during breast cancer prevention, treatment, and survivorship. Food insecure cancer survivors are more likely to skip treatment and delay recommended cancer care, making difficult decisions between affording food or care.<sup>6</sup>
- ▲ **Environmental exposures** to some chemicals and pollution may increase a person's risk for breast cancer.<sup>7</sup> Where a person lives and works affects their exposure to potentially toxic chemicals.
- ▲ **Access to genetic counseling and testing** for known cancer genes can help people prevent breast cancer from occurring through prophylactic surgery (see Genetics and Breast Cancer Risk).



## Genetics and Breast Cancer Risk:

Knowing a family history of breast cancer and having access to genetic counseling, screenings, and appropriate treatments can prevent breast cancer from occurring in some high-risk people. For instance, mutations in the BRCA genes, which can be screened for, can increase risk of breast and other cancers.<sup>8</sup>



## Common Breast Cancer Myths That Are Not True:<sup>9</sup>

- Breast cancer only affects women.
- Breast cancer only affects middle-age and older people.
- Mammograms can cause or spread cancer.
- Deodorant, underwire bras, or cellphones cause breast cancer.
- Only people with a family history of breast cancer are at risk of breast cancer.
- Breast cancer always causes lumps in breasts.
- All breast cancers are the same.

**SCREENING:** When breast cancer is detected in early, localized stages, survival rates are 99.6%.<sup>10</sup> Equitable access to early detection will save lives and improve breast cancer survivorship for all.

#### ROADBLOCKS

- ▲ **Financial concerns** force people to choose between necessities, like food and shelter, and cancer screening and care.
- ▲ **Living in medically underserved or healthcare professional shortage areas** can make it necessary for people to travel to see healthcare professionals or visit screening facilities, leading to lower screening rates, later diagnoses, and higher cancer mortality.<sup>11</sup>
- ▲ **Lack of transportation** can make it difficult for women to access breast cancer screening and follow-up treatment appointments. Mobile screening units can help address transportation barriers to reach more women.<sup>12</sup>
- ▲ **Lack of workplace benefits**, such as paid time off, can affect a person's ability to utilize breast cancer screening, adhere to follow-up appointments, and receive cancer treatments.

### TREATMENT ROADBLOCKS AHEAD

**TREATMENT:** Timely access to affordable treatment after a breast cancer diagnosis is crucial to survivorship. Cancer patients may decline or defer treatments for many reasons, including financial pressures, fear, and low health literacy, worsening breast cancer inequities.<sup>13</sup> By providing resources to find, pay for, and stay in treatment, organizations can help improve cancer outcomes for all in their community.

#### ROADBLOCKS

- ▲ **Lack of comprehensive insurance coverage** (e.g., being underinsured, uninsured) may cause people to experience difficulty paying for co-pays, deductibles, costs of treatment, and supplemental imaging after an abnormal mammogram.
- ▲ **Timely treatment** is key to increasing survivorship, but women in some racial/ethnic groups, with some low socioeconomic status (SES) characteristics, and in some geographic areas are more likely to experience breast cancer treatment delays, which may lead to worse cancer outcomes.<sup>14,15,16</sup>
- ▲ **Language barriers** may be present for people accessing care after a breast cancer diagnosis.<sup>4</sup> Nonprofit organizations and community health workers, including promotoras and medical interpreters, can help women navigate language barriers to find comprehensive care.<sup>11,17</sup>
- ▲ **Housing Instability** and cancer treatment are bidirectionally associated: cancer treatment can cause housing instability and housing instability can cause missed cancer treatments.<sup>18</sup> Housing costs and changes in employment or employment status due to a cancer diagnosis can threaten a person's housing stability, leading to frequent changes in residence that threaten sustained cancer care.<sup>18</sup>



### SURVIVORSHIP ROADBLOCKS AHEAD

**SURVIVORSHIP:** Disparities in breast cancer survivorship are pronounced. For instance, Black women are 41% more likely to die of breast cancer than White women, partially due to a higher rate of a difficult-to-treat form of breast cancer and partially due to SDOH.<sup>19</sup> Addressing SDOH can help all people achieve health, regardless of their ZIP code, race, or ethnicity.

#### ROADBLOCKS

- ▲ **Treatment side effects**, that can lead to physical and cognitive limitations affect many SDOH, including ability to maintain employment, health insurance coverage, and stable housing.<sup>18</sup> Households with low incomes may be especially affected, as they may have less money available to address unexpected financial hardships.<sup>18</sup>
- ▲ **Ongoing medical costs** for screenings and treatment for cancer recurrence can cause lifetime financial stress for survivors. Low SES characteristics that cause additional financial stress may make people more likely to skip crucial, ongoing medical care.<sup>20</sup>
- ▲ **Childcare availability** can be a barrier for breast cancer survivors, many of whom are parents to children under 18, highlighting the importance of ongoing childcare availability and support for families.

## 5-year relative breast cancer survivorship:<sup>10</sup>

- All stages: 91.2%
- Diagnosed in regional stage: 86.7%
- Diagnosed in localized stage: 99.6%
- Diagnosed in distant stage: 31.9%



BRIDGE TO SURVIVORSHIP

# What is Health Equity?

Health equity is when everyone can attain health, regardless of where they live, work, and play.<sup>22</sup> By addressing SDOH, including in places where people with low incomes live, worship, and receive health care, we can create environments that encourage health equity.<sup>23,24,25</sup>

SDOH affect all of the domains of cancer survivorship, including ongoing cancer detection, symptom management, risk assessment for treatment effects and psychosocial needs, and lifestyle modifications.<sup>26</sup>

According to the National Cancer Institute's National Standards for Cancer Care, organizations should care for survivors in three ways:<sup>27</sup>

- Health System Policy:** Organizations should have written plans for cancer survivors based on input from cancer survivors to
  - Provide survivors with the resources and services that fit their specific needs (e.g., needs based on SDOH, financial literacy, disability status),
  - Refer survivors to follow-up care, and
  - Prepare, train, and define roles of healthcare providers for cancer survivors.
- Health System Processes:** Organizations should have health system processes that support survivors throughout and beyond the cancer continuum, including processes that
  - Screen survivors during and after treatment for effects of treatment and other chronic diseases,
  - Provide resources for survivors with lifestyle behaviors that could harm survivorship or increase risks of cancer recurrence (e.g., commercial tobacco cessation, nutrition counseling),
  - Assess cancer survivors for the effects of cancer and its treatment, including monitoring for employment and ability to return to work,
  - Provide patients with resources for a seamless transition to life after cancer, including resources for returning to work,
  - Provide resources that address underinsurance and other financial concerns, including state and local resources through health departments, and
  - Engage cancer survivors in all care planning with healthcare professionals.
- Health System Evaluation:** Organizations need systems to collect data for a deeper understanding of survivorship, including data on survivorship, quality of life after cancer, and SDOH that create barriers for survivors.

## Resources

CDC's [National Breast and Cervical Cancer Early Detection Program](#)

National Academy of Science, Engineering, and Medicine's [Integrating Social Care into the Delivery of Health Care](#)

National Cancer Institute's [3-in-1 Approach Helps Women in Rural Areas Get Cancer Screenings](#)

Association of State and Territorial Health Officials' [Breast Cancer Disparities Online Toolkit](#)

Living Beyond Breast Cancer's [Managing the Hidden Costs of Breast Cancer](#)

SelfMade Health Network's [fact sheets](#)

- [How Screening Saves Lives: Breast Cancer and Lung Cancer Screening in Low Socioeconomic Status Populations](#)
- [Reducing Shared Risks: Breast Cancer, Cardiovascular Disease, and Food Insecurity](#)
- [Understanding Health Risk: Using Family Health Histories to Promote Health](#)
- [Fast Facts—Breast Cancer & Financial Barriers](#)
- [Tennessee Multi-regional Engagement and Outreach Plan](#)

Centers for Medicare & Medicaid Services' [Health Equity Services in the 2024 Physician Fee Schedule Final Rule](#)

CancerCare's [Financial Assistance Program](#)

American Cancer Society's [Leadership in Oncology Navigation Training](#)

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