



# Enhancing Community-Clinical Linkages to Improve Prostate Cancer Survivorship Outcomes Among Low-Income Populations

Navigating the healthcare system can be challenging for some men with low incomes who live in medically underserved areas (MUAs) or health professional shortage areas (HPSAs). As **1 in 8 men will have prostate cancer in their lifetimes**, community-level efforts are key to reaching more men with a variety of screenings and linkages to care.<sup>1</sup> These linkages are especially important because many men who have prostate cancer also have additional chronic conditions.<sup>2</sup>

## Community-Clinical Linkages to Address Social Determinants of Health Associated with Prostate Cancer

Community-Clinical Linkages (CCLs) can be effective for preventing and treating chronic diseases, including prostate cancer, by addressing social determinants of health (SDOH) and improving access to services across the continuum of prostate cancer care. CCLs can play an important role in early diagnosis of cancer through community-level interventions to improve cancer screening rates.<sup>5</sup>

SDOH-related barriers may affect access to prostate cancer information, screening, and treatment.<sup>6</sup> Focusing on certain SDOH, like access to healthy foods, can help men prevent cancers and other chronic diseases.



Source: CDC's [Community-Clinical Linkages: Implementing an Operational Structure with a Health Equity Lens](#)

## Community-Clinical Linkages: Nurse Navigation and Patient Navigation

Nurse Navigation and Patient Navigation are key components of CCLs and can help:

- address SDOH (e.g., transportation issues, being underinsured or uninsured) at the individual, community, and population levels and improve informed decision-making to improve prostate cancer outcomes.<sup>8,9,10,11</sup>
- eliminate delays in cancer diagnosis and treatment initiation and improve treatment adherence.
- improve patient-centered communication.
- connect people with external support services and clinical navigation to create cohesive care among people within health systems.<sup>11</sup>

## Key Terms and Definitions

**Medically underserved areas (MUAs)** are rural or metropolitan geographic areas that have a shortage of primary healthcare services.<sup>3</sup> About 15 million people live in MUAs.<sup>4</sup>

**Health professional shortage areas (HPSAs)** are areas with a shortage of healthcare providers, including medical, dental, and mental healthcare providers.<sup>3</sup> About 76 million people live in HPSAs.<sup>4</sup>

**Community-Clinical Linkages (CCLs)** are connections between community, clinical, or public health sectors to help improve population health.<sup>15</sup>

## Resources

- American Cancer Society's [Health Equity Ambassador Program](#)
- CDC's [Prostate Cancer Statistics](#)
- Grand Rounds in Urology's [Improving Outcomes and Revenue with Patient Navigation](#)
- GW School of Medicine and Health Sciences' [Special Topics in Patient Navigation: Getting Paid for Patient Navigation](#)
- NCI's [Cancer Support Services Directory](#)
- SelfMade Health Network's resources: [Fact Sheets](#)
  - [The Road to Cancer Survivorship: Addressing Social Determinants of Health to Improve Prostate and Colorectal Cancer Survivorship](#)
  - [Addressing Prostate Cancer and Social Determinants of Health](#)
- [Webinars](#)
  - Prostate Cancer Survivorship Webinar Series: Health Equity Driving Approaches for Optimizing Outcomes in Low-Income Populations
  - Pathways to Health Equity: Expanding Community-Clinical Linkages to Improve Health Outcomes Among Low-Income Populations Webinar Series
  - Examining the Intersection of Cancer Disparities Among Populations with Low Socioeconomic Status Characteristics
- The White House's [National Strategy on Hunger, Nutrition and Health](#)

“ Promoting and achieving health and well-being nationwide is a shared responsibility that is distributed across the national, state, tribal, and community levels, including the public, private, and not-for-profit sectors. ”

– Healthy People 2030 Framework<sup>14</sup>

## Community-Clinical Linkages in Practice: Enhancing Connections to Improve Prostate Cancer Outcomes

Reaching men in the places they live, work, and play with culturally and linguistically appropriate resources and services can help improve prostate cancer outcomes. Examples include:



Partner	Organizational Partner	Action	Goals
Barbershops	<ul style="list-style-type: none"> <li>State and local public health departments</li> <li>Health systems</li> <li>Academic institutions</li> <li>Cancer, Chronic Disease, and Health Equity Coalitions</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate prostate cancer education and training.</li> <li>Recruit barbershop owners, employees, and clients as community health workers.</li> <li>Build resources with input from barbershop owners, employees, and clients.</li> </ul>	<ul style="list-style-type: none"> <li>Identify and resolve community barriers</li> <li>Identify the modes and means of resource dissemination that will reach men based on age, race/ethnicity, levels of health literacy and digital literacy</li> <li>Develop culturally and linguistically relevant content</li> <li>Connect men with appropriate cancer education aligned with individual level of literacy</li> <li>Reinforce the importance of regular prostate cancer screening</li> <li>Address misinformation about prostate cancer and its treatment</li> <li>Share screening resources</li> <li>Connect men to routine care</li> <li>Minimize stigma</li> <li>Increase awareness of prostate cancer resources</li> <li>Create trusted messengers within your community</li> </ul>
Faith-based organizations	<ul style="list-style-type: none"> <li>State and local public health departments</li> <li>Health systems</li> <li>Academic institutions</li> <li>Cancer, Chronic Disease, and Health Equity Coalitions</li> <li>Non-profit organizations</li> <li>Community-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>Recruit church staff and congregation members as community health workers.</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of low-cost prostate cancer screening and services</li> <li>Address misinformation about prostate cancer and its treatment</li> <li>Connect congregation members to resources that address SDOH</li> <li>Address prostate cancer stigma and fatalism</li> <li>Create trusted messengers to strengthen sustainability within the community</li> </ul>
Health systems, including Federally Qualified Health Centers and Rural Health Clinics	<ul style="list-style-type: none"> <li>State and local public health departments</li> <li>Academic institutions</li> <li>Cancer, Chronic Disease, and Health Equity Coalitions</li> <li>Non-profit organizations</li> <li>Community-based organizations</li> <li>Faith-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>Update community health improvement plans and community health needs assessments to incorporate plans to address prostate cancer.</li> </ul>	<ul style="list-style-type: none"> <li>Identify men at moderate to high risk of prostate cancer by age, socioeconomic status characteristics, and area</li> </ul>
Registered dieticians	<ul style="list-style-type: none"> <li>State and local public health departments</li> <li>Health systems</li> <li>Academic institutions</li> <li>Cancer, Chronic Disease, and Health Equity Coalitions</li> <li>Non-profit organizations</li> <li>Community-based organizations</li> <li>Faith-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate prostate cancer education and training.</li> <li>Provide resources to help men experiencing food insecurity.<sup>12</sup></li> <li>Connect prostate cancer survivors with dietary resources.<sup>13</sup></li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness, knowledge, and understanding of prostate cancer risks</li> <li>Share resources that are culturally and linguistically appropriate and that account for lower levels of general literacy, health literacy, and digital literacy</li> <li>Address prostate cancer stigma, cancer fatalism, and stereotypes about masculinity</li> <li>Address new or persistent food insecurity</li> <li>Prevent prostate cancer screening and treatment delay</li> <li>Improve follow-up adherence</li> <li>Connect survivors with affordable meal substitutions to reduce medication side effects</li> <li>Improve treatment compliance</li> </ul>



Centers for Disease Control and Prevention Consortium of National Networks  
SelfMade Health Network (CDC National Disparity Network)

<https://www.selfmadehealth.org/> X @SelfMadeHealth

<https://www.facebook.com/SelfMadeHealthNetwork/>

SCAN OR CLICK FOR REFERENCES

CLICK HERE

