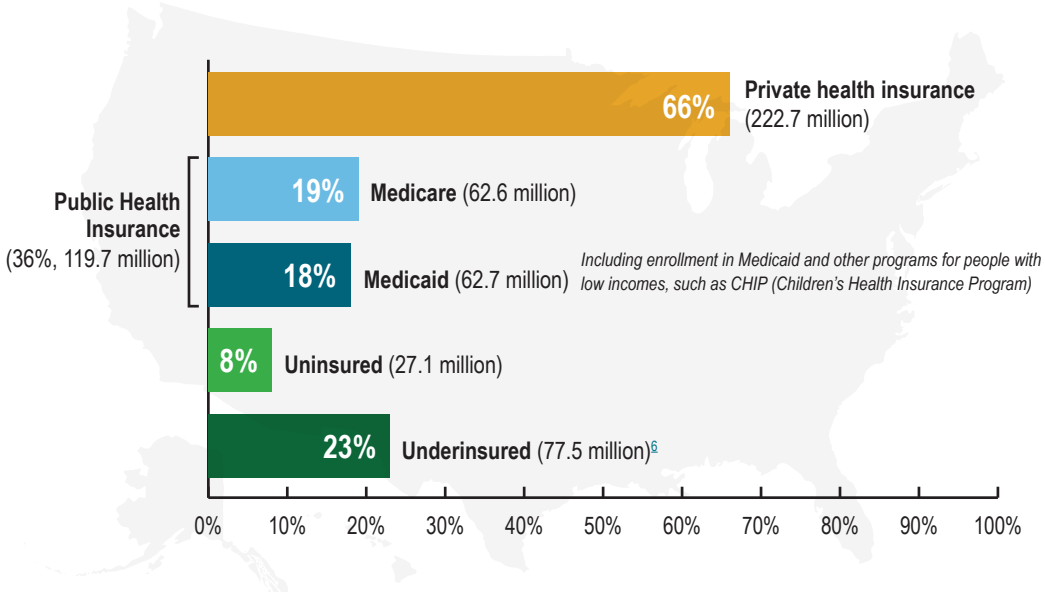
From Coverage to Care: How States, Organizations, and Communities Can Improve Cancer Health and Other Chronic Disease Outcomes for Low-Income Populations

Health Insurance Coverage: A Driver of Healthcare Access, Utilization, and Community Health Outcomes

Health insurance status is an important non-medical driver that can shape health outcomes across a person's life. Comprehensive health insurance coverage is especially important for the 76% of American adults who have at least one chronic condition.[1] People with chronic conditions and family histories of chronic conditions, such as cancer, may require long-term management, including appointments for screening, early detection, treatment, and follow-up care. Research shows that not all insurance has equal outcomes: People who are on public health insurance (e.g., Medicaid, Medicare), underinsured, or uninsured are at a higher risk of later-stage cancers diagnoses, delays in follow-up care, and worse treatment outcomes.[2,3]

In the United States, **nearly half of people are uninsured or on public health insurance** (see graph 1). Upcoming changes to Medicaid policy (see box 2) will affect those numbers and may lead to coverage loss for many. Understanding and effectively communicating changes to the health insurance coverage landscape is an important part of making sure that low-income populations can maintain insurance coverage.[4]

Graph 1: Health Insurance Coverage in the United States[5]



Note: Private insurance, public insurance, and uninsured rates are based on U.S. Census Bureau data. Underinsured rates are based on Commonwealth Fund data.[5,6] Percents do not sum to 100, as some people can have multiple types of insurance at a single time.

Social Factors Create Competing Needs

Populations with low incomes (including underinsured populations as shown above) may have to choose between fulfilling basic needs, such as buying food or affording housing, or maintaining health insurance and health care. For instance, households with food insecurity typically have higher healthcare costs, in part due to management of existing chronic conditions.[13,14]

Box 1: Work Status and Health Insurance Coverage

Most people who are on Medicaid or are uninsured work or have at least one family member who works.

52% of working-age adults on Medicaid work at least 80 hours per month.[7]

85% of uninsured people have at least one adult worker in the family.[8]

66% of underinsured, employed adults have coverage through an employer plan.[6]

Box 2: Upcoming Changes to the Insurance Coverage Landscape

January 1st, 2027 is the deadline for states to implement new work requirements for Medicaid recipients. Some states are implementing the new requirements earlier, and some have already implemented them. Based on new requirements, most adults ages 19-64 will need at least 80 hours of work or community service each month or to be enrolled in school at least half of the time to qualify for Medicaid. Recipients must re-apply every 6 months to maintain benefits.

While approximately 80% of adults currently on Medicaid will meet the new requirements through work or qualify for an exemption, initial estimates show that at least **21% of adults currently on Medicaid–over 13 million people–will not meet the new requirements and are at risk of losing their coverage.**[7]

Expand Chronic Disease Management Access Points

Having health insurance is no guarantee that individuals can actually obtain care: approximately 106 million people reside in Health Professional Shortage Areas (HPSAs) and approximately 17 million reside in Medically Underserved Areas (MUAs) with limited primary care, which can act as a barrier to care, similar to lack of insurance.[9,10,11]

Therefore, expanding healthcare access points can reduce barriers while improving chronic disease management long-term within a community. For example, it has been well documented that pharmacies provide trusted spaces for health care in areas with low-income populations and shortages of healthcare professionals. However, there are still almost 16 million people who live in pharmacy deserts.[12] Expanding access to pharmacies (e.g. community, independent, retail/chain, mail order, online), including those with on-site pharmacists who provide medication, education, and telemedicine, to those underserved areas can help more people access care to manage chronic conditions.[12]

Underutilization of Preventive Health Screenings

Gaps in insurance coverage and healthcare access contribute to underutilization of preventive health screenings, which can detect cancers and chronic conditions early when they are most treatable, often at considerable healthcare savings. However, millions of people don't receive screenings, and not enough adults are up to date on their screenings.

	Percent of Eligible Population Who Are Up to Date on Screening	Screening Gaps: Percent of Select Populations Who Are Up to Date on Screening
Colorectal cancer[15]	Eligible adults aged 45-75: **61%**	Uninsured adults: **29%** Adults with household income <$15,000: **52%** Adults aged 45-49: **30%**
Breast cancer[16]	Eligible women aged 50-74: **77%**	Uninsured women: **37%** Women with health insurance: **74%** Women with household income <$15,000: **63%** Women with household income $15,000-34,999: **69%**
Prostate cancer[17]	Men aged 55-69: **38%** screened in the last year	Men with incomes <200% of federal poverty level: **25%** screened in the last year
Lung cancer[18]	Eligible adults: **18%**	Uninsured adults: **4%**

If every eligible person received the recommended lung cancer screenings, it would prevent an estimated 62,110 lung cancer deaths over five years in the United States.[19,20]

How Organizations Across Sectors Can Improve Health Insurance Coverage, Healthcare Access, and Utilization for Low-Income Populations at High-Risk For and Diagnosed with Chronic Diseases

How to Help	What to Do	Resources
Know the local health insurance landscape.	• Collaborate with organizations in your area to identify opportunities to expand awareness of preventive care benefits available to low-income populations where they live, work, play, learn, worship, receive healthcare, and age. • Learn about the most current state mandatory exemptions and optional hardship exemptions for Medicaid work requirements. • Know when new policies will be implemented at the state level.	• Healthcare.gov Preventive Care Benefits for Adults • Centers for Medicare & Medicaid Services State Profiles and Informational Bulletin • KFF Tracking Implementation of the 2025 Reconciliation Law Medicaid Work Requirements
Inform your community throughout the year about ongoing changes to insurance coverage.	• Establish or enhance partnerships and community clinical linkages (CCLs) in places with shortages of health professionals or services (e.g., MUAs, HPSAs, maternity care deserts, pharmacy deserts, broadband deserts). • Use media campaigns to share information about changes that may affect coverage (e.g., via social media, newsletters, radio, local newspapers, blogs, church bulletins). • Leverage CCLs with critical access hospitals in rural and metropolitan communities to increase access to current insurance coverage options. • Utilize trusted community messengers and leverage CCLs to share information about health insurance changes and coverage options. • Identify partnership opportunities to increase the number of grocery stores in MUAs, HPSAs, and pharmacy, maternity care, cardiology, and food deserts. • Establish partnerships to host educational sessions on health insurance access, maintaining insurance coverage, and addressing non-medical factors of health (e.g., food insecurity). • Collaborate with local Greyhound Bus Stations to co-develop promotional resources. • Expand the number of male community health workers (CHWs) to address insurance coverage and other non-medical factors affecting men's health. • Establish partnerships with vocational schools, libraries, and community colleges.	• Healthcare.gov Staying Covered if You Lose Medicaid or CHIP • National Colorectal Cancer Roundtable 80% in Every Community Campaign • State Health and Value Strategies Communications Workplan: Preparing for the Implementation of Medicaid Work Reporting Requirements • NFL Gear Up Against Cancer Campaign • SelfMade Health Network (SMHN) Enhancing Community-Clinical Linkages to Improve Cancer Health Outcomes Among Low-Income Populations, Including Veterans, Active-Duty Service Members, Reservists, and Military Families • March of Dimes Maternity Care Deserts Map • Association of Black Cardiologists Cardiology Deserts Campaign, discussed in Cardiovascular Business • County Health Rankings & Roadmaps Food Environment Index • Institute for Local Self-Reliance Mapping Food Deserts and Grocery Consolidation Map • Feeding America Food Insecurity Map
Support low-income populations who do not have insurance coverage before, during, and after a cancer diagnosis.	• Enhance CCL capacity by refining electronic medical record and electronic health record systems to track, engage, and follow up with a) eligible unscreened adults, and b) patients with gaps in health insurance coverage. • Coordinate efforts with nurses, patient navigators, CHWs, and organizations to address non-medical drivers of health (e.g., health insurance access, food insecurity, transportation barriers, health literacy, housing insecurity). • Share free and low-cost resources for detection and treatment of cancer and other chronic conditions. • Share free commercial tobacco cessation resources to prevent cancer and improve cancer outcomes. • Create programs and partner with organizations to address food insecurity, which can cause individuals to prioritize immediate food needs over health insurance premiums and medical care.	• Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program Screening Program Locator and How to Quit Smoking (Free State Tobacco Quitline Services and Resources) • Health Resources and Services Administration Find a Health Center • Smokefree.gov • Patient Advocate Foundation resources • National Association of Free and Charitable Clinics services locator • SMHN Enhancing Community-Clinical Linkages: Reducing Lung Cancer Risks with Food Insecurity Among Low-Income Populations and From the Lungs to the Heart: How Tobacco-related Diseases and Cancers Affect Men's Health • American College of Radiology and Radiological Society of North America Radiology Information Resources

Need help applying this resource? SMHN offers free, tailored training and technical assistance year round to organizations to support strategic planning, implementation, partnerships, and CCLs nationwide. Submit inquiries to info@selfmadehealth.org.

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