



FAST FACTS – MEN'S CANCER HEALTH DISPARITIES

Multiple Barriers Affect Early Cancer Diagnosis and Survivorship in Men

There are multiple healthcare-related, socioeconomic and cultural access barriers that deter men from achieving optimal health.

Gender disparities in health continue to exist. Men's cancer incidence and mortality disparities among racial, ethnic, and underserved communities are complex and varied. Men are less likely than women to undergo preventive and routine healthcare services. This fact is exacerbated when factors such as employment, health insurance status, geographic constraints, and perceived fears or negative views associated with a cancer diagnosis exist.²

In addition, among adults aged 18–64 years, rates associated with having a routine source of healthcare continue to remain lower among men than women of the same age.



Primary factors contributing to disparities include a lack of health care coverage and low socioeconomic status.

Socioeconomic status is a strong indicator of whether a person will forgo the recommended preventive care checkups and screenings.¹

Cancer in Men

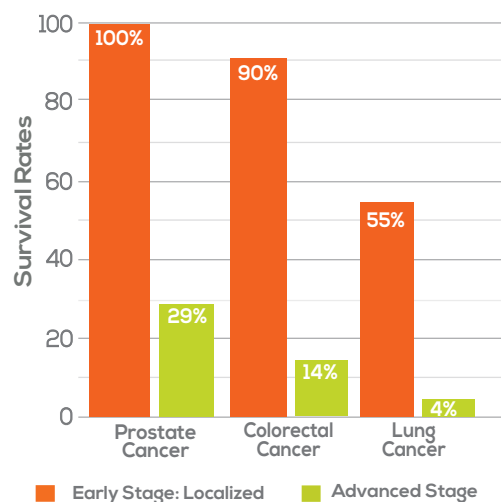
The most commonly diagnosed cancers in men are lung cancer, prostate cancer, and colorectal cancer.² When diagnosed early the survival rate for all three cancers dramatically increases, but when diagnosed at an advanced stage, survivorship decreases significantly.

Data tells us that persons from medically vulnerable populations are more likely to be diagnosed with advanced stage cancer and may have been treated more effectively or cured if diagnosed earlier.¹



Cancer deaths can be reduced and prevented through screening, early diagnosis and treatment. Following recommended lung, prostate, and colorectal cancer screening guidelines increases the likelihood that cancer is found early when treatment works best. Early diagnosis also can reduce the total amount of out-of-pocket costs associated for extended treatment.⁴

Five Year Survival Rates Based on Progression at Time of Diagnosis³



Multiple Factors Affect Men's Access to Care

Unemployment: During periods of unemployment, men reduce their number of routine medical checkups.⁵ Moreover, when state-level unemployment rates rise by 1%, preventive care services subsequently drop by 1.6%.⁶

Transportation: Rural residents may delay seeing a healthcare provider because of challenges accessing consistent, reliable transportation. Some studies reveal that longer travel distances to obtain outpatient care results in fewer primary care visits.⁸ Transportation barriers also delay urgent care visits which may lead to a decline in survivorship and effective treatment.

Additionally, financial barriers to healthcare may be particularly problematic for cancer survivors because of their risk for recurrence, second cancers, late effects experienced from treatment, and non-cancer related comorbidities.⁷



(Fear of) High Out-of-Pocket Costs: Although preventive care is included in most insurance plans, some services may include an out-of-pocket cost, so fluctuations in temporary or perceived permanent income may have a greater effect on the use of preventive healthcare services.⁵ As a result, populations may forego some or all of the recommended treatments whose costs are viewed as immediate but whose benefits are delayed.

Racial/Ethnicity: Although cancer incidence and mortality rates vary by state, higher rates remain among African American men followed by Caucasian, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander men.¹⁰ In some instances, racial/ethnic disparities may be explained by factors including:

- socioeconomic status
- access to affordable health coverage
- biological, social, cultural, linguistic, and environmental differences

Survivorship and the Importance of Provider Engagement



Engaging in ongoing open and honest patient-provider communication may help improve health outcomes.⁷ Furthermore, numerous studies of cancer screening utilization show that physician recommendations can have a strong and positive impact on patients' care.

Health research in neighborhoods has shown social factors are associated with the health outcomes cancer patients experience across the cancer control continuum.⁹ Increasing access to culturally-sensitive patient navigation and care coordination may impact health disparities.¹¹



Physicians increasing their efforts encouraging male populations to routinely participate in recommended cancer screening, treatment and risk-reduction behaviors may help alleviate and reduce men's health disparities.

References

1-NCI, *Cancer Health Disparities Fact Sheet*, www.cancer.gov/about-nci/organization/crhd/cancer-health-disparities-fact-sheet#a2

2-CDC, *Cancer Among Men*, www.cdc.gov/cancer/dcpc/data/men.htm

3-NCI, *SEER Stat Fact Sheets*, www.seer.cancer.gov/statfacts

4-Yabroff, K. R., Lund, J., Kepka, D., & Mariotto, A. (2011). *Economic Burden of Cancer in the US: Estimates, Projections, and Future Research*. *Cancer Epidemiology, Biomarkers & Prevention*, 20(10), 2006-14.

5-CDC, *National Center for Health Statistics: Men's Health*, www.cdc.gov/nchs/hus/men.htm

6-Tefft N. & Kageleiry A., (2014). *State-Level Unemployment and the Utilization of Preventive Medical Services*. *Health Services Research*, 49(1), 186-205.

7-Palmer N., Geiger A., Lu L., Case L., & Weaver K., (2013). *Impact of Rural Residence on Forgoing Healthcare after Cancer Because of Cost*. *Cancer Epidemiology, Biomarkers & Prevention*, 22(10), 10.1158/1055-9965.EPI-13-042L

8-Shugarman L., Sorbero M., Tian H., Jain A., & Ashwood J., (2008). *An Exploration of Urban and Rural Differences in Lung Cancer Survival Among Medicare Beneficiaries*. *American Journal of Public Health*, 98(7), 1280-1287.

9-Meilleur A., Subramanian S., Plascak J., Fisher J., Paskett E., & Lamont E., (2013). *Rural Residence and Cancer Outcomes in the US: Issues and Challenges*. *Cancer Epidemiology, Biomarkers & Prevention*, 22(10), 10.1158/1055-9965.EPI-13-0404.

10-CDC, *Prostate Cancer Rates by State*, www.cdc.gov/cancer/prostate/statistics/state.htm

11-Kish J., Yu M., Percy-Laury A., & Altekruse S., (2014). *Racial and Ethnic Disparities in Cancer Survival by Neighborhood Socioeconomic Status in Surveillance, Epidemiology, and End Results (SEER) Registries*. *Journal of the National Cancer Institute: Monographs*, 2014(49), 236-243.

Additional Resources

✓ CDC, *Cancer Survivorship: Support Programs and Services*, www.cdc.gov/cancer/survivorship/links.htm

✓ CMS, *From Coverage to Care Resources*, www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html

✓ George Washington University Cancer Institute, *National Cancer Survivorship Resource Center*, www.smhs.gwu.edu/gwci/survivorship/ncsrc

✓ NCI, *Cancer Support Services*, www.cancer.gov/about-cancer/managing-care/services/support

✓ Stanford University, *Chronic Disease Self-Management Program*, patienteducation.stanford.edu/programs/cdsmp.html

✓ Stanford University, *Thriving and Surviving Program*, patienteducation.stanford.edu/programs/cts.html



Contact us to learn more and find out how you can become involved in reducing tobacco and cancer-related disparities among vulnerable, underserved and low-resourced populations with low SES characteristics.

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