



The Road to Cancer Survivorship: Addressing Social Determinants of Health to Improve Prostate and Colorectal Cancer Survivorship

1 in 8 men will receive a prostate cancer diagnosis in their lifetime.¹

1 in 23 men will receive a colorectal cancer diagnosis in their lifetime.²

Prostate cancer and **colorectal cancer** share some risk factors, including age, family history or other genetic factors, environmental factors, and social determinants of health (SDOH).³

Addressing the modifiable risk factors that affect cancer prevention and survivorship will help the more than 380,000 men diagnosed with prostate or colorectal cancer each year.⁴



PREVENTION ROADBLOCKS AHEAD

PREVENTION: Some cancer risk factors are modifiable. Policies and resources that respect the dignity of all people and provide access to affordable and healthy foods, safe housing and quality healthcare services will help men prevent prostate and colorectal cancer or improve their cancer survivorship rates.

ROADBLOCKS

- ▲ **Education:** Education affects many aspects of a person's life and health, including job opportunities, which in turn affect many other SDOH (for example, health insurance coverage, transportation).
- ▲ **Literacy:** General, health, and digital literacy all affect a person's ability to find and utilize health information. Not knowing about cancer symptoms or prevention or not being able to understand and utilize health resources shapes a person's ability to make informed decisions about cancer prevention, detection, and treatment.
- ▲ **Environmental exposures:** Depending on a person's job or where a person lives, they may be more likely to be exposed to chemicals and pollutants that can increase their risk of getting cancer and dying from it, including from prostate and colorectal cancer.^{6,7,8}
- ▲ **Cancer fatalism:** Thinking everyone gets cancer and nothing can be done to prevent it can keep people from getting screened or adopting behavioral changes.
- ▲ **Cancer myths:** Myths about prostate and colorectal cancer can prevent people from seeking important prevention, screening, and care (see Common Cancer Myths That Are Not True).
- ▲ **Food insecurity:** People who experience food insecurity may have to choose between buying food or getting medical care, including regular cancer screenings or treatments, and may have increased risk of mental health disorders.⁹



SCREENING ROADBLOCKS AHEAD

Common Cancer Myths That Are Not True^{10,11,12}

- If you get prostate or colorectal cancer, you will die of it.
- Only old men get cancer.
- Prostate cancer grows slowly, so you do not need to treat it.
- You only need to get screened for cancer if you have symptoms.
- If prostate or colorectal cancers do not run in your family, you will not get them.
- There are no ways to prevent cancer.
- If screenings find polyps or high prostate-specific antigen levels, you definitely have cancer.

SCREENING: Regular cancer screenings help catch cancer early, when it is easiest to treat. Delayed cancer detection leads to later-stage cancers and worse cancer outcomes. Removing roadblocks for cancer screenings can help men live healthier, longer lives.

ROADBLOCKS

- ▲ **Inadequate transportation/Living in a Medically Underserved Area (MUA) or Healthcare Professional Shortage Area:** Lack of transportation and fewer healthcare professionals, especially in rural communities where health services may be further away and public transportation unavailable, can keep people from regular screenings, follow-up care, clinical trials, and comprehensive cancer care.¹³
- ▲ **Financial concerns:** Unaffordable health insurance co-payments, annual deductibles, or premiums, and worries about having to miss work and getting paid less may force many to choose between medical care and food, housing, and other essentials.
- ▲ **Fear:** Some people express concern about what will happen if screenings detect cancer, including fear of the effects of cancer treatments and the financial costs associated with care.



TREATMENT ROADBLOCKS AHEAD

TREATMENT: SDOH affect the types of treatments a person can access, both monetarily and geographically.

ROADBLOCKS

- ▲ **Inadequate health insurance coverage:** A person who is underinsured may have to pay high out-of-pocket annual deductibles or premiums before they can access comprehensive healthcare coverage benefits.



SURVIVORSHIP ROADBLOCKS AHEAD

SURVIVORSHIP: Addressing roadblocks that may impede cancer survivorship equity will lead to better health for all men, regardless of their level of education, race/ethnicity, geographic location (e.g., community, ZIP code, county/parish), income, or health insurance status.

ROADBLOCKS

- ▲ **Housing instability:** People who do not have stable housing may have to choose between covering housing or treatment costs.⁹ Without stable housing, maintaining care and appointments may be especially challenging, and people experiencing housing instability are more likely to receive care from emergency rooms.⁹
- ▲ **Ongoing medical costs:** Cancer survivors may experience difficulties paying for medical devices and hygiene products that are needed due to surgeries or cancer treatments.
- ▲ **The need for ongoing screening to monitor remission:** An interplay of some barriers may exist when patients need frequent screenings after cancer or when cancer recurs.

Addressing these SDOH can increase these rates

97.5% Prostate cancer 5-year survival rate¹⁴

65% Colorectal cancer 5-year survival rate¹⁵



BRIDGE TO SURVIVORSHIP

What is Health Equity?

Health equity is when everyone can attain health, regardless of where they live, work, and play.¹⁶ By addressing SDOH, we can create environments that encourage health equity.^{17,18}

According to the National Cancer Institute's [National Standards for Cancer Care](#), organizations should care for survivors in three ways:¹⁹

- 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.

Association of Community Cancer Centers' [Overcoming Prostate Cancer Disparities in Care Report](#):

Fostering a multidisciplinary approach that joins primary care physicians and other multi-disciplinary healthcare professionals can lead to shared decision making, better adherence to guidance, and better cancer outcomes.⁵ Including nurse navigators, patient navigators, and community health workers in survivorship care can help identify and resolve men's barriers to care.⁵

Resources

Academy for Continued Healthcare Learning's [Lessons Learned and New Opportunities: Strategies for Meaningful and Sustainable Improvements to Reduce Health Disparities in Prostate Cancer](#)

Annual Review of Medicine's [Framework and Strategies to Eliminate Disparities in Colorectal Cancer Screening Outcomes](#)

American Society of Clinical Oncology's (ASCO) [Social Determinants of Health and Cancer Care: An ASCO Policy Statement](#)

Cancer and Careers' [Resources and Services for Working Through Cancer Treatment](#)

CDC's [Prostate Cancer: Talk to Nathan](#)

Health Resources & Services Administration's [MUA Find](#) and [Find a Health Center](#)

Essential Communities' [Program Map](#)

National Association of Community Health Centers' [What Is a Community Health Center](#)

National Colorectal Cancer Roundtable's [CRC Data Dashboard](#)

National Cancer Institute's [Support Services](#)

President's Cancer Panel's [Initial Assessment of the National Cancer Plan: A Report to the President of the United States](#)

Prostate Cancer Foundation's [Financial Resources](#)

SelfMade Health Network's [Fact Sheets](#)

- [Addressing Prostate Cancer and Social Determinants of Health](#)
- [Understanding Health Risk: Using Family Health History to Promote Health](#)
- [Men's Health and Colorectal Cancer: The Importance of Screening and Prevention with Follow Up](#)
- [Supporting Cancer Patients and Survivors Through the Medicaid Unwinding/Redetermination Process](#)

U.S. Department of Veterans Affairs' (VA) [Aiming for the Moonshot VA National Oncology Program 2023 Program Guide](#)

Zero Prostate Cancer's [Financial Resources](#)

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

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