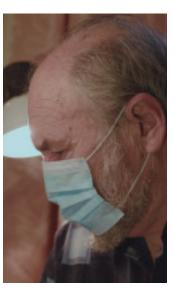


The coronavirus (COVID-19) pandemic has "removed the veil of health inequities that have been hiding in plain sight." [1]





#### SMHN Coronavirus Series

# **Cancer Survivorship**

In the United States, increasing utilization of clinical preventive services remains challenging. The Healthy People 2020 national objectives note that only approximately 25% of adults aged 50-64 years and fewer than 40% of adults aged 65 and older are up to date on clinical preventive services, including colorectal cancer screening.[2]

Emerging viral pandemics "can place extraordinary and sustained demands on public health and health systems as well as providers of essential community services." [3] Furthermore, populations with high rates of underlying health, social, or behavioral risk factors are at increased risk of developing severe COVID-19 symptoms. Additional factors, including food insecurity and an inability to access medications, also exacerbate risks. [4]

## **Emerging Issues in Preparedness**

As the United States prepares to address a range of emerging issues related to preparedness, communities can also become affected in several ways. Stakeholders can [1]

- Plan for the increased prevalence of emerging and re-emerging infectious diseases
- Incorporate Disaster Risk Reduction as an approach to preparedness
- Focus on health disparities and variations in preparedness across geographies, communities, and demographics
- Analyze how demographic trends are changing the vulnerability of populations during public health emergencies
- Increase opportunities for public-private partnerships
- Protect against threats to Electronic Health Record systems
- Identify how to take advantage of trends in technological innovation
- Increase transparency and flexibility in supply chain management

# **Background Information (Populations with Low Socioeconomic Status Characteristics)**

### **Healthcare Access & Affordability**

The number of ambulatory care visits in the United States declined by nearly 60% percent during the early phases of COVID-19. Even after a slight increase in visits in later weeks, the number of ambulatory care visits was approximately one-third lower compared to before the onset of the pandemic. [5]

Even during a challenging national occurrence such as the COVID-19 pandemic, the existence of chronic diseases, including cancers, continues. Cancer screenings are essential for the prevention of late-stage or advanced-stage cancers, especially among low-income and other Populations with Low Socioeconomic Status (SES) Characteristics.

To minimize or reduce a second wave of disparities, public health systems and health systems plans may weigh the risks associated with cancer or disease progression and detrimental outcomes especially among low-income populations against the risk of patient and staff exposure to SARS CoV-2, the virus associated with COVID-19.[6] However, postponing clinical preventive services, such as colorectal screenings, can result in delayed diagnoses and treatment, and can widen socioeconomic and geographic mortality disparities. Soaring unemployment rates among low-income populations is another factor creating additional barriers associated with limited access to healthcare.[7]

#### **Healthcare Insurance Status/Employment Status**

During pandemics and natural disasters, access to and utilization of clinical preventive services remains critical, especially among low-income populations experiencing a significant decline in household income, loss of employer-sponsored healthcare, and other financial challenges. Similarly, those newly diagnosed with COVID19 require a routine source of medical care. Approximately 68% of adults reported that if they experienced symptoms of COVID-19, financial factors, such as out-of-pocket costs, would be very or somewhat important in their decision to seek and obtain medical care.

Treatment is not the only endpoint in obtaining clinical services. Access and utilization of services can contribute to improvements in health outcomes among low-income populations. For example, the Affordable Care Act (ACA) improved health insurance coverage and cardiovascular-related screening rates among cancer survivors receiving services in community health centers. [9] The ACA can affect the delivery of cancer care through health insurance expansion and health insurance coverage reform, including the elimination of cost-sharing for preventive services, elimination of preexisting condition exclusions or refusals, and elimination of annual and lifetime caps and the inclusion of essential health benefits. [10]

#### **Needs of Cancer Survivors**

The needs of cancer survivors, such as follow-up care to manage chronic and late effects of cancer and comorbidities, remain relevant even during pandemics.[11] They should be screened and treated for recurrence and subsequent cancers, as well as monitored for economic and psychosocial concerns under the guidance of a multidisciplinary healthcare team.[11]

#### Where Low SES Populations-Live, Work, Play and Learn

Environments and other conditions where populations with low socioeconomic status (SES) characteristics live, work, play and learn collectively affect community resilience and corresponding health outcomes (positive and negative), especially during natural disasters and unique events, such as pandemics.

From a public health perspective, several domains of resilience may contribute to the overall resilience of a community. They include: physical resilience or resilience in the built environment, psychological resilience and organizational resilience. Moreover, neurobiological factors may also play a role in psychological resilience. [12]

Even during pandemics such as the COVID-19 pandemic, it will remain important to develop and identify innovative approaches grounded in community engagement principles to maintain social support and cohesion by drawing upon the values and strengths of vulnerable populations to increase awareness, access and utilization of cancer screenings (including breast and colorectal cancers).[13]

#### **RESOURCES**

- Centers for Disease Control and Prevention (CDC)-Social Vulnerability Index (SVI) https://svi.cdc.gov/
- CDC COVID-19 Resources: Community Mitigation Framework and Strategies, Community-Based Transmission, Personal Protective Equipment, Rural Resources, and Reducing Stigma. https://www.cdc.gov/coronavirus/2019-ncov/
- Community Health Advisor (HealthPartners Institute with guidance from the National Commission on Prevention Priorities) http://www.communityhealthadvisor.org/cha3/
- Covid-19 Federal Rural Resource Guide.
  https://www.rd.usda.gov/sites/default/files/USDA\_COVID-19\_Fed\_Rural\_Resource\_Guide.pdf
- Marketplace coverage & Coronavirus (Centers for Medicare & Medicaid Services)
  https://www.healthcare.gov/coronavirus/ and https://www.healthcare.gov/get-coverage/
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/cancer/nbccedp/
- Organizations that Offer Free Cancer Support Services (National Cancer Institute) https://www.cancer.gov/about-cancer
- Public Health Preparedness Resources: Centers for Disease Control and Prevention (CDC) Planning for an Emergency: Strategies for Identifying and Engaging At-Risk Groups https://www.cdc.gov/cpr/readiness/resources.htm
- SelfMade Health Network (SMHN) Determinants of Health Fact Sheets and Webinars https://selfmadehealth.org/
- Screen for Life: National Colorectal Cancer Action Campaign [Centers for Disease Control and Prevention (CDC)] https://www.cdc.gov/cancer/colorectal/sfl/index.htm
- State Data and Policy Actions to Address Coronavirus Maps and Data https://www.kff.org/coronavirus-covid-19/
- A Guide to Cancer Care Delivery During the COVID-19 Pandemic (American Society of Clinical Oncology-ASCO) https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19 and https://www.asco.org/sites/new-www.asco.org/files/content-files/2020-ASCO-Guide-Cancer-COVID19.pdf
- 80% In Every Community Resources (Colorectal Cancer): National Colorectal Cancer Roundtable https://nccrt.org/80-in-every-community/

#### **REFERENCES**

- Gray, D.M., Anyane-Yeboa, A., Balzora, S. et al. COVID-19 and the other pandemic: populations made vulnerable by systemic inequity. Nat Rev Gastroenterol Hepatol (2020). https://go.nature.com/3gSe3U6
- Office of Disease Prevention and Health Promotion. Healthypeople.gov, Clinical Preventive Services. https://bit.ly/38Uq600
- Emanuel EJ, Persad GP, Upshur R, et al. Fair allocation of scarce medical resources in the time of COVID-19. NEJM 2020;382:2049-2055. https://doi.org/10.1056/NEJMsb2005114
- 4. Schnake-Mahl AS, Carty MG, Sierra G, et al. Identifying patients with increased risk of severe Covid-19 complications: Building an actionable rules-based model for care teams. NEJM Catalyst 2020. https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0116
- Mehrotra A, Chernew M, Linetsky D, et al. The impact of the COVID-19 pandemic on outpatient visits: A rebound emerges. Commonwealth Fund, May 19, 2020. https://bit.ly/38VmtXZ
- Dietz JR, Moran MS, Isakoff SJ, et al.
  Recommendations for prioritization, treatment, and triage of breast cancer patients during the COVID-19
  Pandemic. Breast Cancer Res Treat 2020;181:487-497.
  https://doi.org/10.1007/s10549-020-05644-z
- Issaka RB, Somsouk M. Colorectal cancer screening and prevention in the COVID-19 era. JAMA Health Forum 2020. https://bit.ly/20qd4yo
- Collins SR, Gunja MZ, Blumenthal D, et al. "What are Americans' views on the coronavirus pandemic?," NBC News/Commonwealth Fund Health Care Poll, Mar. 2020. https://doi.org/10.26099/6kdf-z617
- Angier HE, Marino M, Springer RJ, et al. The Affordable Care Act improved health insurance coverage and cardiovascular-related screening rates for cancer survivors seen in community health centers. Cancer 2020; https://doi.org/10.1002/cncr.32900
- 10. Zhao J, Mao Z, Fedewa SA, et al. The Affordable Care Act and access to care across the cancer control continuum: A review at 10 years. CA A Cancer J Clin 2020; https://doi.org/10.3322/caac.21604
- Alfano CM, Mayer DK, Bhatia S, et al. Implementing personalized pathways for cancer follow-up care in the United States: Proceedings from an American Cancer Society—American Society of Clinical Oncology summit. CA A Cancer J Clin, 2019;69:234-247. https://doi.org/10.3322/caac.21558
- Morton MJ, Lurie N. Community resilience and public health practice. Am J Public Health. 2013;103:1158 1160. https://doi.org/10.2105/AJPH.2013.301354
- Gotay C, Wilson M. Social support and cancer screening in African American, Hispanic, and Native American women. Cancer Practice 1998; 6: 31-37.

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