



FAST FACTS- BREAST CANCER & FINANCIAL BARRIERS

Employment, health insurance coverage and delays in care affect financial challenges associated with breast cancer

Although cancer-related costs can significantly increase for all patients as the treatment progresses, many vulnerable populations with low socioeconomic status face financial instability prior to receiving a breast cancer diagnosis. The additional costs associated with care further exacerbate financial issues and can magnify barriers to care.

In addition, patients with low socioeconomic status are more likely to have a tenuous employment status, limited or no insurance, and experience a delay in preventive and follow-up care. Women with a primary care physician (PCP) are twice as likely to have a mammography screening than women that do not.¹

Employment Related Factors

Benefits available from an employer such as health coverage and paid sick time are critical influences in preventing and treating illness.² Furthermore, access to paid sick leave is associated with an increase in utilization of preventive care services.

Workers without paid sick days are more likely to delay seeking medical care for themselves, or when a family member is ill, leading to a more serious or prolonged illness.⁸ Employment status changes, such as a transition from full-time to part-time status, may result in loss of eligibility for benefits, most detrimental being the loss of comprehensive health insurance coverage.

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Workers who are paid hourly and take off for treatment-related visits without paid sick time risk a reduction in wages, impacting household income.

Female employees with paid sick leave are more likely to have had:⁴





pap smear tests

visited a physician during the previous

ograms p

Health Insurance Issues

African-American women and patients with low socioeconomic status have disproportionately higher rates of being underinsured or uninsured across the breast cancer continuum.⁵

Furthermore, women without health insurance are less likely to undergo preventive breast cancer screening and follow-up treatment which may lead to a later stage diagnosis.⁶

Low SES Breast Cancer Patients Have Trouble Affording Care¹



1/3 of breast cancer patients with low SES are underinsured

1/2 of those patients are unable to afford costs for the recommended cancer care

In some cases, patients who qualify for government-sponsored health insurance may lose this coverage or other services once their initial cancer treatment is complete.³

Factors Contributing to Delays in Care & Screening

Lack of Regular Doctor

Low socioeconomic status has significant implications for breast cancer screening and diagnostic follow-up due to a lack of a Primary Care Physician (PCP). Visiting regularly with providers is one of the best predictors of mammography use.¹

Lacking of Relationship with Provider

Establishing a trusting relationship with a healthcare provider where the patient feels comfortable sharing sensitive information with the doctor reduces diagnostic delays among low-income women with breast cancer.⁷

Competing Demands

African-American women with low income in particular are more likely to prioritize food, shelter, childcare, safety over healthcare prevention and treatment further delaying care.¹ Additional reasons for patient screening and treatment delays among women with low socioeconomic status include psychosocial barriers such as fear of a cancer diagnosis, fear of a mammogram, fear of the healthcare system, and fear of cost.⁹

Treatment and out of pocket costs are significantly higher for patients whose cancer was more advanced at diagnosis. Delays in care and regular screening for breast cancer increase incidence of late-stage diagnosis.¹⁰

References

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Additional Resources

- ✓ NBCCEDP, Screening Provider Information, cdc.gov/cancer /nbccedp
- ✓ CDC, Bring Your Brave, cdc.gov/cancer/breast/young _women/bringyourbrave
- ✓ BCT, Breast Cancer Trials, breastcancertrials.org/bct _nation/home.seam



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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