



FAST FACTS – CANCER SURVIVORSHIP

Low Socioeconomic Cancer Survivorship and Early and Continued Access to Care

Underserved populations are more likely to be diagnosed with advanced or late-stage cancers and experience shorter survival periods and higher mortality rates. Disparate populations include:

- low-income working adults
- certain racial or ethnic groups
- persons with minimal or zero health coverage
- those with lower levels of education

The survivorship needs and issues of cancer survivors are exacerbated by factors including low socioeconomic status (SES) characteristics and

- limited access to nearby healthcare facilities
- costs correlated with diagnosis, follow-up care and subsequent treatment
- basic household needs such as food, shelter and employment security.¹⁴



The overall 5 year survival rate of cancer is 66.9%, but evidence shows it is much lower in disparate populations.¹



This is compounded by data that shows underserved populations are more likely to be diagnosed with late-stage cancer.

Factors Impacting Access to Care

Although the prevalence of cancer survivors is projected to increase to nearly 18 million by 2022, significant differences in cancer survival among certain populations exist.

Geographical challenges, socioeconomic factors, availability of local health care facilities, and high out-of-pocket cost burden are associated with lower utilization of routine medical services (including checkups) and decreased health outcomes.²

In addition, less utilization of preventive services are associated with lower overall health status.



Socioeconomic income factors and geographic rural environments may at least partially explain some cancer disparities specifically impacting decreased availability of screening facilities and inability to afford travel to screening or cancer treatment centers.⁶

Once in treatment, the need to monitor and address unique health needs are critical elements requiring regular discussion with a healthcare provider.⁷



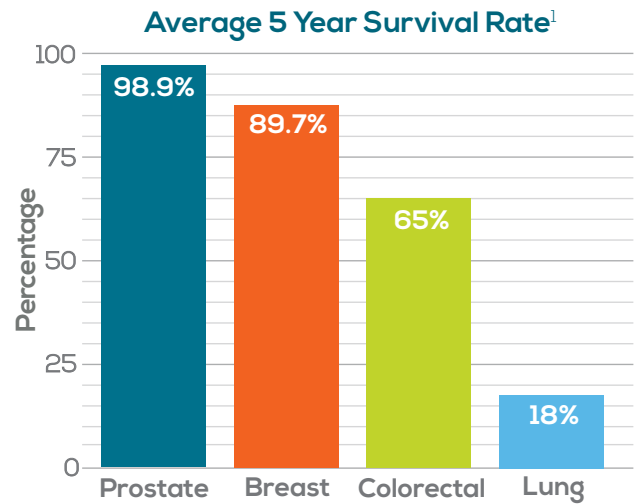
A person is considered a cancer survivor even if they are still actively fighting illness.



In the US, there are approximately 14.5 million cancer survivors.²

Cancer Survivorship

- Uninsured adults are more likely to have unmet medical needs and less likely to have a usual place of medical care.⁶
- In cancer survivors aged 18-64 years, a high out-of-pocket burden is correlated with being unable to obtain critical and timely medical care, delaying necessary medical care, and lower cancer screening rates for breast, cervical and colorectal cancer.⁵
- Five year cancer survival rates vary by the initial cancer stage at diagnoses and determined spread and site of cancer cells.



What Can Be Done?

- ✓ Increase awareness of preventive care and other forms of medical care services among cancer survivors and those at risk of cancer will enhance survivorship among underserved populations.⁴
- ✓ Establish multi-sector partnerships to address barriers and leverage resources to reduce interrupted care among cancer survivors.



- ✓ Connect cancer survivors to recommended preventive care services based on U.S. Preventive Services Task Force recommendations, and routine source of medical care earlier are essential in addressing rates of advanced stages of cancer, especially among populations with low SES characteristics.

- ✓ Link cancer survivors with a source of routine medical care or "medical home" early to reduce rates of late stage diagnosis.

- ✓ Encourage cancer survivors to routinely discuss care and follow-up with providers to illuminate and address healthcare barriers.

Increased cancer survival for underserved populations only represents progress when accompanied by a reduction in cancer incidence, mortality, or both.⁷



The U.S. Preventive Services Task Force makes evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

References

- 1-NCI, www.cancer.gov
- 2-CDC, *Cancer Survivorship Supplement*, www.cdc.gov/cancer/dcpc/research/articles/survivorship-supplement.htm
- 3-Meilleur A, Subramanian S, Plascak J, Fisher J, Paskett D, & Elizabeth B. (2013). Rural Residence and Cancer Outcomes in the US: Issues and Challenges. *Cancer Epidemiol Biomarkers Prev*. 22(10): 10.1158/1055-9965.EPI-13-0404. doi: 10.1158/1055-9965.EPI-13-0404.
- 4-Chowdhury P, Mawokomatanda T, Xu F, et al. (2012). Surveillance for Certain Health Behaviors, Chronic Diseases, and Conditions, Access to Health Care, and Use of Preventive Health Services Among States and Selected Local Areas – Behavioral Risk Factor Surveillance System, United States, 2012. *MMWR Surveill Summ* 2016;65 (No. SS-4):1-142. DOI: dx.doi.org/10.15585/mmwr.ss6504a1
- 5-Guy G., Yabroff K, Ekwueme D, Virgo K, Han X., Banegas M, Sorli A, et al. (2015). *Healthcare Expenditure Burden among Non-elderly Cancer Survivors, 2008-2012*. *American Journal of Preventive Medicine*, 49(6) . pp S489-S497.
- 6-Villarreal M. & Cohen R. *Health insurance continuity and health care access and utilization*, (2014), NCHS data brief, no 249. Hyattsville, MD: National Center for Health Statistics.
- 7-Cho, H., Mariotto, A. B., Schwartz, L. M., Luo, J., & Waloshin, S. (2014). *When do changes in cancer survival mean progress? The insight from population incidence and mortality*. *Journal of the National Cancer Institute*. Monographs, 49, pp 187-197.

Additional Resources

- ✓ CMS, *From Coverage to Care Initiative: Partner Toolkit*, www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html
- ✓ CDC, *National Breast and Cervical Cancer Early Detection Program*, www.cdc.gov/cancer/nbcedep
- ✓ CDC, *Colorectal Cancer Control Program*, www.cdc.gov/cancer/crcccp/contact.htm
- ✓ CDC, *Tips From Former Smokers: Campaign Resources*, www.cdc.gov/tobacco/campaign/tips
- ✓ ACR, *Imaging Facilities*, www.acraccreditation.org/accredited-facility-search
- ✓ Department of Health and Human Services, *Access to Preventive Services*, www.healthfinder.gov



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.

SelfMadeHealth.org | info@selfmadehealth.org | | Part of our *Determinants of Health Series*