Individuals with low socioeconomic status (SES) characteristics experience many challenges, including obtaining cancer screenings. For example, individuals who lack health insurance, a marker of low SES, have the lowest use of cancer screenings of any group. Lower education, low income, and immigration status are also associated with lower cancer screenings.

Low participation in cancer screenings is especially problematic for individuals with low SES because they may have greater exposure to carcinogens compared to those with higher SES. People with low incomes are more likely to have lifestyle factors (tobacco use, poor nutrition, lack of exercise, risky sexual behaviors) that could put them at increased risk for cancers, as well as a higher exposure to environmental carcinogens from low-income jobs.

Individuals from medically underserved populations are more likely to be diagnosed with late-stage diseases that might have been treated more effectively or cured if diagnosed early.

Breast Cancer Screening
Lower education, being uninsured, and recent immigration status are associated with lower use of mammography. Lower use of mammography has also been reported in women from low-income households or women who could not visit a doctor due to cost.

Cervical Cancer Screening
Lower education, being uninsured, recent immigration status, being from a low-income household, or not being able to visit a doctor due to cost are associated with lower use of cervical cancer screening tests.

Public health organizations recently began recommending screening for lung cancer with low-dose computed tomography (LDCT) for certain high-risk patients. Individuals with low SES characteristics are more likely to use tobacco products and could benefit from access to lung cancer screenings.

However, information about lung cancer screening must be carefully constructed to address the fear, avoidance, fatalism, and stigma around lung cancer screening for smokers that has been shown to deter participation in populations with low SES characteristics.

1 Socioeconomic status measures a person’s social/education, economic, and work status. Characteristics of low SES may include limited education, no or low-paying jobs, lack of insurance, not speaking English fluently, low household income, being a member of a marginalized group, and other factors.
Colorectal Cancer (CRC) Screening

Lower education, being uninsured, and recent immigration status are associated with lower use of colorectal cancer screening tests. [1]

Prevention Challenges (Barriers)

Fear of cancer; perceived cost of care; lack of transportation, childcare, or flexible work hours; and lack of physician referrals are common barriers to cancer screenings [2,6]. A lack of education around signs and symptoms of cancers for which there are no tests, such as most gynecologic cancers, causes many individuals to present with advanced disease. Low uptake of HPV vaccination also affects cervical cancer rates.

What Can be Done?

- Hospitals can incorporate reminders in patients’ electronic medical records to remind them of regular cancer screenings.
- Employers can adopt worksite policies that allow employees time off work for preventive screenings.
- Community organizations can work with local health departments and other stakeholders to host educational sessions about cancer screening.
- Colleges and universities can partner with cancer organizations to host educational sessions and workshops for college-aged women on HPV and other gynecologic cancers.
- Employers, health systems, and local health departments can collaborate to host educational sessions onsite and, where appropriate, offer mammography screening.
- All organizations can use a variety of media and channels (social media, in-person presentations) to deliver cancer information to various populations in a variety of settings.

Programs to Support Individuals with Low SES Characteristics.

- The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) [7] provides low-income, uninsured, and underinsured women with access to timely, high quality screening exams for breast and cervical cancers; case management; patient navigation; and diagnostic and follow-up services.
- Over 1,200 public, private, and nonprofit organizations form the National Colorectal Cancer Roundtable (NCCRT) [8] that launched the “80% by 2018” effort in 2014, with the goal of getting 80% of people aged 50 and over up-to-date on CRC screening by 2018.
- The Colorectal Cancer Control Program (CRCCP) [9] aims to increase CRC screening rates, especially in lower socioeconomic groups.
- CDC’s Inside Knowledge on Gynecologic Cancer raises awareness of the five main types of gynecologic cancers and offers resources for women and health care providers. [10]

References

2. CDC. Factors that Contribute to Health Disparities in Cancer https://www.cdc.gov/cancer/healthdisparities/basic_info/challenges.htm

Prostate Cancer Screening

While the evidence is insufficient to recommend for or against using prostate specific antigen (PSA) levels to screen for prostate cancer, healthcare organizations advise that men be made aware of the option. Those who had no health insurance, were recent immigrants, or who had less than a high school education were the least likely to have had a recent PSA test. [2,6]