Disparities in Cancer Screening and Early Detection

Overview

Early detection of cancer through screening reduces mortality from colorectal (CRC), breast, cervical, and lung cancers. In addition to detecting cancer early, screening for CRC and cervical cancers can prevent these cancers by identifying removable precancerous lesions. However, access to these potentially lifesaving screenings is not equitable, creating significant disparities in cancer outcomes. [1]

All individuals should have equitable access to quality cancer screenings and equal opportunity to live a healthy life. Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in the prevention and early detection of cancer.

Rates of breast and CRC screening in uninsured age-eligible adults are

50%

lower than those in insured age-eligible adults. [2]

6/10

Women eligible for breast, cervical, and CRC screenings are not up-to-date with these screenings. The proportion is even higher among women with a high school degree or less. [3]

Rates of CRC screening among men in low-income counties are

35%

lower than in high-income counties. [4]

Individuals in non-Medicaid expansion states are least likely to be up-to-date with CRC screening compared to those in expansion states. [5]

Racial and ethnic disparities persist in access to timely cancer screening and detection. [1]

How do health outcomes compare across groups?

- ❖ Non-Hispanic Black individuals and Alaska Native individuals have the highest incidence and mortality rates for CRC. About half of the racial disparity in CRC mortality rates is attributed to a combination of less screening and lower state-specific survival among Black individuals. [4]

- ❖ Cervical cancer incidence and mortality rates are highest among non-Hispanic Black, American Indian, Alaska Native, and Hispanic individuals, largely reflecting socioeconomic disparities and a lack of access to care, including cervical cancer screenings. [4]

- ❖ Low-income individuals living in states that have not yet expanded their Medicaid programs are less likely to be diagnosed at an earlier stage. [2]

- ❖ Black individuals with cancer are more likely than white individuals to be diagnosed at later stages for breast, CRC, and cervical cancers, partly due to lower screening rates and timely follow-up for abnormal results. [4,6]

- ❖ Higher county-level poverty rates are associated with higher mortality rates for many potentially preventable cancers, such as cervical, colorectal, and lung cancers. [4]

Barriers to Cancer Screenings

Insurance Coverage and Costs

Differences in insurance rates and access to care largely explain the screening disparities that exist among many people of color and lower-income individuals.[2] The out-of-pocket costs associated with some cancer screenings and the potential costs of treatment if cancer is detected can make care unaffordable. Even small out-of-pocket costs can deter individuals with limited financial resources from seeking preventive screenings.

Structural Barriers

Structural barriers to preventive care – including lack of transportation, lack of childcare, health literacy challenges, and a lack of provider referrals – significantly contribute to the disparities in cancer prevention and early detection for certain racial and ethnic groups, people living in rural areas, and lower-income individuals.[2]

Cultural Barriers

Lack of language services, low awareness of screening recommendations, embarrassment about screening procedures, fear of a cancer diagnosis, distrust of medical institutions, and poor patient-physician communication are all cultural barriers that may delay or cause individuals to forego cancer screenings.[2]

ACS CAN is Taking Action

ACS CAN is pursuing evidence-based policies at the local, state, and federal levels that aim to reduce disparities and improve health outcomes for all individuals

Ensuring all health insurers provide coverage for essential, evidence-based early detection and preventive services with no additional patient cost sharing.

Increasing funding for community health centers and increasing funding for and access to patient navigation programs, which are effective in removing barriers and increasing coordination of care for screening.

Increasing funding for the Colorectal Cancer Control Program (CRCCP), which has the potential to significantly improve screening rates and reduce the burden of CRC across the U.S.

Increasing funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which provides community-based breast and cervical cancer screening and treatment to low-income, uninsured, and underinsured individuals, many of whom are people of color.

Ensuring funding for the federal Prevention and Public Health Fund, including the Racial and Ethnic Approaches to Community Health (REACH) program, which help to reduce health disparities by providing funds to state and local organizations to administer culturally appropriate programs.

[1] American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2019-2021. Atlanta. American Cancer Society. 2019

[2] American Cancer Society Cancer Action Network. Cancer Disparities: A Chartbook. Washington, DC. American Cancer Society Cancer Action Network, Inc. 2018.

[3] Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin*. 2019; 69:184-210.

[4] Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2019. *CA Cancer J Clin*. 2019 0:1-28.

[5] Fedewa SA, Tabroff R, Smith RA, et al. Changes in breast and colorectal cancer screening after Medicaid expansion under the Affordable Care Act. AM J Prev Med. 2019; 57(1):3-12.

[6] American Cancer Society. Cancer Facts & Figures for African Americans 2019-2021. Atlanta. American Cancer Society, 2019.

American Cancer Society Cancer Action Network | 555 11th St. NW, Ste. 300 | Washington, DC 20004 | @ACSCAN   FB/ACSCAN | fightcancer.org

-2-