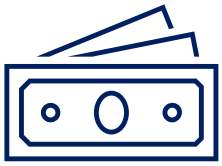
# Cancer Disparities in Rural Communities

Individuals diagnosed with cancer residing in rural areas face long-standing systemic challenges in accessing cancer care, resulting in inequitable cancer prevention, screening, treatment, and survivorship care outcomes. Cancer patients who live in rural areas are more likely to develop and die from cancer. The risk for rural residents is roughly 40% higher for lung cancer, 30% higher for cervical cancer, and 20% higher for colorectal cancer.[1]

Cancer treatment can be complex and expensive, and often involves coordination across multiple providers and services. Cancer patients and survivors living in rural communities are also more likely to have limited incomes and face serious financial hardship.[2] Individuals who have been diagnosed with cancer have higher out-of-pocket costs than those without a cancer history.[3] Out-of-pocket costs for individuals can lead to delayed or missed cancer screenings, which can delay follow-up testing and treatment and impact a person's survival.



Rural patients lack access to care and specialists. Although an estimated 17%–20% of the U.S. population resides in rural areas, only 3% of medical oncologists practice in rural communities, and over 70% of counties in the U.S. do not have medical oncologists.[4] Compared with nonrural areas, the rural health care system is more spread out and has fewer generalists and specialists, including oncologists, as well as fewer hospitals and other treatment facilities, such as dedicated cancer centers, laboratories or radiation therapy services.[5,6,7,8]

This factsheet is an excerpt of *Cancer Disparities: An American Cancer Society Cancer Action Network Chartbook*, which examines cancer-specific data on communities disproportionately affected by cancer and identifies the critical public policy interventions that can help reduce these inequities and improve health outcomes for everyone. Please note that this factsheet uses the terms "metropolitan" and "urban" as well as "nonmetropolitan" and "rural" interchangeably when describing disparities in these communities to not exclude the technical research terms used.

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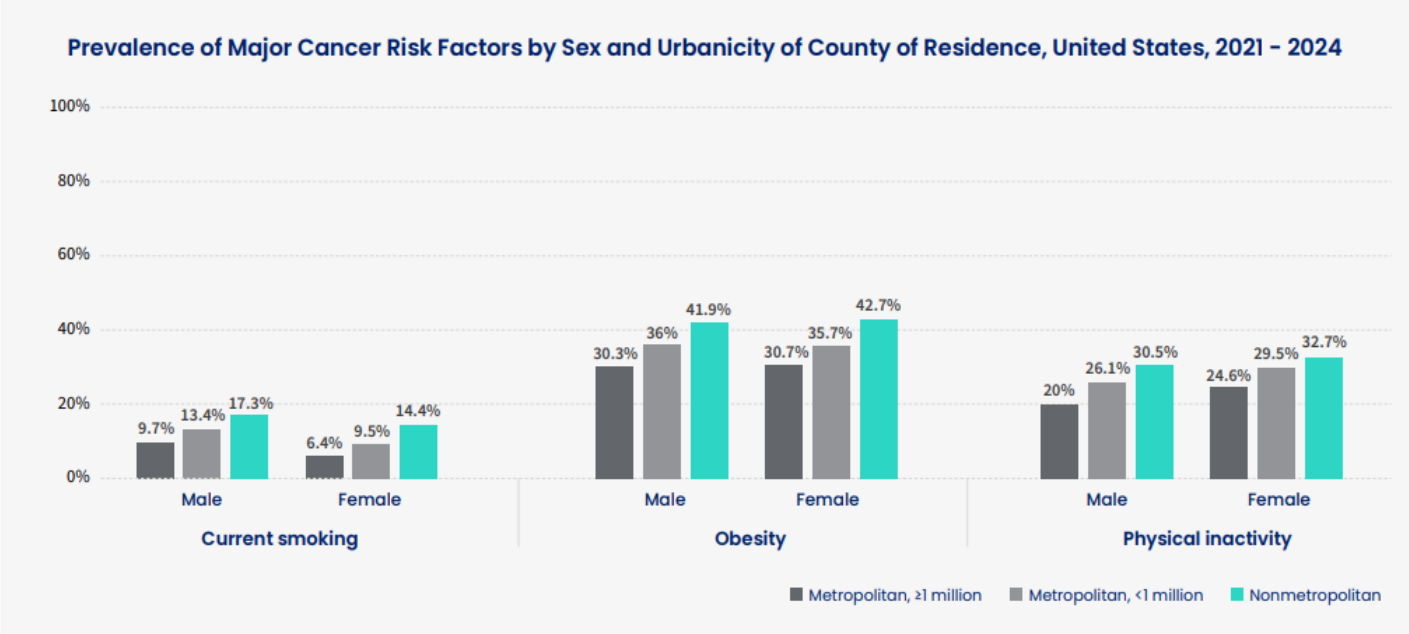
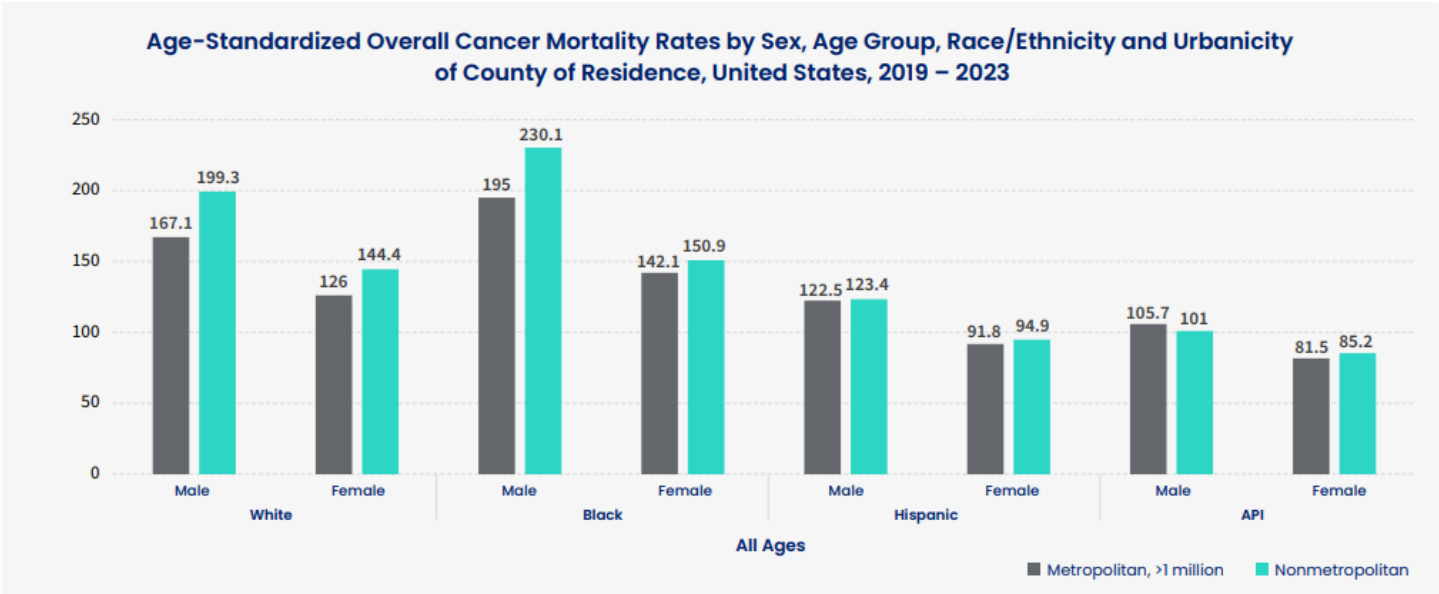
## Disparities in Cancer Incidence, Mortality and Survival in Rural Communities

In 2024, the prevalence of modifiable cancer risk factors such as smoking, obesity and a lack of physical activity was greater for individuals residing in nonmetropolitan areas in comparison to metropolitan areas. Consistently across the board, the prevalence of risk factors was lowest among those living in metropolitan areas with a population greater than or equal to one million.




Between 2019 and 2023, across all groups, males consistently had higher cancer mortality rates than females, and individuals in nonmetropolitan areas had higher rates than those residing in metropolitan areas, except for Asian Pacific Islander males. This urban-rural gap was especially stark with large differences seen in non-Hispanic White and non-Hispanic Black populations.



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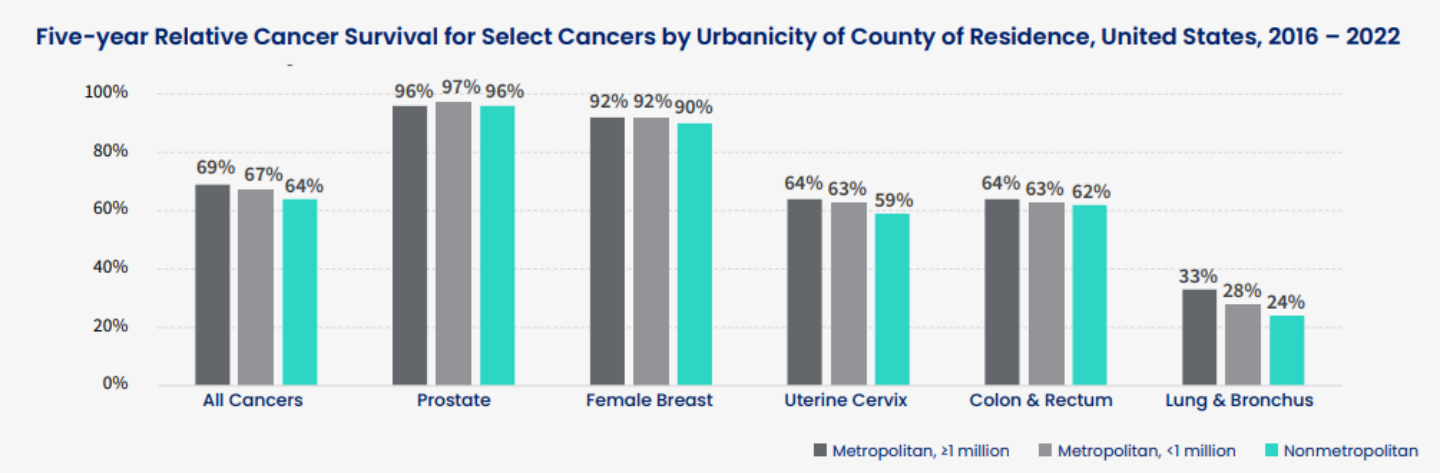
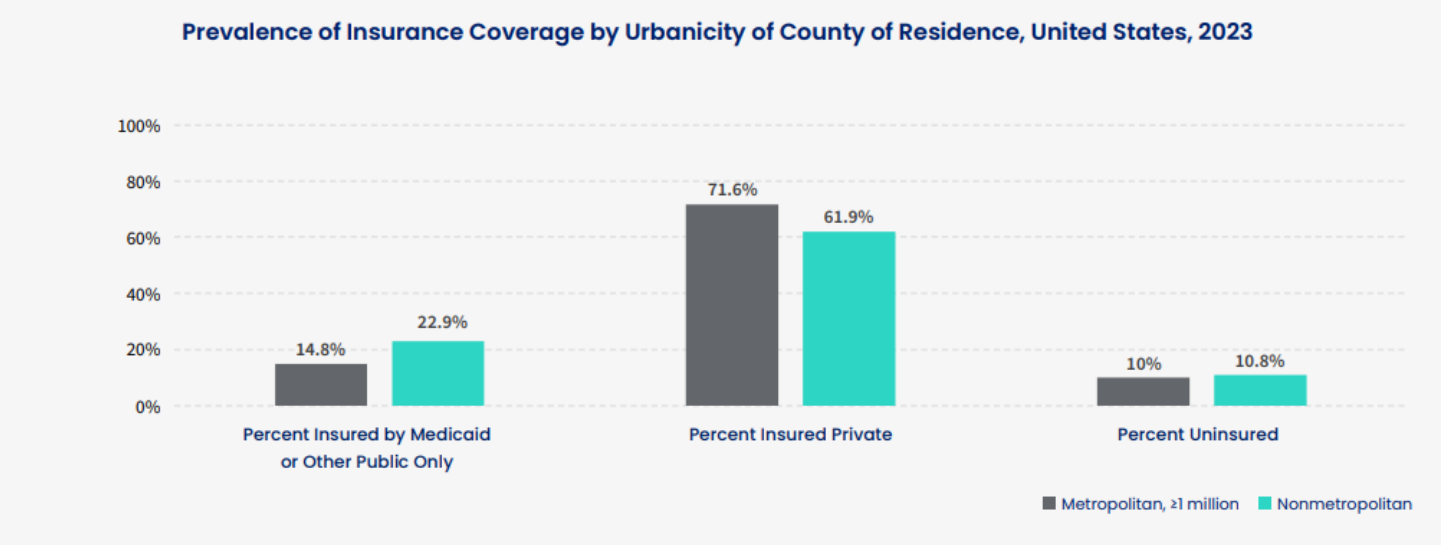
Between 2016 and 2022, the five-year relative cancer survival rate for select cancers was lowest for nonmetropolitan individuals across almost all cancer types compared to their metropolitan counterparts.




## Disparities in Access to Coverage in Rural Communities

The percentage of those with Medicaid coverage was higher among nonmetropolitan individuals (22.9%) compared with metropolitan individuals (14.8%), and nonmetropolitan individuals had lower rates of being privately insured (61.9%) compared to metropolitan individuals (71.6%).




Following the implementation of Medicaid expansion under the Affordable Care Act in 2014, rural-urban health insurance coverage disparities decreased in expansion states among individuals aged 18-64 years newly diagnosed with cancer, but not in non-expansion states.



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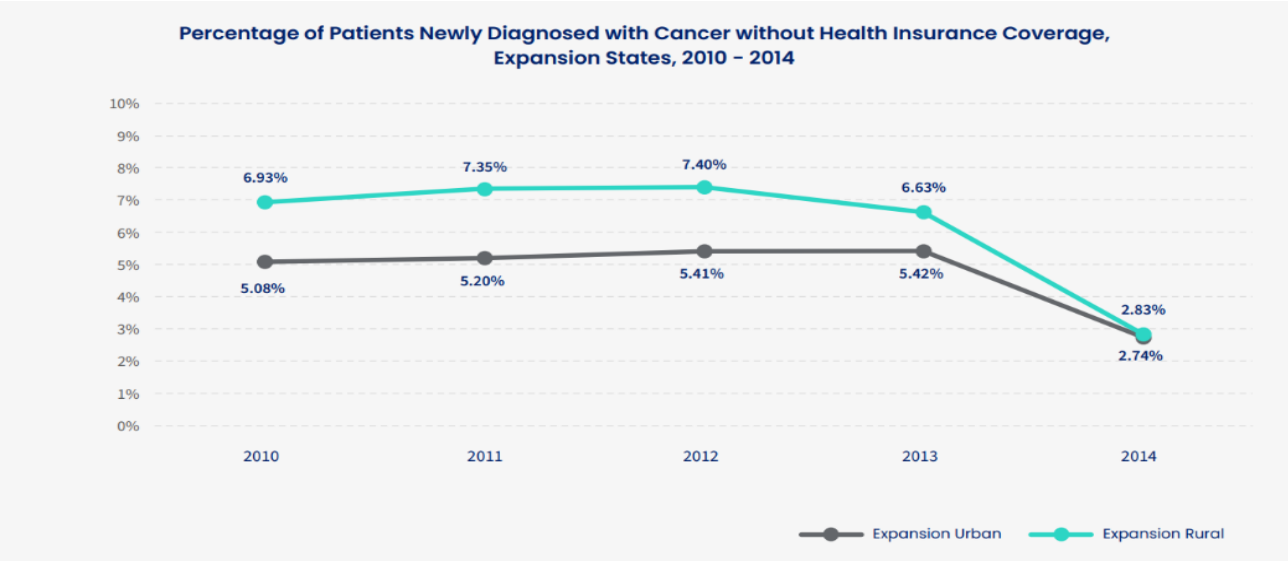
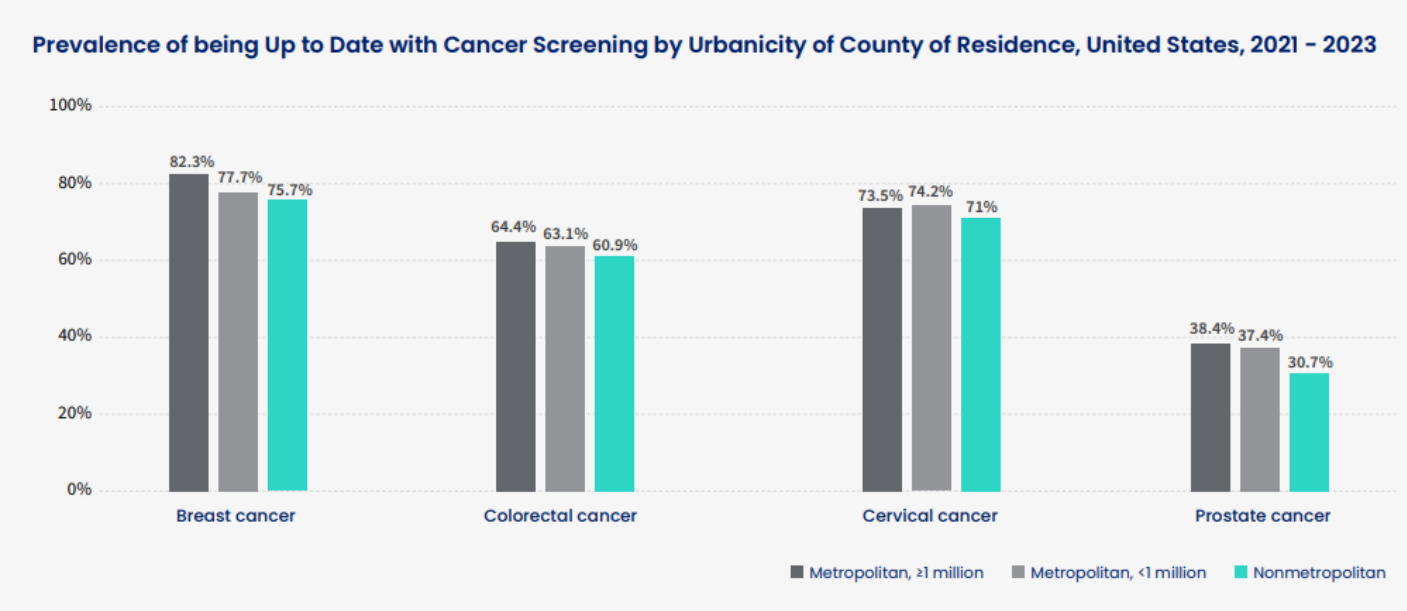



## Disparities in Cancer Prevention, Screening and Early Detection in Rural Communities

From 2021 to 2023, the prevalence of being up to date with breast, colorectal and cervical cancer screening was slightly lower in nonmetropolitan areas than in large metropolitan areas. Prostate cancer screening is also presented below but lung cancer screening is not because data was not available.




## ACS CAN Supports Policies that Will Reduce Cancer Disparities in Rural Communities

ACS CAN wants to make sure that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. ACS CAN supports policies that reduce cancer disparities for individuals and families in rural communities. For more information regarding our policy agenda, please visit www.fightcancer.org/rural.



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[1] Islami F, Baeker Bispo J, Lee H, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2023. CA Cancer J Clin. 2024; 74(2): 136-166. doi:10.3322/caac.21812

[2] American Cancer Society Cancer Action Network. The Costs of Cancer in Rural Communities; 2022.

[3] Ekwueme DU, Zhao J, Rim SH, de Moor JS, Zheng Z, Khushalani JS, Han X, Kent EE, Yabroff KR. Annual Out-of-Pocket Expenditures and Financial Hardship Among Cancer Survivors Aged 18-64 Years - United States, 2011-2016. MMWR Morb Mortal Wkly Rep. 2019 Jun 7;68(22):494-499. doi: 10.15585/mmwr.mm6822a2. PMID: 31170127; PMCID: PMC6553808.

[4] Kirkwood MK, Bruinooge SS, Goldstein MA, Bajorin DF, Kosty MP. Enhancing the American Society of Clinical Oncology workforce information system with geographic distribution of oncologists and comparison of data sources for the number of practicing oncologists. J Oncol Pract. 2014 Jan;10(1):32-8. doi: 10.1200/JOP.2013.001311. PMID: 24443732.

[5] Unger JM, Moseley A, Symington B, Chavez-MacGregor M, Ramsey SD, Hershman DL. Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials. JAMA Netw Open. 2018 Aug 3;1(4):e181235. doi: 10.1001/jamanetworkopen.2018.1235. PMID: 30646114; PMCID: PMC6324281.

[6] Skinner L, Staiger DO, Auerbach DI, Buerhaus PI. Implications of an Aging Rural Physician Workforce. N Engl J Med. 2019 Jul 25;381(4):299-301. doi: 10.1056/NEJMp1900808. PMID: 31340091.

[7] Mosley D, DeBehnke D: Rural hospital sustainability: New analysis shows worsening situation for rural hospitals, residents, 2019. https://www.navigant.com/-/media/www/site/insights/healthcare/2019/navigant-rural-hospital-analysis-22019.pdf%20

[8] Hung P, Deng S, Zahnd WE, Adams SA, Olatosi B, Crouch EL, Eberth JM. Geographic disparities in residential proximity to colorectal and cervical cancer care providers. Cancer. 2020 Mar 1;126(5):1068-1076. doi: 10.1002/cncr.32594. Epub 2019 Nov 8. PMID: 31702829.



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