Disparities in Cancer Screening & 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]

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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 of men in the poorest counties are

35%

lower than in affluent 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 minorities and persons of lower socioeconomic status (SES) are less likely than others to receive timely cancer screenings [1]

How do health outcomes compare across groups?

- Non-Hispanic Blacks and Alaska Natives 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 stage-specific survival among Blacks.[4]
- Cervical cancer incidence and mortality rates are highest among non-Hispanic Black, American Indian/Alaska Native, and Hispanic/Latina females, largely reflecting socioeconomic disparities and lack of access to care, including cervical cancer screening.[4]
- Low-income individuals in states that have chosen not to expand their Medicaid program are less likely to be diagnosed at an earlier stage.[2]
- Black cancer patients are more likely to be diagnosed at later stages than Whites for breast, CRC, and cervical cancers, partly due to lower screening rates and timely follow-up of abnormal results. [4,6]
- Persons of lower SES are less likely than others to receive timely cancer screening. Lower SES, whether measured at the individual or area level, is associated with numerous health disadvantages and higher mortality across race and ethnicity for the most preventable cancers.[4]

Barriers to Cancer Screenings

Insurance Coverage and Costs

Differences in insurance and access to care largely explain the screening disparities found among minorities and those of lower SES.[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.

Cultural Barriers

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

Structural Barriers

Structural barriers to preventive care - including lack of transportation, lack of child care, health literacy challenges, and lack of provider referrals - significantly contribute to the disparities in cancer prevention and early detection for minority, rural, and lower SES populations.[2]

Informational Barriers

Some ethnic minority groups have beliefs about cancer screenings and preventive services that may deter them from obtaining timely services, including beliefs about who is at risk for specific cancers and fear of pain or harm from the screening procedure.[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 who treat disparate populations
-Increasing funding for and access to patient navigation programs, which are effective in removing barriers and increasing coordination of care for screenings

-Increasing funding for the Colorectal Cancer Control Program (CRCCP), which has the potential to significantly improve screening rates for high-need, disparate populations 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 services to low-income, uninsured, and underinsured women - a majority of whom are from racial/ethnic minority groups

-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, D.C.: 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.