Cancer Health Disparities: Addressing Unmet Screening Needs in a Community Cancer Clinic

Introduction

Cancer screening rates are seen to reduce cancer before symptoms appear. The US Preventive Services Task Force (USPSTF) provides guidelines for these screenings, which are then reviewed by healthcare providers to determine if their patients need them. However, barriers prevent many individuals from getting screened. One major barrier is a lack of knowledge and awareness about screenings, where people may not realize the importance of early detection. Similarly, the absence of referrals from healthcare providers can result in lower screening rates. Transportation issues also play a role, as unreliable transportation can hinder access to screening appointments. Fear of a cancer diagnosis further discourages some individuals from getting screened and stigma around certain cancers, like lung cancer, for example, can deter people.

To overcome these barriers, community-wide campaigns can educate people about the importance of screenings and available resources. Support and counseling in healthcare offices can address fear and stigma. Partnering with transportation companies or offering transportation services can help these with mobility challenges. Improved communication among healthcare providers can expedite the referral, appointment, and result process. Cultural competence training can help healthcare providers understand and respect diverse patient identities, ensuring equitable access to screenings and care.

Inequities in Screening

Despite lower smoking intensity, Black populations have a higher risk of younger age lung cancer. Many Black men with lung cancer would have qualified for screening based on smoking history. Lung cancer is the top cause of cancer deaths in the US. Improved detection, treatment, and reduced smoking saved 3.2 million US cancer deaths since 1991. Screening and treatment reduced breast cancer mortality by 46% between 1979 and 2010. Pap smears and HPV testing led to a 36% drop in cervical cancer rates and 46% reduction in mortality. Cervical cancer deaths could be cut by two-thirds through screening. Early-stage lung cancer diagnosed has a 5-year survival of 77.6%, while late-stage is 5.2%.

How NOLA Addresses This Issue

CBCCA has partnered with No One Left Alone (NOLA), a nonprofit addressing cancer health disparities, to increase cancer screening. NOLA provides the following services:

- Information on lung cancer screening
- Referrals to healthcare providers
- Assistance with transportation and insurance
- Education and counseling

NOLA's model-based vs. observed distributions of race, education, FHLC, and COPD, demonstrates the disparities in cancer screening.

Implementation Plan

- NOLA identifies patients' social needs through a cancer screening questionnaire, offering appropriate assistance based on their responses. Patients facing financial struggles receive bill assistance, those without a primary care provider are directed to healthcare services, and delayed or missed patients are referred to provide targeted referrals.
- Transportation services and health education are provided to patients who need it.
- Food insecurity is addressed by providing information on food services, and housing issues lead to referrals to specific social services.
- Facilitators and social workers coordinate with healthcare providers to schedule screenings as needed. Results are reported in the patients' chart, and the importance of regular screenings is explained. Additional follow-ups are scheduled for referrals and biopsies.

Effective communication ensures smooth and efficient care for the patients, reflecting the healthcare provider's commitment to delivering the best possible service.

Discussion

Our data strongly indicate that early detection and treatment is effective and efficient for curative patients and caregivers about the former need for USPSTF-recommended cancer screening. Despite national efforts, universal screenings have not been consistently achieved. Cancer clinics provide a captive environment where patients can be asked about their cancer history. Although some cancers have lower prevalence, they are not necessarily rare and can be detected. However, barriers do not follow recommended screening guidelines out of approximately 300 eligible patients. We identified and addressed barriers and resource limiting screening access. In summary, oncology offices are ideal for initiating cancer screening, addressing unmet needs, and improving personal and population health outcomes in the USA.

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