

Study links financial hardship to more ED visits; less preventive care

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A new American Cancer Society study finds higher medical and nonmedical financial hardships are independently associated with more emergency department visits, lower receipt of some preventive services, and worse self-rated health in cancer survivors. The authors of the study say as healthcare costs grow, unmet medical and nonmedical financial needs may worsen health disparities among cancer survivors. The study appears in the *American Journal of Preventive Medicine*.

More than half of Americans experience medical financial hardship at some point in their lives. Cancer survivors are particularly vulnerable, being more likely to face material (e.g., problems paying [medical bills](#)), psychological (e.g., worry about [medical costs](#)), and behavioral (e.g., delaying or forgoing care because of cost) financial hardships than individuals without a cancer history. Cancer survivors also face non-medical financial hardship, including food insecurity and worry about other economic needs (e.g., monthly bills and housing expenses), likely due to the late and lasting effects of cancer-related treatments, work limitations or inability to work, leading to reduced earnings and loss of employer-sponsored health insurance coverage. There has been little research to evaluate whether these medical and nonmedical [financial hardships](#) of cancer can impact the use of preventive services.

To learn more, investigators led by Zhiyuan "Jason" Zheng, Ph.D., looked at responses from about 12,000 [cancer survivors](#) in the National Health Interview Survey (2013-2017), stratifying survivors into 2 age groups (18-64 years and ≥65 years). They found cancer survivors with

higher medical and nonmedical financial hardship intensities were consistently more likely to report any emergency room visit and rated their health status worse than those with lower hardship intensities. Those with the highest level of hardship intensity also had lower levels of influenza vaccination (ages 18 to 64: 45.6% vs 52.5%; ages 65 and up: 64.6% vs 75.6%) and breast cancer screening (46.8% vs 61.2%).

"Given greater patient cost sharing and rapid development of expensive cancer treatments, the experience of medical and nonmedical financial hardship is likely to increase and may exacerbate cancer-related health disparities," write the authors.

More information: Zhiyuan Zheng et al, Financial Hardship, Healthcare Utilization, and Health Among U.S. Cancer Survivors, *American Journal of Preventive Medicine* (2020). [DOI: 10.1016/j.amepre.2020.02.016](https://doi.org/10.1016/j.amepre.2020.02.016)

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