

Rural Cancer Disparities

Understanding implications for breast and cervical cancer diagnoses

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BACKGROUND: Rural populations experience several disparities, influenced by structural-, community-, and individual-level barriers, across the breast and cervical cancer continuum.

OBJECTIVES: This study seeks to identify structural-, community-, and individual-level barriers that affect rural populations across the cancer continuum, understand the role of nurses serving rural populations in breast and cervical cancer screening and diagnostics, and provide recommendations for working with rural patients.

METHODS: This is a secondary analysis of qualitative interviews conducted with public health nurses serving rural populations.

FINDINGS: Emergent themes indicate that rural populations experience barriers that affect disparities across the breast and cervical cancer continuum, including a changing healthcare landscape, access to cancer-focused care, access to insurance, collective poverty, and demographic factors. Nurses working with rural communities can address these disparities as they fulfill multiple roles and responsibilities.

KEYWORDS

rural health; nursing care; patient-centered care; cancer survivors; health disparity

DIGITAL OBJECT IDENTIFIER

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RURAL POPULATIONS IN THE UNITED STATES EXPERIENCE DISPARITIES across the cancer continuum for a number of common cancers (Singh et al., 2011; Zahnd et al., 2017, 2018). Although breast cancer incidence rates among rural populations are lower than their urban counterparts, they have higher late-stage diagnoses and death rates (Nguyen-Pham et al., 2014; Singh et al., 2011; Zahnd et al., 2017). In addition, rural populations have higher cervical cancer incidence rates as compared to urban populations and are more likely to have a late-stage diagnosis and have poorer survival rates. These disparities are exacerbated among rural African Americans (Singh, 2012; Zahnd et al., 2017, 2018).

Several upstream, root causes of health inequities influence these disparities. First, rural communities are at risk for being socioeconomically disadvantaged, with lower education attainment and difficulties securing well-paying jobs (Gostin & Friedman, 2020). Second, many are medically underserved. There has been an increase in rural hospital closures, consolidations into larger healthcare conglomerates, and a lack of state and federal support (Germack et al., 2019; Kaufman et al., 2016; Molina et al., 2019). There is also an oncology workforce shortage. By 2025, it is anticipated that there will be a shortage of 2,300 oncologists, with rural regions carrying disproportionate burdens (Yang et al., 2014). Other factors that contribute to rural versus urban cancer disparities include lack of geographic access to health care, health insurance coverage challenges, and higher rates of behavioral risk factors (Amini et al., 2016; Cohen et al., 2018; Courtemanche et al., 2019). Despite these documented disparities, rural patients with cancer and survivors are grossly understudied when compared to urban and other health disparity populations (Blake et al., 2017).

There has been increased attention on applying a multilevel lens to understand and address the barriers that contribute to rural cancer disparities. Specifically, there is a need to consider structural- (policies and systems), community- (social and physical context), and individual-level demographic factors (Zahnd et al., 2019). Nurses serving rural populations are uniquely situated to understand and provide valuable insights about rural cancer disparities. Nurses provide clinical care, conduct needs assessments, engage with care teams in shared decision-making, and interact with healthcare systems and community stakeholders (Jeyathevan et al., 2017). Studies have begun to