

# Risk of financial stressors in patients diagnosed with cancer: Lessons from a nationwide financial navigation program

Andrea Incudine, MPH<sup>1</sup>, Kate Winder, MA<sup>1</sup>, Thomas Stivers, MS<sup>1</sup>, Fitzgerald Draper, MS<sup>1</sup>, Bridgette Thom, MSW, PhD<sup>2</sup>, Upal Basu Roy, PhD, MPH<sup>3</sup>

## Background:

Financial toxicity associated with a cancer diagnosis can lead to poor medical and non-medical outcomes [Khan et al, J Clin Oncol (2023)]. Family Reach, a US-based nonprofit, removes financial barriers between cancer patients and their treatment through comprehensive financial navigation. This includes:



Tip sheets + guidebooks



Resource navigation



Financial assistance

In this study, we sought to understand the prevalence of medical and non-medical financial stressors in a cohort of patients receiving financial navigation.

## Methods and Data Summary:

- Analyzed patient application data (n = 10,558 participants, provided by patients, caregivers, or case workers) from the Family Reach program from March 2020 to June 2022. Data included patient demographics; clinical and financial attributes; and medical and non-medical financial stressors.
- Assessed associations between stressors and patient characteristics using descriptive statistics, multivariable, and univariate tests using SPSS.
- Stratified data by **type of cancer (55% solid tumor vs. 38% hematologic); age (32% pediatric, 32% adolescents and young adults, 36% adult** per the NCI as pediatric: 0-14 years, AYA: 15-39 years, adult: 40+ years); and **race/ethnicity [41% non-Hispanic White (W), 22% non-Hispanic Black (B), 16% Hispanic/Latino (H/L)]**

**Programs to address financial needs of patients with cancer should be personalized to individual patients, since needs differ across different groups of patients.**

- Black and Hispanic/Latino patients** — Higher risk of food insecurity, utility shut-off, phone shut-off, and houselessness because of a cancer diagnosis, irrespective of where they lived.
- Adult patients** — Higher risk of unpaid medical expenses, as compared to children diagnosed with cancer.
- Patients with lung cancer** — Higher risk of financial distress from non-medical expenses (e.g., risk of houselessness) as compared to breast, colon, and prostate cancers combined.

Author contact: Andrea Incudine [aincudine@familyreach.org](mailto:aincudine@familyreach.org)

- Family Reach, Parsippany, NJ
- University of North Carolina, Chapel Hill, NC
- LUNGevity Foundation, Chicago, IL

## Results Summary:

### Demographics

Gender	Percent
Female	54%
Male	41%
Other/Not reported	5%
Income	Percent
\$0-\$29,999	56%
\$30,000-\$99,999	44%
Insurance Status	Percent
Commercial only	18%
Commercial and public	2%
Public and/or other	80%

### Prevalence of financial stressors by tumor type and age of cancer onset

Financial Stressors	Heme	Solid	Adult	AYA	Pediatric
Unexpected emergency	49.0%	50.2%	54.0%	48.4%	46.7%
Unaffordable child-care costs	24.7%	23.1%	16.5%	27.9%*	28.2%*
Funeral expenses	13.4%	23.6%	27.7%	17.0%	13.3%
Car payment and insurance	65.1%	65.4%	67.2%	64.0%	64.0%
Risk of houselessness	51.1%	54.6%	55.7%	56.1%	47.0%
Medical expenses	62.6%	70.5%	80.8%*	68.1%*	52.0%
Long-distance travel	45.5%	40.6%	36.3%	44.8%	48.1%
Uncovered treatment expenses	84.0%	84.0%	85.4%	84.8%	81.5%
Public transportation	15.9%	18.6%	19.9%	19.0%	13.2%
Food concerns	56.5%	58.7%	62.5%	58.6%	51.7%
Utility shut-off	43.5%	43.2%	44.0%	47.4%	38.6%
Phone shut-off	31.3%	35.3%	37.1%*	37.0%*	27.0%*

### Prevalence of financial stressors by race and ethnicity of patient

Financial Stressors	White	Asian	Black/AA	Hispanic/ Latino	AIAN	Two or more
Unexpected emergency	48.5%	47.4%	53.9%	50.0%	57.4%	44.1%
Unaffordable childcare costs	21.4%	27.7%	26.4%	23.5%	25.0%	27.3%
Funeral expenses	18.3%	23.6%	21.2%	22.4%	25.8%	14.3%
Car payment and insurance	71.1%	76.0%	55.6%*	63.7%*	49.3%*	61.2%
Risk of houselessness	45.7%	55.1%	60.5%*	58.6%*	65.3%*	55.8%
Medical expenses	72.0%	76.2%	64.4%	64.4%	73.4%	55.3%
Long-distance travel	51.8%	28.7%	33.9%*	34.9%*	60.0%	45.2%
Uncovered treatment expenses	85.7%	82.4%	81.5%	84.6%	91.8%	82.4%
Public transportation	10.6%	19.1%	26.0%*	21.5%*	22.1%*	16.8%
Food concerns	50.1%	54.4%	65.4%*	65.7%*	69.1%*	60.6%
Utility shut-off	37.1%	34.9%	53.2%*	44.3%*	65.7%*	46.4%
Phone shut-off	28.5%	23.5%	43.6%	34.1%	50.0%	37.7%

P<0.05

**Future Directions for Research:** Understand how access to financial programming impacts short-term (meeting basic living expenses) and long-term health outcomes