

# **Cancer Diagnosis and Treatment : Employment and Health Insurance Challenges**

**Cathy J. Bradley, Ph.D.**  
**(Cathy.Bradley@ucdenver.edu)**



University of Colorado Cancer Center

# Today's talk

- Cancer & employment overview
- Key findings & Implications
- Provocative issues for policy considerations & impact on patients' lives
- Conclusions



# Cancer and Employment

- Large population affected (U.S.)
  - ~15 million survivors
  - ~7 million are working age
  - Majority are women (58%)
- Shift in age at diagnosis
  - Emphasis on early detection leads to younger individuals diagnosed and treated



# U.S. Cancer Screening Guidelines

Cervical cancer:  
Women aged 21  
to 65

Breast cancer:  
Women aged 40+

Colorectal cancer:  
Women and men  
aged 50+

Prostate cancer:  
High risk men <75  
years of age

Lung cancer:  
Smokers age 55-  
80



# Shift in Treatment

- Outpatient setting
- Duration ranges from a few months to years
  - New therapies continue until evidence of disease progression
- Longer survival



# Overall Workforce Trends

- Trend to remain in the workforce longer
  - Require more resources to retire
- More women entering the workforce



# Skilled Labor Trends – Gig Economy

- Freelancers and full-time employees work together
- Cost cutting by removing healthcare coverage and other benefits
- Workplace wellness and well-being programs on the rise to attract talent
- 2 top demands following pay
  - Healthcare coverage
  - Work flexibility



# Low Skilled Labor Trends

- Work fewer hours
- Withdrawal from the labor force, particularly among men
- Cost cutting by removing healthcare coverage and other benefits
- Loss of middle skilled jobs led to polarization
  - More men shifted to low skilled jobs
  - More women shifted to high skilled jobs





# Motivation to Remain Working

- Health insurance
- Wages
  - Financial toxicity
  - Reduced household income
- Sense of normalcy, source of distraction, establishment of routine
  - Self-worth & accomplishment
  - Signals recovery to family, friends, & coworkers



# Relevant Outcomes

- Labor supply (employment & hours worked)
  - Patient & spouse
- Wages
- Benefit retention & “hours” lock
- Job mobility
- Work limitations



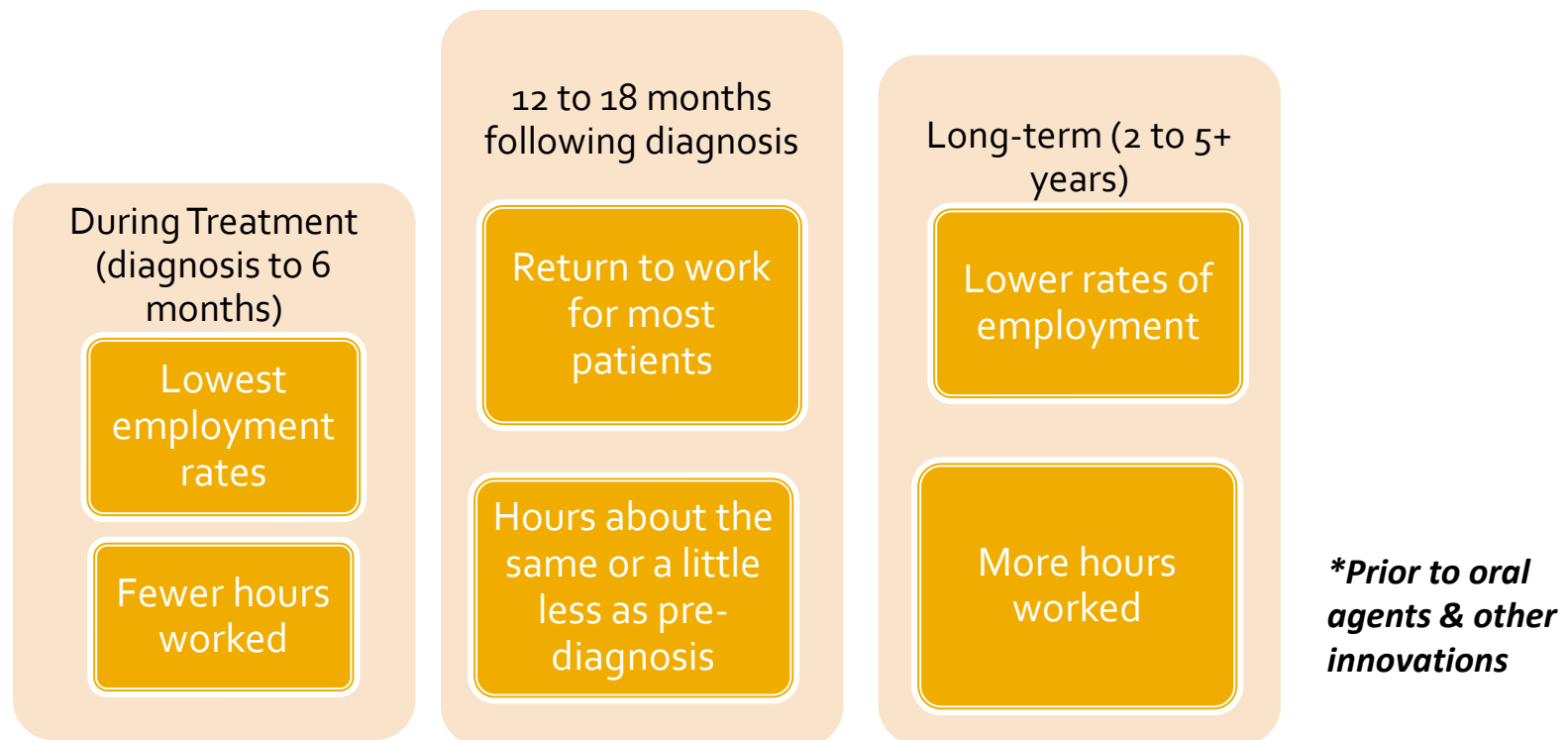
# Important Mediators

- Treatment type, dose, duration
- Symptoms, interference, functional status
- Education
- Worksite conditions
  - Job task
  - Accommodations
  - “Health-centered” / “Well-being” environment
  - Supportive
  - Job satisfaction



# Employment & Hours Worked

- For breast and prostate cancer survivors



# Return to Work: Risks

## Treatment

- Chemotherapy
- Extended treatment (more symptoms; more interference)
- Fatigue and depression; functional limitations
- Compromised cognitive functioning

## Negative work environment

- Few accommodations during and following treatment
- Unsupportive supervisor/co-workers
- Low job satisfaction
- Physically demanding jobs

## Patient

- Age
- Minority race/ethnicity
- Poor physical functioning
- Late stage at diagnosis



# Interference with Job Tasks

Job requirements	Breast cancer			Prostate Cancer		
	Cancer interfered, %	95% CI	P value	Cancer interfered, %	95% CI	P value
Physical effort	49	(43.49 to 55.40)	<.001	26	(18.51 to 33.87)	<.001
Heavy lifting	62	(54.17 to 69.97)	<.001	30	(19.32 to 40.14)	<.001
Stooping	32	(26.53 to 38.45)	<.001	22	(14.42 to 29.27)	<.001
Concentration	31	(26.30 to 35.36)	<.001	12	(7.52 to 16.01)	.382
Analysis	28	(23.25 to 32.94)	<.001	9	(4.68 to 12.49)	.507
Keeping up with the pace set by others	39	(33.50, 45.04)	<.001	16	(9.70 to 21.38)	.025
Learning new things	20	(15.26 to 23.25)	.717	5	(2.19 to 8.13)	.019
Source: Bradley et al., Cancer Investigation. 2007						



# Accommodations

- 87% of predominantly white, well-educated sample report having an accommodating employer
- Strong predictor of return to work and provides a health benefit
- Discrimination leads to lower return to work (Bouknight et al.)
- Low-income multi-ethnic women less likely to have an accommodating employer (Blinder et al., 2017)



# Spouse Employment

- Employed spouses of women with breast cancer do not change their labor supply
  - Decrease in employment and hours worked during the active treatment period
- Men who insured their wives decreased their hours by less than men with another source of health insurance





# Healthy Insurance Comparisons

- Having insurance,
  - Having the 'offer' of insurance,
  - Having a spouse with insurance,
  - Having a spouse with the 'offer' of insurance
- 
- Fits with some of the health reform scenarios



# Health Insurance

Employment-contingent health insurance  
incentivizes greater labor supply

Hours  
worked

8% to 11% difference in hours worked; “Hours  
lock” (ACA implications)

Options  
matter

Strongest evidence when comparing women who  
differ in dependency on their jobs for insurance, but  
are more similar in other characteristics

## Healthy Insurance - Conclusions

- Dependency on employer for health insurance may result in loss of coverage for those who cannot continue working
- Employer-based health insurance may be associated with health sacrifices for those that continue working
- Suggests having an alternative will reduce labor supply during the 12 months following diagnosis, but will not lead to mass exodus



# Implications

- Clinical
- Worksite
- Policy



# Clinical

- Work outcomes as part of clinical studies
- More than quality of life
- Better symptom control
- Supportive therapies for work
  - Sleep aids, antidepressants
  - Physical therapy
  - Cognitive reconditioning

# Workplace

- Health and well-being environment to provide a cancer focus
- Accommodations throughout the workforce
  - Flexible schedule, reduced hours, “special equipment” for all workers



# Policy

- Options for health insurance outside of employment
- Paid sick leave
- Critical in a gig economy and for low skilled workers

# Acknowledgement

- Labor Market Outcomes of Cancer Survivors (R01CA86045)
  - What is the change in employment and hours worked among employed persons following breast or prostate cancer diagnosis?
- Health, Health Insurance, and Labor Supply (R01CA122145)
  - Does health insurance source alter labor supply among married, employed, and insured women treated for breast cancer?





**Questions?**



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