Almost 30 years of progress in cancer survival rates have not been equally distributed throughout the U.S. population (Byers, 2010). Risk for cancer mortality differs by health insurance status in the United States (Han et al., 2014; Shi et al., 2013), and these disparities persist when controlling for cancer stage at diagnosis (Bradley, Given, & Roberts, 2002; Halpern et al., 2008; Koroukian, Bakaki, & Raghavan, 2011). Therefore, the National Cancer Institute ([NCI], 2015) recommends prioritizing access to cancer care in research. Few studies have examined delays and barriers to care among patients with cancer during treatment by various insurance types (Fedewa, Ward, Stewart, & Edge, 2010; Massarweh et al., 2014; Scoggins et al., 2011). To identify disparities in treatment access among people diagnosed with cancer, the current authors used a national survey dataset. They explored the factors associated with the perceptions of access to care of patients diagnosed with cancer who were currently undergoing specialist care treatment and also examined reported barriers to timely treatment or pharmaceuticals.

Barriers to health service use, influencing health behaviors and interacting at multiple levels, may be conceptualized using an ecological perspective to health promotion (McLeroy, Bibeau, Steckler, & Glanz, 1988; NCI, 2005; Scheppers,