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RESEARCH BRIEF 2026

Administrative Burden and Insurance Navigation in Cancer Survivorship

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Abstract

Cancer survivors increasingly encounter complex administrative processes related to health insurance coverage, including prior authorizations, appeals, and documentation requirements. Emerging evidence demonstrates that insurance navigation complexity independently influences psychosocial, financial, and clinical outcomes (Chino et al., 2023; Thom et al., 2025). Survivors frequently experience delays in care, confusion, and psychological distress—effects that are disproportionately concentrated among individuals with lower insurance literacy and financial vulnerability (Williams et al., 2023; Wu et al., 2026).These challenges are particularly acute for Black women with breast cancer, for whom administrative processes function as bureaucratic gatekeeping mechanisms embedded within intersecting systems of racial and gendered bias (Bridges, 2011; Samuel et al., 2021). This brief conceptualizes insurance navigation complexity as a form of structural violence and identifies critical gaps in research and practice. It further highlights emerging intervention strategies, including peer navigation and community-centered models, that redistribute administrative burden away from patients. Advancing equitable survivorship care requires both immediate navigation support and long-term systemic reform to reduce administrative complexity at its source.

Keywords: administrative burden, insurance navigation, cancer survivorship, Black women,

Introduction

Insurance coverage is often treated as a primary indicator of healthcare access; however, coverage alone does not guarantee the ability to receive timely, appropriate care. Patients navigating cancer treatment and survivorship must engage in complex administrative processes, including prior authorizations, appeals, plan selection, and ongoing documentation requirements. These processes impose significant learning, compliance, and psychological costs, collectively defined as administrative burden (Kyle & Frakt, 2021).

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For cancer survivors, these burdens occur during a period already characterized by physical recovery, emotional distress, and financial strain. Increasing evidence suggests that administrative complexity itself functions as a determinant of health outcomes, shaping access to care, treatment delays, and survivorship experiences (Williams et al., 2023; Wu et al., 2026).
For Black women, these challenges are compounded by structural inequities and systemic bias within healthcare systems. Administrative requirements such as prior authorizations often act as institutional gatekeeping mechanisms, disproportionately affecting those navigating intersecting forms of marginalization (Bridges, 2011; Samuel et al., 2021). The cumulative stress associated with navigating these systems contributes to physiological wear and tear, commonly described as "weathering," and increases allostatic load, with measurable implications for recovery and long-term health (Geronimus et al., 2006; Guidi et al., 2021).

Although navigation support is frequently framed as a solution to access challenges, the administrative systems themselves remain underexamined as sources of harm. This brief reframes insurance navigation complexity as a structural determinant of survivorship outcomes and highlights the need for systemic and community-based interventions.

Administrative Burden as a Structural Determinant

Administrative burden extends beyond inconvenience, functioning as a barrier that shapes access to timely and effective cancer care. Processes such as prior authorization and appeals introduce delays, increase uncertainty, and require substantial patient labor. These requirements disproportionately affect populations with fewer resources, lower health literacy, and higher baseline stress levels (Chino et al., 2023; Thom et al., 2025).

Within marginalized communities, administrative burden intersects with broader social inequities. For Black women in particular, navigating insurance systems often involves additional emotional and psychological labor linked to experiences of bias and mistrust. This dynamic contributes to cumulative stress exposure and reduced capacity to engage fully in survivorship care (Geronimus et al., 2006).

Furthermore, recent scholarship highlights how individuals may absorb these burdens as "racialized labor," functioning as informal infrastructure within inequitable systems (Ruffin, 2024). This labor is rarely acknowledged in policy or practice, yet it represents a critical mechanism through which disparities in outcomes are produced and sustained.

Gaps in Research

Despite growing recognition of financial toxicity and healthcare disparities, key gaps remain in understanding insurance navigation complexity:

- **Narrow measurement of access:** Research often relies on insurance coverage as a binary indicator, failing to capture the administrative complexity required to utilize that coverage effectively (Wu et al., 2026).
- **Limited representation:** Existing studies insufficiently capture the experiences of underinsured and racially marginalized populations, particularly Black women, whose navigation challenges are shaped by intersecting structural barriers (Park et al., 2025).
- **Lack of longitudinal data:** Most studies focus on active treatment periods, overlooking the cumulative effects of administrative burden across long-term survivorship (Wheeler et al., 2024; Ver Hoeve et al., 2024).

Additional gaps include limited evidence on mental health outcomes associated with administrative stress and insufficient evaluation of real-world implementation of navigation interventions.

Gaps in Practice

In parallel with research limitations, care delivery systems continue to prioritize institutional efficiency over patient-centered navigation:

- **Fragmented systems:** Patients must independently coordinate insurance, financial assistance, and clinical care, increasing time and cognitive burden.
- **Siloed services:** Limited integration between financial, clinical, and psychosocial support fails to reflect the interconnected nature of survivorship challenges.
- **Administrative gatekeeping:** Prior authorizations and appeals function as barriers that delay treatment and increase stress, particularly for marginalized populations (Ver Hoeve et al., 2024).

Existing approaches often emphasize patient education rather than addressing the structural conditions that generate administrative burden.

Navigation and Advocacy-Based Interventions

Patient navigation programs have demonstrated effectiveness in reducing barriers to care and improving survivorship outcomes (Wheeler et al., 2024; Ver Hoeve et al., 2024). Insurance literacy interventions, such as the HINT model, further improve knowledge, satisfaction, and financial outcomes by equipping patients with practical navigation skills (Park et al., 2025).

However, literacy-based interventions alone are insufficient to address systemic barriers. Community-centered and peer navigation models offer a more comprehensive approach by redistributing administrative labor and incorporating lived experience. Peer navigators provide culturally relevant guidance, assist with prior authorizations and appeals, and offer psychosocial support grounded in shared understanding (Cheung et al., 2023; Warner et al., 2025). Evidence from advocacy-based programs demonstrates improvements in knowledge and self-efficacy among participants, suggesting that community-led approaches can enhance engagement and strengthen patient agency (Karmo et al., 2024). These models align with collective care frameworks, shifting the burden of navigation from the individual to a supportive network.

Implications for Implementation

Addressing administrative burden requires coordinated, system-level strategies:

- **Integrate navigation into care teams:** Formal inclusion and reimbursement of navigation services within oncology care can improve coordination and reduce burden.
- **Strengthen community partnerships:** Collaboration between healthcare systems and community-based organizations can provide targeted administrative support.
- **Prioritize culturally competent approaches:** Models grounded in lived experience and cultural context are essential for addressing disparities.
- **Link administrative relief to outcomes:** Reducing administrative complexity may directly improve clinical outcomes by preserving mental and physiological resources (Geronimus et al., 2006).

These strategies move beyond patient-level solutions and target the structural conditions that produce inequities.

Conclusion

Administrative burden and insurance navigation complexity are critical yet underrecognized drivers of inequity in cancer survivorship. For Black women, these burdens operate within a broader context of structural racism, contributing to cumulative stress and poorer health outcomes (Geronimus et al., 2006). While existing navigation programs provide meaningful support, they often address symptoms rather than root causes. Community-based and peer navigation models offer a transformative approach by redistributing administrative labor and fostering collective support. Advancing health equity requires a shift from individual-level interventions to system-level reform. Integrating navigation services, reducing administrative complexity, and centering community-driven solutions are essential steps toward ensuring equitable access to survivorship care.

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