More than 47 million Americans have one or more disabilities, a number projected to increase in the next 20 years (Brault, 2008). The incidence of cancer in the United States also will continue to rise, resulting in an 81% increase in the number of cancer survivors by 2020 (Levit, Smith, Benz, & Ferrell, 2010). The intersection of multiple comorbidities in that aging population will require a healthcare workforce well versed in managing complex-care needs and health-promotion strategies that maximize quality of life.

As an underserved population, people with disabilities experience health disparities. They are more likely than nondisabled people to experience delays in obtaining health care, receive fewer cancer screening examinations and tests, use tobacco, be overweight, and experience psychological distress (U.S. Department of Health and Human Services, 2011). In addition, that group may be less likely to receive standard cancer care, such as breast-conserving surgery or radiation for breast cancer, and, therefore, experience higher cancer-related rates of mortality (Chirikos, Roetzheim, McCarthy, & Iezzoni, 2008; Iezzoni et al., 2008a, 2008b; McCarthy et al., 2007). Reasons for those disparate outcomes are complex and may include problems with physical access to care, poor quality of cancer screening services, delays in treatment, and other medical considerations that impact treatment choices (Drainoni et al., 2006; Iezzoni et al., 2008a; Liu & Clark, 2008).

Cancer survivorship studies reveal challenges faced by short- and long-term survivors. Although many long-term survivors indicate that they are in good health, others live with numerous sequelae of the disease and treatment: pain, fatigue, peripheral neuropathies, lymphedema, gastrointestinal problems, sleep disturbances, bladder dysfunction, and menopause (Brearley et al., 2011; Harrison et al., 2011). At one year postdiagnosis, patients with one or more comorbid conditions have a higher symptom burden than those with none (Shi et al., 2011). Some survivors experience psychosocial concerns: fear of recurrence, sexual problems, depression, problems with social relationships, and loneliness (Foster, Wright, Hill, Hopkinson, & Roffe, 2011).