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Title

Social Risk Factors and Cancer Prevention Care Receipt among Community Health Clinic Patients

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Reducing cancer outcome disparities requires equitable provision of cancer screening. Exposure to social risks (adverse social determinants of health) can pose barriers to receipt of these services.

Objective: To understand this relationship, we assessed associations between patient-reported social risk factors and receipt of cervical (CVC), colorectal (CRC) and breast cancer (BC) screenings at community clinics, which are often the primary source of such services for historically marginalized populations with social risks in the US.

Study Design and Analysis: Cross-sectional; covariate-adjusted generalized estimating equations models assessed the association between social risk categories (screened + documented need present, screened + documented need not present) for each social risk (food, transportation, and housing insecurity) and each cancer screening outcome.

Setting / Dataset: Data were extracted from an electronic health record shared by a network of 186 community clinics (across 13 states) at which social risk screening results were documented during the study period (7/2016-2/2020).

Population: Patients aged ≥ 18 years, seen at a study clinic during the study period.

Outcome Measures: Proportion of study period spent up to date on CVC, CRC, or BC screening among eligible patients. Among those due for screening, likelihood of receiving an order for a screening test. Among those receiving an order, rates of order completion.

Results: Patients without social risks were more likely than those with risks to be up to date on CVC, CRC, or BC screening at baseline, and to have more months up to date on CVC or CRC screening; only those without transportation insecurity (but not food or housing insecurity) spent more months up to date on BC screening. Having any of the considered social risks was not associated with difference in likelihood of receiving an order for CRC or BC screening. Those without food or transportation risks were more likely to complete a CRC order; social risks were not associated with completion of CVC or BC orders.

Conclusions: There is an inverse relationship between having social risks and receiving recommended CVC, CRC, and BC cancer preventive screening. Findings underscore the importance of screening for and addressing social risks as part of cancer prevention care.