

**Submission Id: 5331**

**Title**

*Health-related Social Needs and Cancer Screening in Colorado*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context: People experiencing HRSNs are less likely to undergo preventive health procedures such as cancer screenings, contributing to later stage diagnoses. In addition, primary care clinicians (PCC) knowledge of patient HRSNs may allow extra support for obtaining cancer screening. Objective: Assess patient and PCC mutual understanding of patient UTD status on cancer screening and reported HRSNs. Study Design and Analysis: Paired patient-clinician survey examining UTD status for colon and breast cancer screening and patient experience of HRSNs. Analysis included descriptive statistics, kappa tests for concordance between patients and clinicians, and logistic regression to identify factors associated with UTD status. Setting: Three primary care clinics in Colorado. Population Studied: Patients age 50 and older presenting to primary care. Instrument: Survey created using standard demographic questions, recall regarding UTD status on cancer screening tests, validated questions regarding barriers to colon and breast cancer screening, and validated HRSN screening questions. Outcome Measures: UTD status on breast or colon cancer screening (mammogram within 2 years; Colonoscopy within 10 years, sigmoidoscopy within 5 years, or fecal occult blood testing within 1 year). Results: 237 surveys for colon cancer screening and 143 for breast cancer screening were analyzed. Average age = 65 years, 62% female (n=148), 84% white (n=199), 13% Hispanic/Latinx (n=31). Sixty-seven % (n=163) reported being UTD on colon cancer screening and 57% (n=86) on breast cancer screening. Forty-two % (n=100) of patients reported at least one HRSN, including 7% (n=16) reporting lack of steady housing, 29% (n=69) reporting food insecurity, 9% (n=22) reporting lack of reliable transportation, 7% (n=17) social isolation and 17% (n=41) not being able to afford medications or medical care. The degree of concordance with clinician-reported HRSN was fair (kappa statistic 0.22,  $p < .0001$ ). In bivariate analysis, patient-reported lack of reliable transportation ( $p=.0514$ ) and not being able to afford medications or medical care ( $p=.0566$ ) approached significance for association with UTD status on colon cancer screening. Multivariate analyses are planned. Conclusions: This study adds to the emerging literature that HRSN are associated with receipt of cancer screening, and also showed that clinicians are often unaware of patient social needs.