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Title

Understanding the Relationship Between Social Needs and Cervical Cancer Screening

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context

Cervical cancer remains a significant health concern and screening is crucial for early diagnosis. Little is known about how patients' social needs (i.e. housing insecurity) affect screening behaviors.

Objective

To understand how patient-reported social needs are associated with cervical cancer screening in a fully insured population.

Study Design

Cross-sectional study combining patients' screening data from the electronic health record (EHR) with self-reported social needs.

Dataset

Utilized data from a large integrated health system. Patient-reported social needs were obtained from a nationally administered survey. Screening data and demographics were acquired from the EHR.

Population

Patients aged 24-64 years who were eligible for cervical cancer screening per USPSTF guidelines (N=1,917).

Instrument

Patient-reported social needs collected as part of the 2020 Kaiser Permanente (KP) National Social Needs Survey. This was a nationally representative survey administered to all KP regions with over 10,000 respondents. The survey was conducted in Spanish and English and covered topics including health, personal connections, and social risk factors. Patients vulnerable to social risk were oversampled to ensure representation.

Outcome Measure

Cervical cancer screening rate.

Results

Over 30% of patients reported at least one social need. The youngest group (24-29 years) was less likely to be screened (63% vs. 86% in 30-39 year group, p-value <0.001). Screening rate also varied by insurance type. Patients with individual insurance (not through employment) were less likely to be screened (66% in individual payers, 82% commercial, 84% Medicaid, p-value 0.011). Screened patients had a higher comorbidity burden (DxCG risk score of 1.57 in screened vs. 1.15 unscreened, p-value 0.002). There was no association between social need and screening for patients 30+ years. In 24-29 year olds, reporting a need was associated with an increased likelihood of being screened compared to no social needs (OR 3.95, p-value 0.037).

Conclusion

In an insured population, social needs were not associated with screening in patients 30+ years. Having health insurance may mitigate the risk of missed screenings in patients with social needs. Younger patients are less likely to be screened, although it is unclear why having a social need increased the likelihood of screening compliance at this age. Programs targeting younger patients may lead to increased screening rates overall.

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