

Leveraging a prospective social needs assessment in a urologic oncology clinic to characterize the geographic distribution of burden and alignment with institutional efforts

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Background

- CMS is working to incentivize health-related social needs (HRSN) assessments.
- Assessing, addressing and mitigating social drivers of health could have measurably reduce the burden of cancer in NCI designated cancer centers' catchment areas.
- Using prospective, self-reported health-related social needs data, we aim to determine whether current efforts to address social needs are well-aligned with their geographic distribution.

Methods:

- Self-reported HRSN screening (financial strain, unmet transportation needs, and food insecurity) data for new patient visits to genitourinary oncology (GU) clinics from January 1, 2023, to May 17, 2024, was collected.
- Data on race/ethnicity, sex, age, zip code, and insurance coverage were also collected.
- We then utilized patients' residential zip codes and ZCTA-level Neighborhood Deprivation Index (NDI) data from the UCSF Health Atlas to evaluate the overlap between our patient's geographic distribution and the NDI data. NDI values were divided via Natural breaks (Jenks) into areas of lower deprivation (-4.0 to -1.0) and areas of higher deprivation (-0.9 to 2.9).
- All analyses were completed using ArcGIS Pro 3.3 software.
- This study was approved by the institutional review board.

While our data collection and planned intervention activities are responsive to CMS final rule, geocoding social need survey responses revealed a misalignment between location of those with need and the bulk of patients we serve.

Our findings highlight the importance of using geocoded data to guide NCI Comprehensive Cancer Centers' efforts to address health-related social needs across their respective catchment areas.

Cancer Centers embarking on initiatives to achieve health equity and new forms of reimbursement should consider whether both goals can be achieved without careful mapping of needs and provision of support.

Results:

- Of 1,998 patients, 1,443 patients with GU cancers and >1 clinical encounter completed social needs screening.
- Most were over 65 years old (75.6%), White (71%), and male (92.7%) and lived close to the Cancer Center. Prostate (71%), bladder (13.9%), and kidney (12.7%) cancers were the most common urologic cancers reported.
- 11.3% reported ≥ 1 social need; 8.4% reported financial strain, 3% unmet transportation needs, 4.6% reported food insecurity; those with social needs typically farther and more geographically distributed.

Geographic and NDI distribution of patients with GU cancers seen from January 2023 to May 2024

