

Identifying and addressing racial disparities in health care utilization patterns for Coloradans who have completed primary cancer treatment

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Purpose

People with histories of cancer experience unique health challenges including treatment-related late effects, and non-White populations often experience barriers to healthcare and exposure to risk factors at a higher rate than White populations. Limited care coordination, lack of clarity on provider roles following primary oncology treatment, and limited data contribute to gaps in cancer survivorship care. Many organizations use a survivorship care plan (SCPs) to document the completion of curative treatment and the need for preventive care following cancer treatment. The purpose of this work is to identify racial disparities in healthcare utilization among cancer survivors with a SCP. Understanding these gaps may facilitate discussions and interventions to deliver more equitable care to cancer survivors.

Methods

A database of individuals who have received any part of their cancer-related care through the University of Colorado Cancer Center (UCCC) and have a SCP was created to better understand this group of individuals. The data are derived from Health Data Compass, a platform that pulls electronic health records from the UHealth system. Variables in the database include patient demographics, clinician encounters, laboratory tests, immunizations, and procedures. Patient characteristics, completion of American Cancer Society (ACS) recommended cancer screenings, indication of PCP visit, and receipt of influenza and COVID-19 vaccinations will be compared by race and ethnicity using chi-square tests. Logistic regression will be used to identify predictors of health maintenance behaviors.

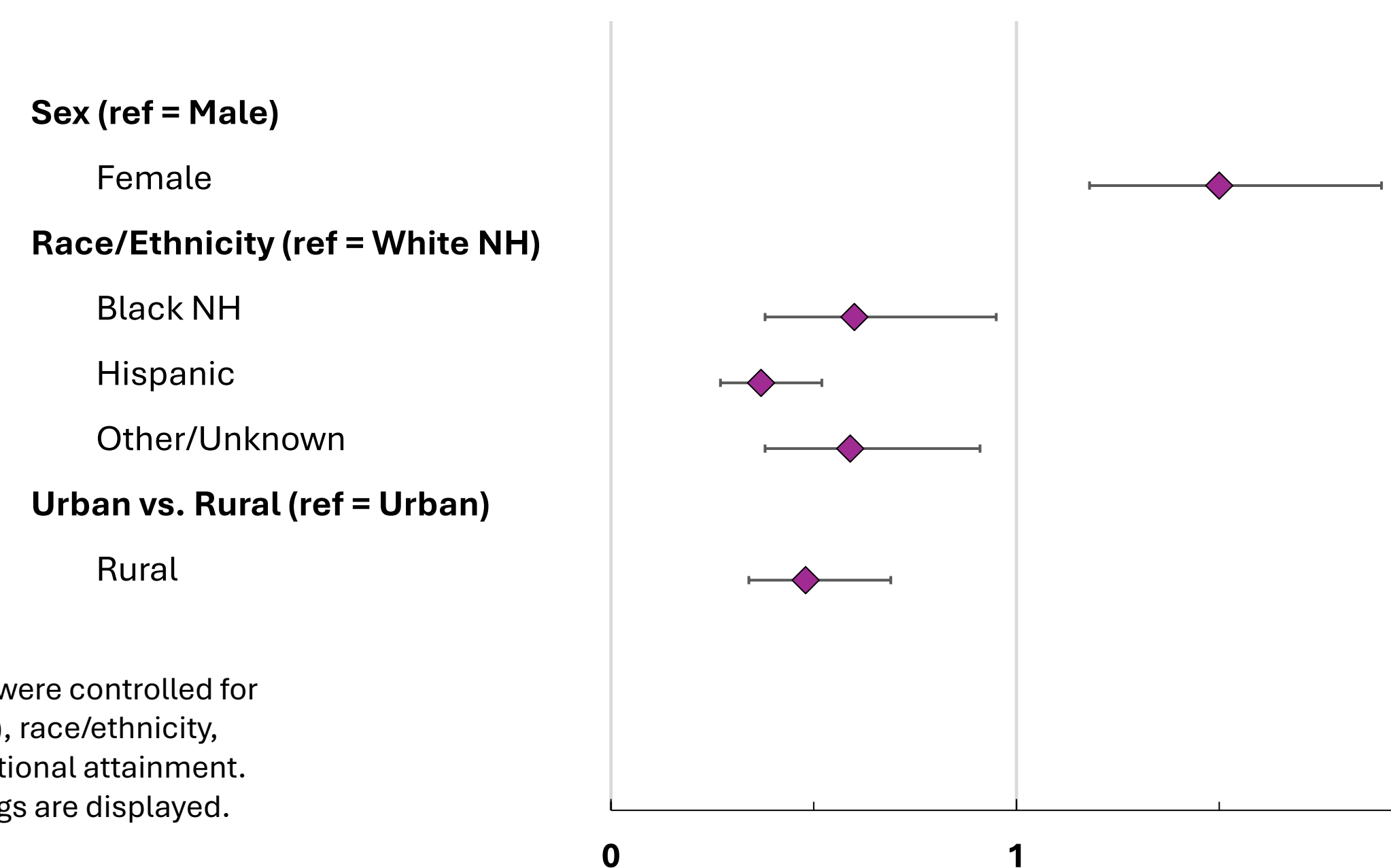
Table 1. Patient Demographics

Variable	Patient Race and Ethnicity					p-value
	Total	White NH	Black NH	Hispanic	Other/Unknown	
Overall	2444	1874	140	268	162	
Age						
18-44	358	264 (14.09)	12 (8.57)	57 (21.27)	25 (15.43)	<.001
45-54	402	292 (15.58)	21 (15.00)	57 (21.27)	32 (19.75)	
55-54	744	556 (29.67)	58 (41.43)	79 (29.48)	51 (31.48)	
65-74	731	590 (31.48)	39 (27.86)	57 (21.27)	45 (27.78)	
75+	209	172 (9.18)	10 (7.14)	18 (6.72)	9 (5.56)	
Sex						
Female	1288	1008 (53.79)	53 (37.86)	148 (55.22)	79 (48.77)	0.002
Male	1156	866 (46.21)	87 (62.14)	120 (44.78)	83 (51.23)	
Urban vs. Rural						
Urban	2206	1670 (89.11)	139 (99.29)	253 (94.40)	144 (88.89)	<.001
Rural	238	204 (10.89)	1 (0.71)	15 (5.60)	18 (11.11)	
County-level educational attainment						
Low	740	516 (27.53)	59 (42.14)	117 (43.66)	48 (29.63)	<.001
High	1390	1115 (59.50)	73 (52.14)	117 (43.66)	85 (52.47)	
Unknown	314	243 (12.97)	8 (5.71)	34 (12.69)	29 (17.90)	
County-level poverty						
High	503	362 (19.32)	48 (34.29)	55 (20.52)	38 (23.46)	<.001
Low	1627	1269 (67.72)	84 (60.00)	179 (66.79)	95 (58.64)	
Unknown	314	243 (12.97)	8 (5.71)	34 (12.69)	29 (17.90)	

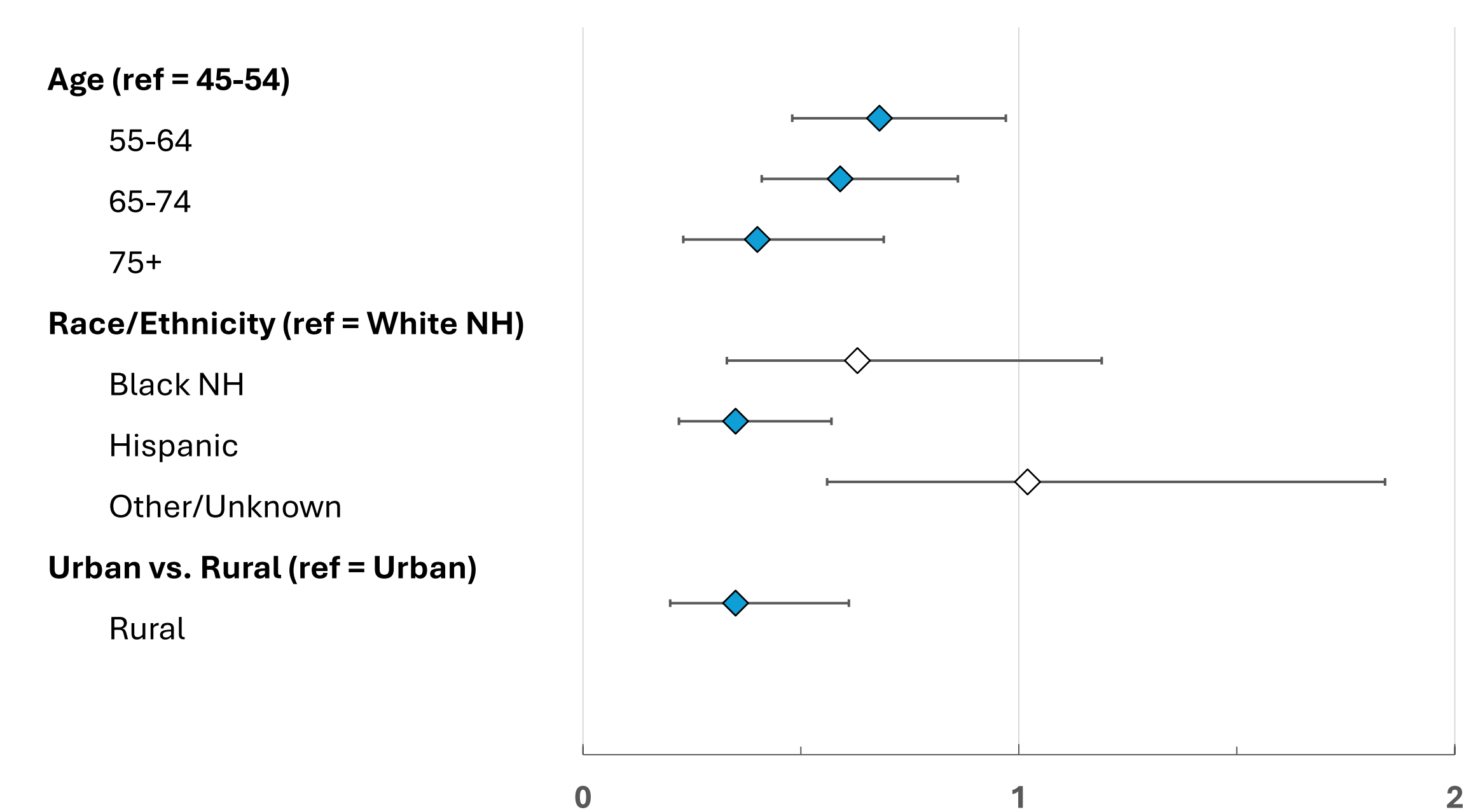
Impact

Preliminary results highlight the importance of collecting and analyzing data on individuals who have completed active cancer treatment. Information gathered may highlight gaps in care coordination within complex health care systems, especially ones that disproportionately impact minority groups. Engaging different stakeholders to address these issues may help improve and enhance systematic population management for cancer survivors.

PCP visit within 9 months of oncology treatment completion
Odds Ratios and 95% CI



Mammogram within 2 years post oncology treatment
Odds Ratios and 95% CI



Results and future analyses

Preliminary analysis revealed significant disparities in follow-up PCP visits and mammograms by patient race and ethnicity, as well as urban versus rural residence. There were no significant findings in the models looking at predictors of colorectal cancer or prostate cancer screenings. Further outcomes of interest will include follow-up oncology visits and emergency department visits, while additional covariates analyses will include primary cancer site, insurance status, and other comorbid conditions.



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