

## **Identifying and Addressing Racial Disparities in Health Care Utilization Patterns for Coloradans Who Have Completed Primary Cancer Treatment**

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### **1. Background**

People with histories of cancer experience unique health challenges including treatment-related late effects and are more likely to develop second primary cancers. Additionally, non-white populations often face barriers to health care and exposure to risk factors at a higher rate than white populations. Limited care coordination, lack of clarity regarding provider roles following primary oncology treatment, and limited data are cited as reasons for gaps in cancer survivorship care. Many organizations have adopted the use of survivorship care plans (SCPs) to document the completion of curative treatment and communicate the need for preventive care following cancer treatment. Previous research indicates that those with SCPs living in urban settings had higher rates of cancer screening adherence and primary care visits compared to those in rural areas, but disparities among race and ethnicity have not yet been explored. Understanding gaps in care for minority populations, especially among the growing Hispanic population in Colorado, can facilitate discussions and interventions to deliver more equitable care to cancer survivors.

### **2. Goals**

The purpose of this work is to identify racial disparities in health care utilization among cancer survivors with a SCP. Rates of up-to-date cancer screenings, primary care visits, and receipt of vaccinations will be compared across race and ethnicity in the patients represented in the cancer survivorship database.

### **3. Solutions and 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 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.

### **4. Outcomes**

We identified 2,444 cancer survivors with a SCP delivered from January 1, 2020 to September 30, 2024. Of these, 76.7 percent identify as white non-Hispanic (NH), 11.0 percent as Hispanic, 5.7 percent as non-Hispanic Black or African American, and 6.6 percent as a different race and ethnicity. A higher proportion of white NH patients have record of at least one PCP visit after completing curative oncology treatment compared to Hispanic patients (84.8% vs. 71.6%, p-value <.001), as well as higher rates of at least one COVID-19 vaccination (41.9% vs. 21.6, p-value <.001). Additionally, data show that white NH females 45 and older more often had of a mammogram compared to Hispanic females 45 and older (47.6% vs. 28.1%, p-value = 0.001).

### **5. Lessons Learned and Future Directions**

Initial data reveal that disparities in health care utilization persist across race and ethnicity. Additional analysis will investigate potential disparities in insurance status, cervical and lung cancer screening rates,

*Category: Data Analysis – Work in Progress – Faculty*

follow-up oncology visits, emergency department visits, and laboratory results such as A1c. The findings present an opportunity to work with diverse members and organizations in our community to increase outreach and interventions to marginalized communities and provide more equitable care in our state.