



# CASE WESTERN RESERVE UNIVERSITY

## Case Comprehensive Cancer Center

### BACKGROUND

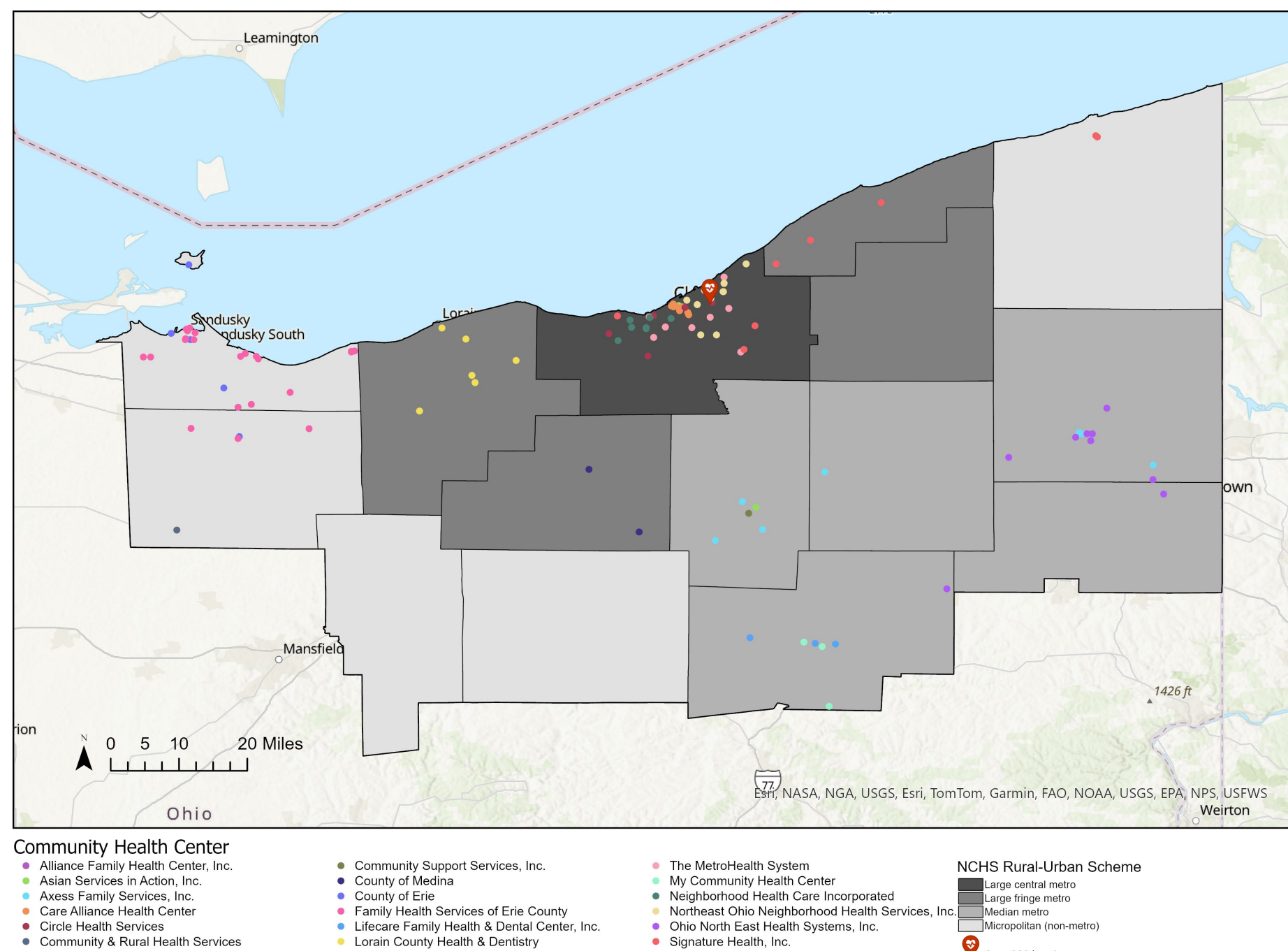
- Currently, Comprehensive Cancer Centers (CCCs) may use CDC Population Level Analysis and Community Estimates (PLACES) to estimate cancer screening uptake.<sup>1</sup>
- Although valuable for providing data at smaller geographies, PLACES estimates cannot be analyzed in smaller subgroups, nor used to assess program impact or change over time.
- Community Health Centers (CHCs) provide primary care to vulnerable groups who bear a disproportionate cancer burden.<sup>2-4</sup>
- CHCs are required to report cancer screening data through the Uniform Data System (UDS), which could serve as an important surveillance tool for CCCs.<sup>5</sup>

### PURPOSE

- To explore strengths and limitations of screening data provided by PLACES and UDS to address catchment area cancer burden
- Highlight targeted opportunities for improving screening

### METHODS

- Compared 2022 population-level PLACES estimates for breast, cervical, and colorectal screening uptake to 2022 CHC screening statistics reported in UDS for the 15-county Case CCC catchment area



**Figure 1:** Community health center service locations within the Case CCC catchment area. Counties are shaded according to the National Center for Health Statistics (NCHS) Rural-Urban Scheme.<sup>6</sup>

# Cancer Screening Uptake in the Catchment Area: Incorporating Community Health Center Data into Catchment Area Assessment

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### RESULTS

**Table 1. Demographics in the US and Case CCC Catchment Area**

- 1,487 CHCs served 31,556,324 people nationally.
- 18 CHCs served 227,640 patients in 2022.

Characteristic		National UDS (%)	National Census (%)	Catchment UDS (%)	Catchment Census (%)
Race	Hispanic	26.4	18.7	10.5	4.8
	Non-Hispanic Black	16.4	12.1	31.2	14.2
	Non-Hispanic White	34.2	58.9	45.4	74.9
	Other/Unknown	23.0	10.4	12.8	6.1
Insurance status	Non-insured	18.3	8.7	9.1	5.3
	Publicly insured	61.7	35.9	74.8	35.3
	Privately insured	20.0	67.6	16.0	59.4
Income	Less than or = to 100% Federal Poverty Level	44.4	12.5	50.0	*

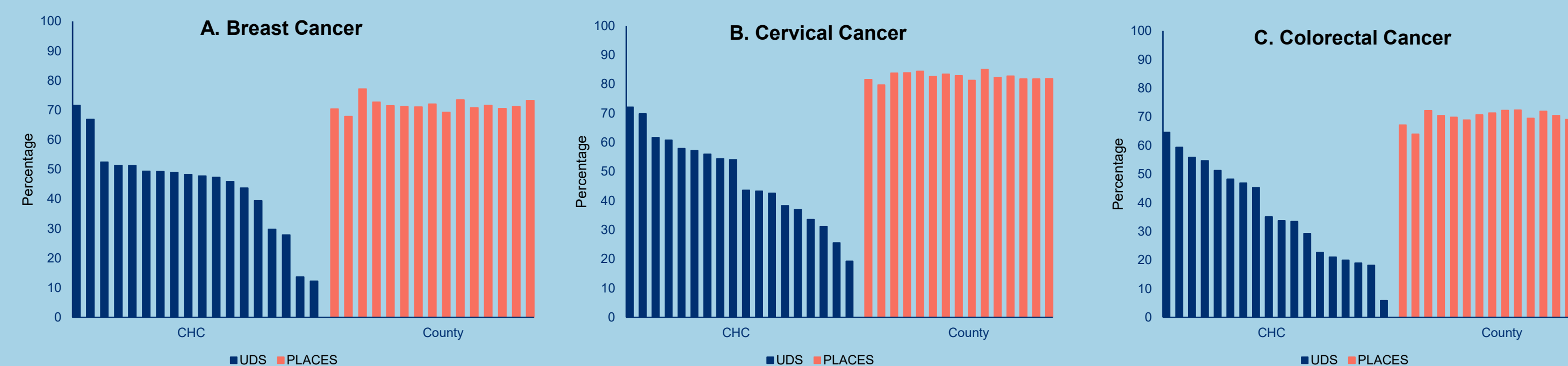
**Table 1:** Characteristics of CHC service recipients using UDS data and characteristics of the general population using the American Community Survey (ACS) by the United States Census Bureau nationally and within the Case CCC catchment area.

\*Census data was unavailable.

**Table 2. Case CCC Catchment Area Screening Data**

Screening Uptake		UDS Statistic (%)	PLACES Estimate (%)	% Difference (UDS – PLACES)
Breast Cancer	Range	12.3 – 71.6	67.9 – 77.2	
	Mean	48.1	73.1	-25.0
Cervical Cancer	Range	19.3 – 72.1	79.7 – 85.1	
	Mean	48.9	82.9	-34.0
Colorectal Cancer	Range	5.9 – 64.6	64.0 – 72.4	
	Mean	34.5	71.1	-36.6

**Table 2:** Screening uptake of breast, cervical, and colorectal cancer using UDS statistics of the CHCs versus PLACES estimates across the 15-county Case CCC catchment area.



**Figure 2A-C:** Screening uptake of CHCs using UDS statistics versus screening uptake by county using PLACES estimates across the Case CCC catchment area. Each blue bar is an individual CHC, and each orange bar is an individual county within the catchment area.

### CONCLUSIONS

- There is a lower level of screening uptake within CHCs in the catchment area compared to the PLACES estimates.
- CHCs disproportionately served populations noted to experience greater disparities in cancer mortality.
- UDS data may be an important adjunct to PLACES data to 1) understand screening needs of many of the most medically underserved residents and 2) employ targeted quality improvement interventions at specific centers in need.<sup>7</sup>

### REFERENCES

- <sup>1</sup>Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed [date]. <https://www.cdc.gov/places>
- <sup>2</sup>Simard, E. P., Naishadham, D., Saslow, D., & Jemal, A. (2012). Age-specific trends in black–white disparities in cervical cancer incidence in the United States: 1975–2009. *Gynecologic oncology*, 127(3), 611-615.
- <sup>3</sup>Siegel, R., Naishadham, D., & Jemal, A. (2012). Cancer statistics for hispanics/latinos, 2012. *CA: a cancer journal for clinicians*, 62(5), 283-298.
- <sup>4</sup>America's health centers: By the numbers. NACHC. (2024, November 21). <https://www.nachc.org/resource/americas-health-centers-by-the-numbers/>
- <sup>5</sup>Bureau of Primary Health Care Uniform Data System Reporting Requirements for 2022 Health Center Data. (n.d.). <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf>
- <sup>6</sup>Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. *National Center for Health Statistics. Vital Health Stat* 2(166). 2014.
- <sup>7</sup>Goddard, K. A., Feuer, E. J., Umar, A., & Castle, P. E. (2024). Accelerating progress to reduce the cancer burden through prevention and control in the United States. *JNCI: Journal of the National Cancer Institute*, djae204.