

Cancer Health Disparities: Addressing Unmet Screening Needs in a Community Cancer Clinic

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Introduction

- Cancer screenings are tests used to detect cancer before symptoms appear. The US Preventive Services Task Force (USPSTF) provides guidelines for these screenings, which are then reviewed by healthcare providers to determine if their patients need them. However, barriers prevent many individuals from getting screened.
- One major barrier is a lack of knowledge and awareness about screenings, where people may not realize the importance of early detection. Similarly, the absence of referrals from healthcare providers contributes to low screening rates. Transportation issues also play a role, as unreliable transportation can hinder access to screening appointments. Fear of a cancer diagnosis further discourages some individuals from getting screened, and stigma around certain cancers, like lung cancer for smokers, can deter people.
- To overcome these barriers, community-wide campaigns can educate people about the importance of screenings and available resources. Support and counseling in healthcare offices can address fear and stigma. Partnering with transportation companies or offering transportation services can help those with mobility challenges. Improved communication among healthcare providers can expedite the referral, appointment, and result process. Cultural competence training can help healthcare providers understand and respect diverse patient identities, ensuring equitable access to screenings and care.

Importance of Screening

- Despite lower smoking intensity, Black populations have a higher risk of younger age lung cancer.
- Many Black men with lung cancer wouldn't have qualified for screening based on smoking history.
- Lung cancer is the top cause of cancer deaths in the US.
- Improved detection, treatment, and reduced smoking saved 3.2 million US cancer deaths since 1991.
- Screening and treatment reduced breast cancer mortality by 50% between 1975 and 2012.
- Pap smears and HPV testing led to a 58% drop in cervical cancer rates and 60% reduction in mortality.
- Colorectal cancer deaths could be cut by two-thirds through screening.
- Early-stage lung cancer diagnosis has a 5-year survival of 57.4%, while late-stage is 5.2%.
- Early breast cancer screening reduces mortality by 15-30%.
- Mammography use is low among certain groups like American Indians/Alaskan Natives, recent immigrants, and uninsured individuals.
- Unemployment affects cancer screening, especially for Black and Hispanic adults.

Cancer Screening & COVID-19

The pandemic brought significant changes to cancer treatment. COVID-19 led to reduced cancer screenings and surgeries. While screenings don't prevent cancer, they aid in early detection, improving treatment and survival. During the pandemic, breast, colon, and cervix cancer screenings dropped by 94%, 86%, and 94% respectively from January to April 2020.

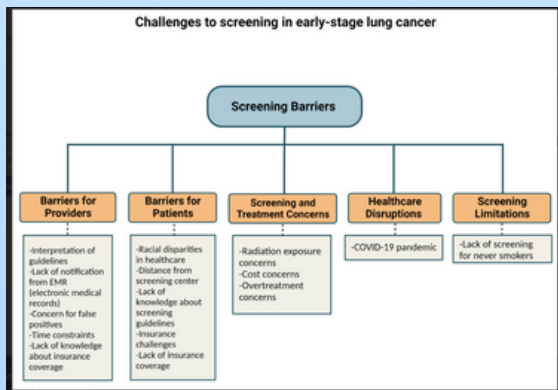


Figure 1

Percentage of Screenings vs. Employment Status

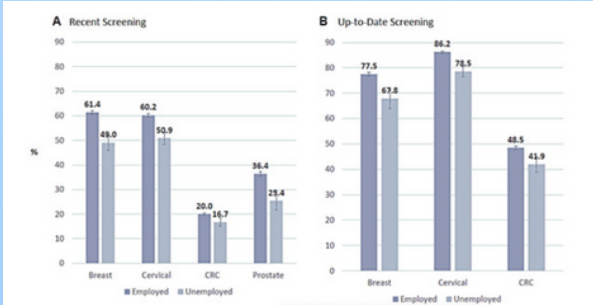


Figure 2

Inequities in Screening

- The criteria for determining when lung cancer screening is warranted and essential appear to favor White Americans. Despite having a lower smoking rate, the Black community is afflicted with lung cancer at a younger age and a higher frequency. Currently, the guidelines only consider the age and duration of smoking history, ignoring the actual requirements of the broader population. This failure to revise the criteria to reflect the genuine needs of all individuals is a continuation of systemic racism and should be deemed unacceptable.
- The availability of insurance coverage plays a significant role in cancer screening. However, it is not just a matter of having insurance; the type of insurance also makes a difference. In a study focusing on breast and cervical cancer screening rates for women, it was discovered that patients with commercial insurance were twice as likely to adhere to the screening guidelines, whereas women with Medicaid insurance were twice as likely to miss out on any breast, cervical, or colorectal cancer screening during the study.

Model-Based vs Observed Distributions of Race, Education, FHLCC, and COPD

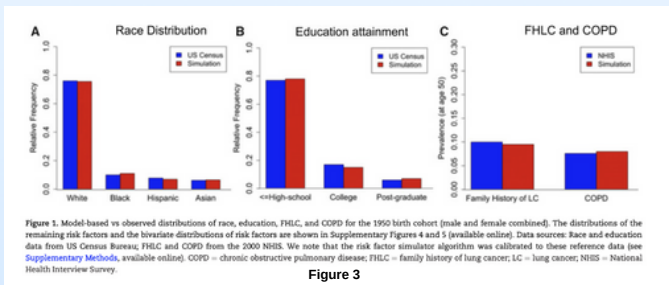


Figure 3

Percentage of the population Missed for Screening

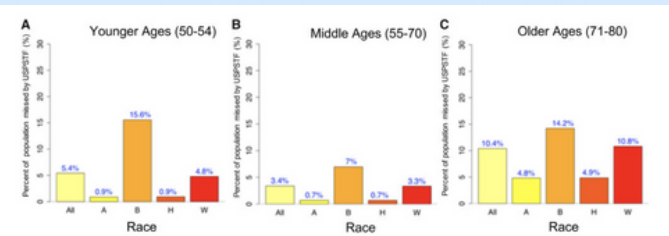


Figure 4

How NOLA Addresses This Issue

Carolina Blood and Cancer Care (CBCCA) has partnered with No One Left Alone (NOLA), a not-for-profit organization focused on addressing cancer health disparities and promoting population health. Through CBCCA, NOLA collects information from patients using a Social Determinants of Health (Cancer Screening) questionnaire, which assesses social and economic factors, health behaviors, social support systems, and physical environment. This data allows for early interventions by connecting patients with relevant community resources and educational materials.



NoOneLeftAlone.org



NOLA Intake Form

Implementation Plan

- Carolina Blood and Cancer Care (CBCCA) has partnered with No One Left Alone (NOLA), a nonprofit addressing cancer health disparities. NOLA uses a Social Determinants of Health questionnaire through CBCCA to gather patient data, enabling early interventions via community resources and education.
- NOLA identifies patients' social needs through a cancer screening questionnaire, offering appropriate assistance based on their responses. Patients facing financial struggles receive bill assistance, those without a primary care provider are directed to healthcare services, and delayed healthcare cases are investigated to provide targeted social services. Transportation services and mental health connections are offered to patients in need. Food insecurity is addressed by providing information on food services, and housing issues lead to referrals to specific social services.
- During the first appointment, patients fill out the NOLA form, and healthcare providers schedule screenings as needed. Results are recorded in the patient's chart, and the importance of regular screenings is explained. Abnormal findings prompt quick referrals and biopsy appointments. The Patient Assistance position handles insurance authorization, and follow-up appointments are scheduled to discuss biopsy results. Effective communication ensures smooth and efficient care for the patients, reflecting the healthcare provider's commitment to delivering the best possible service.

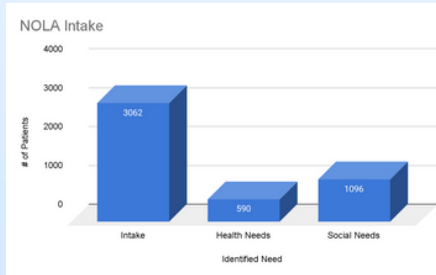


Figure 5

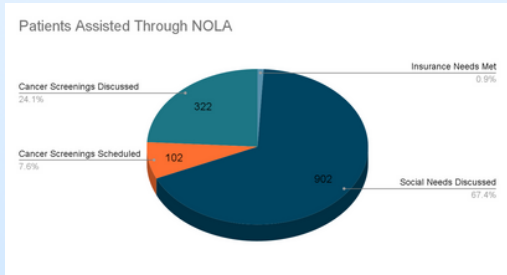


Figure 6

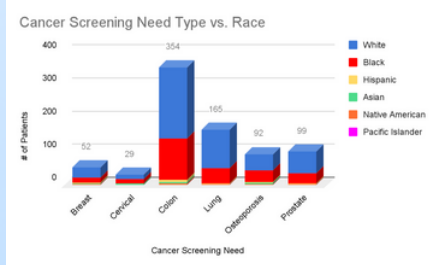


Figure 7

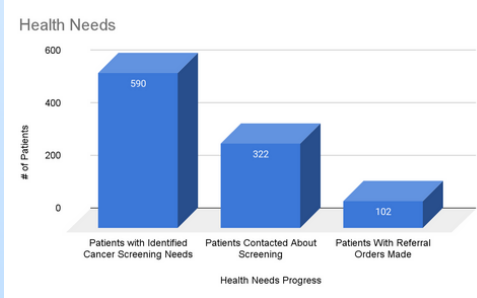


Figure 8

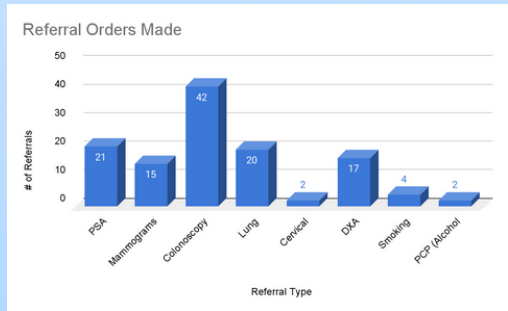


Figure 9

Discussion

Our data strongly indicates that oncology clinics are effective and efficient settings for counseling patients and caregivers about the unmet need for USPSTF recommended cancer screening. Despite national efforts, universal screenings haven't been consistently achieved. Cancer clinics provide a captive environment where patients spend significant time compared to primary care or hospital centers. Although oncologists lack specific incentives, their counseling is persuasive. In our experience, nearly 50% of around 3000 patients completing our NOLA form did not follow recommended screening guidelines out of approximately 1200 eligible patients. We identified and addressed barriers and resources limiting screening access. In summary, oncology offices are ideal for initiating cancer screening assessments, addressing unmet needs, and enhancing personal and population health outcomes in the USA.

Acknowledgements:

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