

Lung cancer mortality rates linked to primary care provider density

April 22 2013

Lung cancer remains the leading cause of cancer-related deaths and is tied as the third leading cause of death overall in industrialized countries. Within the United States, several groups identified by race, sex, and socioeconomic status have been linked to increased cancer mortality, suggesting a disparity because of these characteristics. The relationships are complicated by the fact that many of these characteristics may also be associated with areas of decreased access to care and local resources and not inherently based on implicit biases. Researchers from the University of Washington in Seattle, Washington wanted to know the effect access to care had on lung cancer mortality among blacks and whites in the United States. In a recent study published in the International Association for the Study of Lung Cancer's *Journal of Thoracic Oncology (JTO)* researchers found lower mortality was associated with higher primary care provider density.

Researchers examined U.S. county-level data for age-adjusted lung [cancer mortality rates](#) from 2003 to 2007. Their primary independent variable was per capita number of thoracic oncologic providers, adjusting for county-level smoking rates, [socioeconomic status](#) and other geographic factors. Data were obtained from the 2009 Area Resource File, the National Center for Health Statistics and the County Health Rankings Project. The authors of the study found that primary care density was significantly correlated with lung cancer mortality in the white population.

"One explanation for this discrepancy could be the fact that smaller

sample size and bias of incomplete [lung cancer](#) mortality data for the black population may have prohibited the analysis from reaching [statistical significance](#), whereas the findings might otherwise have been the same," researchers explain. "Alternatively, these results might be a reflection of the interplay between access to care and use of available resources. Blacks may be less likely to use some healthcare services, even if access and availability are not the primary obstacles."

The researchers conclude that, "independent of race, these findings suggest that interventions aimed at primary care providers may deserve more investigation toward improving access to cancer care." Moreover, "significant efforts should focus on breaking down barriers to care, increasing use of services and educational programs, including smoking cessation. The protective effect of access to primary care providers should be further explored and maximized to its fullest benefit."

Provided by International Association for the Study of Lung Cancer

Citation: Lung cancer mortality rates linked to primary care provider density (2013, April 22) retrieved 4 May 2024 from

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