

# Cancer screening rates significantly lower in US federally qualified health centers, study finds

April 29 2024

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A national study led by researchers at The University of Texas MD Anderson Cancer Center and The University of New Mexico (UNM)

Comprehensive Cancer Center found major gaps in breast, cervical and colorectal cancer screening use in Federally Qualified Health Centers (FQHCs) in the U.S., relative to overall screening rates in the country.

The findings, published in [\*JAMA Internal Medicine\*](#), revealed screening use in FQHCs was 45.4% for [breast cancer](#), 51% for [cervical cancer](#) and 40.2% for [colorectal cancer](#), compared to cancer screening rates in the general American population of 78.2%, 82.9% and 72.3%, respectively.

"FQHCs provide high-quality [primary care](#) to underserved communities in the U.S., which are disproportionately comprised of racial and ethnic minorities, people without [health insurance](#), and those living below the [poverty level](#)," said study author Jane Montealegre, Ph.D., associate professor of Behavioral Science at MD Anderson.

"These findings highlight an urgent need to focus on scaling up evidence-based screenings in these populations to mitigate cancer disparities."

The U.S. Preventive Services Task Force (USPSTF) offers guidance for the general population to get screened for breast, cervical and colorectal cancer based on age and family history. However, screening use remains suboptimal in many marginalized populations. About 30 million people in the U.S. who might not otherwise have access to medical services currently use FQHCs.

The study, led by postdoctoral fellow Trisha Amboree, Ph.D., examined screening information from the Health Center Program Uniform Data System from 1,364 FQHCs between January 1 and December 31, 2020. To understand screening in the general population, researchers evaluated data from the Behavioral Risk Factor Surveillance System, which includes the use of preventive health services for non-institutionalized U.S. adults over the age of 18, during the same time period.

Researchers found cancer screening use in FQHCs varied widely across states. Certain states, such as Maine and New Hampshire, achieved screening rates over 60% and others fell below 35%, including Utah, Wyoming and Alabama. Additionally, the study revealed underscreened populations served by FQHCs in specific states contributed to a large proportion of America's overall underscreened population. Experts attribute these differences, in part, to the variability of state screening programs and policies around health care funding.

"FQHCs face financial constraints and staff turnover while trying to provide care in a fragmented health system. Implementing clinical preventive services such as cancer screenings will require additional support," said corresponding author Prajakta Adsul, M.B.B.S, Ph.D., assistant professor of Internal Medicine at UNM.

"With investments in implementation research in FQHCs, there is potential to mitigate screening-related disparities in medically underserved populations."

Limitations of the study include self-reporting in the datasets and potential effects from the COVID-19 pandemic.

**More information:** *JAMA Internal Medicine* (2024).  
[jamanetwork.com/journals/jamainternalmedicine/article/2024.0693](https://jamanetwork.com/journals/jamainternalmedicine/article/2024.0693)

Provided by University of Texas M. D. Anderson Cancer Center

Citation: Cancer screening rates significantly lower in US federally qualified health centers, study finds (2024, April 29) retrieved 20 May 2024 from

<https://medicalxpress.com/news/2024-04-cancer-screening-significantly-federally-health.html>

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