The diseases that prevailed in the 60s and 70s have not completely disappeared, though some of them still endures and some transmissible diseases may reoccur while some others, such as cancers, cardiovascular and metabolic disorders are dramatically increasing, requiring the implementation of effective health care programs.

PHS130 UNDERSTANDING THE UNDERTILIZATION OF COLORECTAL CANCER SCREENING USING THE 2009-2011 MEDICAL EXPENDITURE PANEL SURVEY

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OBJECTIVES: Colorectal cancer is the third most frequently diagnosed cancer in the United States, with an estimated annual incidence of more than 100,000. In 2013, this study was aimed to examine patient, physician, and access-to-care factors that may influence the utilization of timely screening for colorectal cancer among U.S. adults aged 50 years and older from the MEPS dataset. The primary data source for this study was the 2009-2011 Medical Expenditure Panel Survey (MEPS).

A multivariate binary logistic regression was used to examine the association between the predictor variables (patient demographics, physician attributes, and access-to-care factors) and the likelihood of delayed colorectal cancer screening. The predictors included the patient’s age, sex, race, education, income level, insurance status, and the number of physician visits in the prior year. The primary outcomes were the probability of colorectal cancer screening within the past 12 months among adults aged 50 years and older.

The results showed that older age, female sex, lower income, and lack of insurance were associated with a lower likelihood of colorectal cancer screening. Additionally, patients with a higher number of physician visits had a higher likelihood of colorectal cancer screening.

CONCLUSIONS: These findings highlight the importance of improving access to care and promoting timely colorectal cancer screening among vulnerable populations to reduce the incidence and mortality of colorectal cancer.