CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
RP130051

Project Title:
Impact of Health Insurance on Racial Disparities in Cancer Screening, Diagnosis, Treatment and Survival in Texas

Award Mechanism:
Individual Investigator

Principal Investigator:
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Entity:
The University of Texas Health Science Center at Houston

Lay Summary:

Few studies exist which have quantified how health insurance and socioeconomic factors contribute to racial/ethnic disparities in cancer screening, treatment, supportive care, end of life care, and survival. None of these studies have been conducted in Texas. Ironically, Texas has the highest percentage (25.7%) of uninsured persons in the nation, and the uninsured rate among Hispanics is 44.2% which is more than double the uninsured rate of other racial/ethnic groups in Texas. Similarly, Texas ranks consistently low in the national rankings for median family income and education level, and ranks 45th in the nation in the number of physicians per 100,000 population. Therefore, it is critical to examine and quantify how racial/ethnic disparities in screening, treatment and survival are explained by differences in socioeconomic status, types of health insurance, rural and urban residence, geographic border with Mexico, health care system and health plan, hospital and physician provider characteristics, and physician supply by county of practice. This study is proposed to address these important research questions by identifying two large population-based cohorts of over 146,055 multiethnic patients (age 20-64 years and age 65 years or older) diagnosed with breast and colorectal cancer in 2002-2010 (for screening outcome among cases aged 40-79 years in 2004-2010) from the Texas Cancer Registry that can be linked with Texas Hospital Discharge data, Census, Vital Statistics, Medicare and Medicaid data. This is the first large population-based study that will comprehensively assess and quantify the impact of health insurance and other socioeconomic factors on the life course patterns of cancer care and outcomes in both young and older patients with cancer in Texas. Therefore, the findings will have a number of significant public health implications and benefits for future at-risk cancer populations.