Addressing the unmet social needs of gynecologic oncology patients as identified by a universal screening tool in a safety net hospital

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Topic: Other (Social Risk in Cancer Care)

Objectives
To identify the unmet, actionable social needs of gynecologic oncology patients using a self-administered social needs assessment tool and quantify the interventions subsequently provided to our patients.

Methods
This is a study of data collected in an ongoing performance improvement initiative in a gynecologic oncology clinic at a safety net hospital and was determined to be exempt from review by the institutional IRB. Eligible patients completed the social needs screening tool from October 2021 to March 2022. The following social needs domains were assessed: food insecurity, utility insecurity, housing insecurity, transportation insecurity, need for childcare, exposure to violence, lack of companionship, difficulty reading, or difficulty accessing medical care due to fear of losing job. Patients were asked if they desired to speak with a social worker and if any needs were urgent. Data from the screening tool was collected and supplemented by data from the EMR. Univariate descriptive statistics were used to report the patient demographic information, prevalence of social needs, and referral rates for social needs identified.

Results
There were 475 patients seen in the gynecologic oncology clinic since October 2021. 286 (60%) patients completed the screening tool. 139 (49%) screened positive for at least 1 social need; of those 98 (70%) were Hispanic with a median age of 56 years. 27 (6%) patients were receiving treatment for a gynecologic malignancy, of whom 19 (70%) had at least 1 social need. 25 (92%) patients were insured through Medi-Cal. 12 (44%) patients were being treated for endometrial cancer, followed by ovarian (7, 26%) and cervical (4, 15%). The social needs identified in all patients and in patients actively receiving cancer treatment are summarized in figure 1. Patients reporting lack of companionship were referred to mental health or cancer support groups through the American Cancer Society or the Los Angeles County Department of Public Health. Those needing transportation or utility services were linked with services available through their insurance or LA County, ride share vouchers, low-income energy assistance programs, COVID rent/mortgage relief programs. Patients with food and housing insecurity were assisted in applying for public housing or food stamps; local food banks were provided. Patients were assisted with applying for disability insurance as needed. To date, all actively treated patients reporting lack of companionship, need for transportation, avoiding medical care for fear of losing their job, and utility insecurity were provided resources; 80% received resources for food insecurity.

Conclusions
Universal screening for social needs in gynecologic cancer patients identifies a high rate of unmet needs within a safety net hospital. Cancer care navigators can successfully provide these patients community-based resources tailored to their individual social needs. Our next steps will be to determine if and how these resources impact our patients’ experiences and treatment outcomes.

Abstract Table or Graph

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