DISAGGREGATION OF RACE AND ETHNICITY DATA TO EXAMINE COLORECTAL CANCER SCREENING RATES AT FEDERALLY QUALIFIED HEALTH CENTERS

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Introduction: Assessing disaggregated race and ethnicity data for colorectal cancer (CRC) screening is critical for recognizing and equitably addressing health disparities. However, many data sources lack the granularity necessary to do so. The Uniform Data System (UDS) reports annual quality data for all United States (US) Federally Qualified Health Centers (FQHCs), and for the first time now includes disaggregated data for Hispanic/Latino and Asian demographic groups. To better contextualize CRC screening disparities at FQHCs, we evaluated FQHC CRC screening rates using this disaggregated data.

Methods: Using 2023 UDS data, we assessed annual CRC screening rates at FQHCs for patients age 45-75, and stratified FQHCs by majority race and ethnicity served (racial/ethnic group with highest proportion of patients). We further stratified majority Hispanic/Latino and majority Asian FQHCs by their largest disaggregated subgroup. We used multivariable linear regression to identify characteristics associated with FQHC CRC screening rate. Significant differences in CRC screening rates by majority race/ethnicity were assessed by Wilcoxon rank sum.

Results: Across all FQHCs (n=1,271), there were 7,136,160 patients eligible for CRC screening in 2023, with an overall median FQHC screening rate of 38.9% (Table). Median CRC screening rates were significantly lower at majority Hispanic/Latino FQHCs (36.8%; n=412) compared to majority White FQHCs (41.4%; n=587) (p<0.0001). Among 412 majority Hispanic/Latino FQHCs across 36 US States (Figure), 342 (83.0%) reported disaggregated data. Of these, 138 (40.4%) were majority Mexican/Chicano, 17 (5.0%) were majority Puerto Rican, 8 (2.3%) were majority Cuban, and 179 (52.3%) were majority other Hispanic/Latino. Majority Mexican/Chicano FQHCs had the highest CRC screening rate at 39.4%, and majority Cuban FQHCs had the lowest at 24.6%. In the adjusted multivariable linear regression, majority Cuban FQHCs had significantly lower CRC screening rates than majority Mexican/Chicano FQHCs (Coefficient -9.50; 95% CI -18.69, -0.31; p=0.043). There were only 19 FQHCs serving majority Asian patients, of which 5 (26.3%) were majority Chinese, 1 (5.3%) was majority Korean, and 13 (68.4%) were majority other Asian.

Discussion: Broad categorizations of racial and ethnic groups limit our capacity to study health disparities. Among majority Hispanic/Latino FQHCs, majority Cuban clinics had notably lower CRC screening rates. The sample size of majority Asian FQHCs was too small to draw meaningful conclusions. The largest subgroups were other Hispanic/Latino and other Asian, reflecting persistent data limitations. Although these findings represent progress, they underscore the need for better tools to collect disaggregated data and increased reporting of comprehensive disaggregated data to inform culturally relevant CRC screening interventions.

Figure. Map of median colorectal cancer (CRC) screening rates at United States Federally Qualified Health Centers (FQHCs) serving majority Hispanic/Latino patients in 2023.
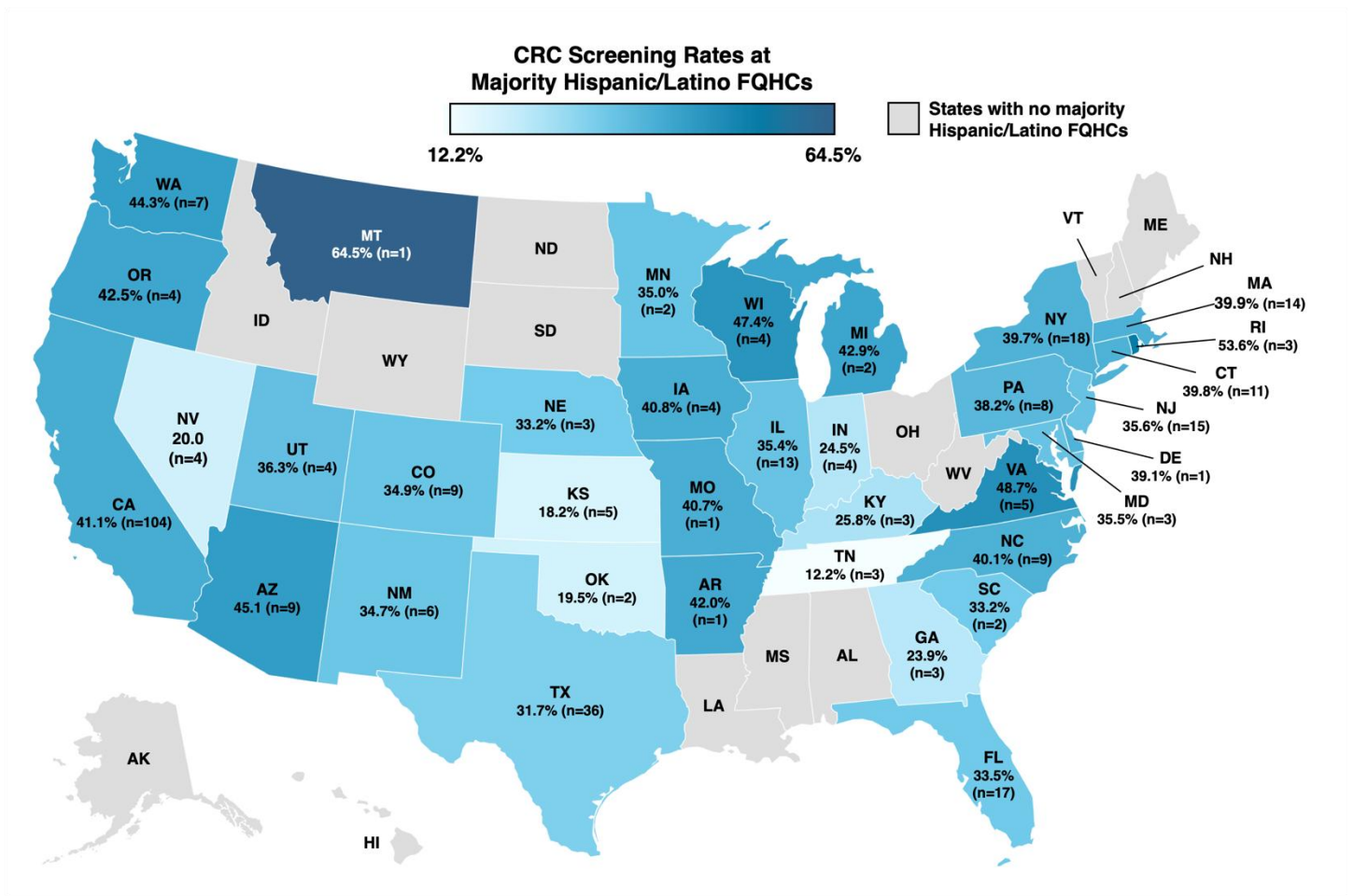
Table. Federally Qualified Health Center (FQHC) characteristics and colorectal cancer (CRC) screening rates by majority race/ethnicity served in 2023.

	FQHC N (%)	2023 CRC Screening Rate (Interquartile Range)
Overall	1,271 (100.0)	38.9 (29.4-49.0)
Majority White	587 (46.2)	41.4 (31.5-51.5)
Majority Hispanic/Latino	412 (32.5)	36.8 (29.5-46.2)
Majority Black	221 (17.4)	34.7 (22.7-45.6)
Majority Asian	19 (1.5)	58.3 (41.5-67.6)
Majority other race/ethnicity	32 (2.5)	31.8 (26.5-50.7)
Hispanic/Latino Disaggregated Subgroup Majority (n=342)		
Mexican/Chicano	138 (40.4)	39.4 (30.1–47.4)
Puerto Rican	17 (5.0)	38.3 (29.3–44.8)
Cuban	8 (2.3)	24.6 (12.6–39.5)
Other Hispanic/Latino	179 (52.3)	36.4 (30.0–45.9)
Asian Disaggregated Subgroup Majority (n=19)		
Chinese	5 (26.3)	70.8 (62.7–72.7)
Korean	1 (5.3)	36.3 (36.3–36.3)
Other Asian	13 (68.4)	55.8 (48.2–59.3)