Lower income is associated with greater likelihood to seek social and emotional support: Findings from a community-based distress screening program

Buzaglo, J.S., Miller, M.F., Gayer, C., Kennedy, V., Golant, M.

Background: Given the current standards for distress screening in oncology practices, it is essential to identify patients most likely to seek social and emotional support based upon the 7 recommended categories of patient need (IOM, 2008). CancerSupportSource[SM] (CSS) is a validated, web-based distress screening tool with a 2-pronged approach to successfully linking high risk cancer patients to appropriate resources. Specifically, CSS asks patients to: (1) Rate their level of concern about 25 biopsychosocial screening items matched to the IOM's areas of need; and, (2) Select the type of help they want for each concern (e.g., talk with a staff person, connect with online resources, or provide written information). Individuals who indicate they want to talk with staff on at least one of the 25 items will automatically be connected with a member of the health care team. The objective of the present study was to identify factors associated with requesting to "have a staff person talk with you", holding distress level constant.

Methods: A convenience sample of 251 English-speaking cancer survivors was recruited across 10 affiliates of a cancer support organization. Participants (90% female, median age 57 y) completed a web-based survey including CSS. Using multiple logistic regression analysis to model as a binary outcome we were able to delineate those individuals who did not select "have a staff person talk with you": for any of the 25 concerns on CSS (n=141) versus those who asked to "have a staff person talk with you" on one or more items (n=110). In all regression models, we adjusted for level of distress – calculated as the sum of the problem ratings (0 to 4) for each of the 25 CSS items. Independent variables considered were age, gender, race, income, education, cancer site and stage, time since diagnosis, and time since completion of primary treatment.

Results: Greater distress was significantly associated with an increased likelihood to ask to talk with a staff member (OR=1.06; 95%CI=1.03,1.08; p<0.001). Participants with lower income were more likely to ask to talk with a staff member (OR=1.24; 95%CI=1.02,1.52; p=0.035) adjusting for level of distress. Time since completion of primary treatment less than 6 months was also associated with greater likelihood to request help, but the association was confounded by participant distress level.

Conclusion: These findings suggest that (1) lower income survivors are more likely to request help for their biopsychosocial needs, and (2) higher distress predicts the likelihood of wanting to talk to a staff person. Future research should evaluate efforts to provide tailored resources for low income survivors, particularly within the first six months post-treatment when distress levels are highest.