

OBJECTIVE

Evaluate whether 340B hospitals operate oncology focused child sites in geographic areas where they are more likely to reduce transportation burdens for underserved communities to cancer care.

BACKGROUND

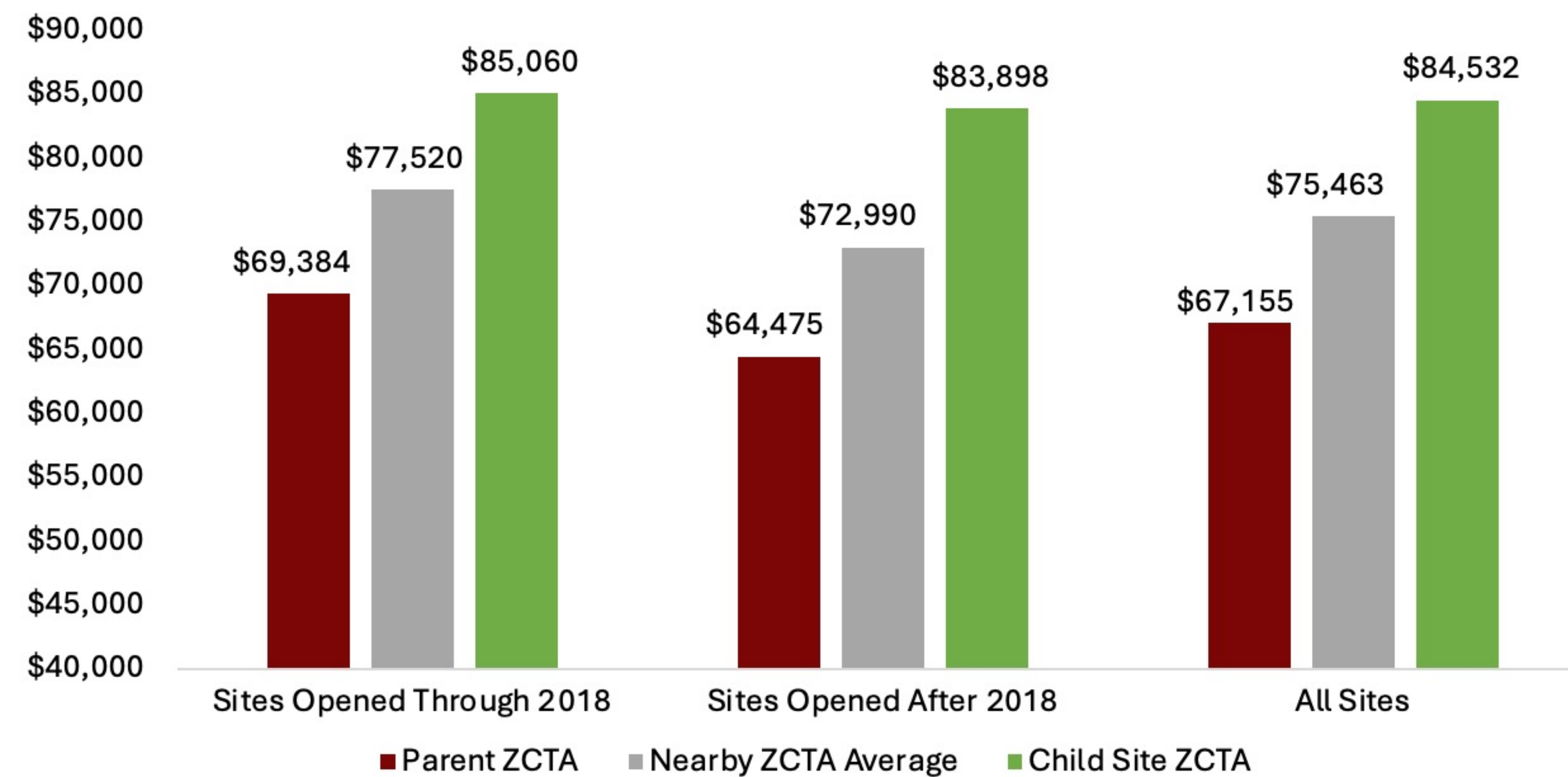
- Oncology drugs are the largest category of 340B purchases and are thus a major driver of hospital profitability.[7]
- For cancer patients and caregivers, travel distance and transportation challenges drive financial distress, psychosocial burden, and treatment non-adherence.[1,2]
- Patient-reported evidence from Cancer Support Community (spanning quantitative and qualitative analyses across both solid and hematologic malignancies and diverse disease stages) consistently shows that transportation and lodging barriers can shape treatment tolerability and contribute to non-adherence in underserved communities.[3-6]
- Despite purported program intent to improve access for underserved populations through the 340B Drug Pricing Program, it is unknown whether oncology site expansion has addressed these patient-identified barriers.

METHODS

- We identified nearly 2,000 oncology-related 340B hospital child sites from the HRSA OPAIS database (2022), filtering for sites containing "infusion," "radiation," "oncology," or "cancer."[8]
- We performed a descriptive analysis of 936 oncology child sites located in different zip-code tabulation areas (ZCTAs) from their parent hospital (49.6% of total) — the cases most relevant to evaluating geographic access expansion.
- We compared neighborhood characteristics of child site ZCTAs vs. parent ZCTAs and ZCTAs within 10 miles. Measures included income, insurance, unemployment, racial composition, and health.[9]

Oncology Child Sites Are in Neighborhoods With Significantly Higher Income Than Both Parent Sites and Other Nearby Areas...

Figure 1. Mean Household Income in Parent Site Neighborhood, Child Site Neighborhood, and Nearby Neighborhood, 2023



Note: "Neighborhood" defined as Zip Code Tabulation Area (ZCTA); federal poverty line in 2023 was \$30,000 for a family of four.

...And Are in Better-Insured, Less Diverse Neighborhoods With Lower Smoking Rates

Table 1. Percentage Differences Between Child Site Neighborhoods, Nearby Neighborhoods and Parent Site Neighborhoods, 2023

	Child Site vs. Parent Site Neighborhoods			Child Site vs. Other Nearby Neighborhoods		
	Sites Opened through 2018	Sites Opened Since 2018	All Sites	Sites Opened through 2018	Sites Opened Since 2018	All Sites
Uninsured Rate	-11.4%	-18.1%	-14.6%	-14.6%	-16.7%	-15.6%
Unemployment Rate	-22.3%	-24.4%	-23.3%	-21.4%	-23.5%	-22.4%
White Share of Population	+13.8%	+19.4%	+16.3%	+14.8%	+16.5%	+15.5%
Smoking Rate	-7.4%	-10.7%	-8.9%	-11.4%	-12.1%	-11.7%

Note: Negative values for uninsured, unemployment, and smoking rates indicate child site neighborhoods are healthier / more advantaged than comparison areas.

RESULTS

- Oncology-focused 340B child sites are located in neighborhoods with FEWER of the patient-reported geographic, financial, and insurance barriers that drive transportation challenges in cancer care.
- Income in oncology child site neighborhoods is, on average, 26% higher than parent site neighborhoods (PSN) and 12% higher than other nearby neighborhoods (ONN).
- Differences accelerated since 2018; newly-opened sites have 30% higher income than PSN and 15% higher than ONN.
- Uninsured rate is 14.6% lower than PSN, 15.6% lower than ONN; unemployment is 23.3% lower than PSN.
- Sites are in less racially diverse areas (White population share 16.3% higher than PSN); smoking rates 8.9% lower than PSN, 11.7% lower than ONN.

CONCLUSIONS

- Although patients consistently identify transportation as a critical barrier to treatment, oncology-focused 340B site expansion does not appear to prioritize underserved communities where these burdens are greatest, and the gap is accelerating.
- Despite the Congressional intent of the 340B program to help select safety net providers extend their scarce resources, there is a clear need to incorporate patient-reported access barriers into 340B site planning, transparency investments with patient-centered access goals.

REFERENCES

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