Supplemental Table 1. Demographic characteristics of adult patients in the chronic disease preventive services query (2018-2022), new chronic disease diagnoses query (2018–2022), and in the US Census (2020)

| | PCORnet Preventive Query | PCORnet Diagnoses Query | United States Census ^a | |
|---------------------------|-----------------------------|----------------------------|--------------------------------------|--|
| | (2018–2022) | (2018–2022) | (2020) | |
| All Unique Patients | 30,783,825 | 31,588,222 | 331,449,520 | |
| Age ^b | | | | |
| 21–34 years | 29% | 29% | 19% | |
| 35–39 years | 9% | 9% | 7% | |
| 40–44 years | 8% | 8% | 6% | |
| 45–49 years | 8% | 8% | 6% | |
| 50–64 years | 27% | 27% | 19% | |
| 65–79 years | 18% | 18% | 13% | |
| Sex ^c | | | | |
| Female | 57% | 57% | 50% | |
| Male | 43% | 43% | 50% | |
| Raced | | | | |
| Non-Hispanic Asian | 3% | 3% | 6% | |
| Non-Hispanic Black | 15% | 15% | 13% | |
| Non-Hispanic White | 53% | 53% | 60% | |
| Hispanic | 14% | 14% | 19% | |
| Urbanicity ^{c,e} | | | | |
| Rural | 10% | 10% | 20% | |
| Urban | 79% | 84% | 80% | |

^ahttps://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

^bAge category based on patient age at the time of first encounter during the 1-year period.

^cOther/missing not shown.

^dNot shown: non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic multiple race, other, and missing.

 $^{{}^{\}text{e}}\underline{\text{https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2020-ua-facts.html}$

Supplemental Table 2. Demographic and clinical characteristics of adult patients in the chronic disease diagnoses query, 36 PCORnet sites^a, 2018–2022

| | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------------|------------|------------|------------|------------|
| All Unique Patients | 12,262,754 | 13,064,373 | 13,402,584 | 15,652,210 | 15,506,288 |
| Age ^b | | | | | |
| 21–34 years | 24% | 24% | 25% | 24% | 24% |
| 35–39 years | 9% | 9% | 9% | 9% | 9% |
| 40–44 years | 8% | 8% | 8% | 8% | 8% |
| 45–49 years | 9% | 8% | 8% | 8% | 8% |
| 50–64 years | 30% | 29% | 29% | 28% | 28% |
| 65–79 years | 21% | 21% | 21% | 22% | 23% |
| Sex ^c | | | | | |
| Female | 59% | 59% | 59% | 59% | 59% |
| Male | 41% | 41% | 41% | 41% | 41% |
| Raced | | | | | |
| Non-Hispanic Asian | 3% | 3% | 3% | 3% | 3% |
| Non-Hispanic Black | 16% | 16% | 15% | 15% | 15% |
| Non-Hispanic White | 60% | 59% | 58% | 56% | 56% |
| Hispanic | 13% | 13% | 13% | 13% | 13% |
| Body Mass Index (BMI) ^e | | | | | |
| Underweight (< 18.5 kg/m²) | 4% | 4% | 4% | 4% | 4% |
| Normal Weight (18.5 – < 25 kg/m²) | 26% | 25% | 25% | 25% | 24% |
| Overweight $(25 - < 30 \text{ kg/m}^2)$ | 31% | 31% | 30% | 30% | 30% |
| Obese (≥ 30 kg/m²) | 39% | 40% | 41% | 41% | 41% |
| Comorbidity (5-year history) | | | | • | • |
| Heart Disease | 11% | 12% | 12% | 12% | 13% |
| Diabetes | 11% | 11% | 11% | 11% | 12% |
| Cancer | 6% | 6% | 6% | 6% | 6% |
| Hypertension | 25% | 25% | 25% | 24% | 26% |
| Mental Health Disorders | 11% | 12% | 13% | 13% | 14% |
| Smoking | 13% | 14% | 15% | 14% | 14% |
| Urbanicity ^c | | • | • | • | • |
| Isolated | 2% | 2% | 2% | 2% | 2% |
| Small Rural | 2% | 3% | 3% | 2% | 2% |
| Large Rural | 6% | 6% | 7% | 6% | 7% |
| Urban | 86% | 86% | 87% | 87% | 85% |
| SES: Area Deprivation Index Quartiles ^c | | • | • | • | • |
| Quartile 1: 0–38 | 27% | 27% | 27% | 26% | 26% |
| Quartile 2: 39–43 | 23% | 24% | 24% | 24% | 24% |
| Quartile 3: 44–49 | 23% | 23% | 23% | 23% | 23% |
| | | 1 | | | |

| Quartile 4: 50–100 | 23% | 24% | 24% | 23% | 23% |
|--------------------|-----|-----|-----|-----|-----|
|--------------------|-----|-----|-----|-----|-----|

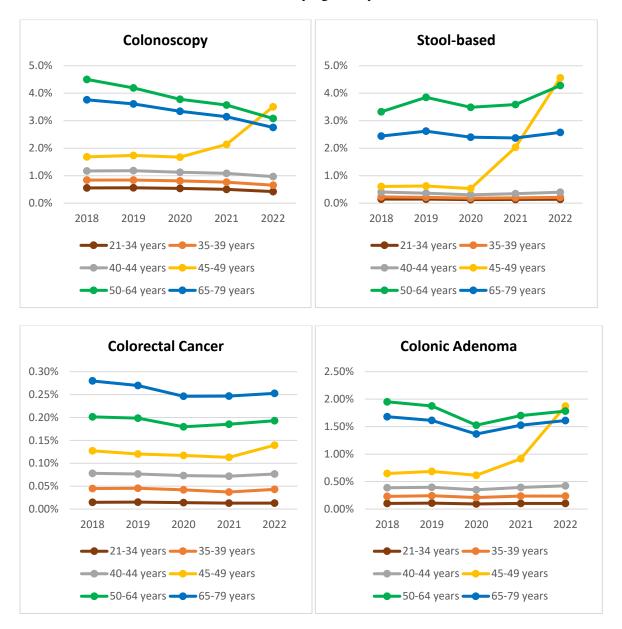
a 36 Sites: Duke University, Medical University of SC, Vanderbilt University Medical Center, Wake Forest Baptist Health, Allina Health, Medical College of Wisconsin, University of Iowa Healthcare, University of Kansas, University of Missouri HC, University of Nebraska, University of Texas SW Medical Center, University of Utah, University Medical Center New Orleans, Ochsner Health System, Children's Hospital Colorado, Children's Hospital of Philadelphia, Cincinnati Children's Hospital, Nationwide Children's Hospital, Nemours Children's Hospital, Seattle Children's Hospital, Lurie Children's Hospital, Columbia, Cook County, Northwestern University, Fenway Health, Health Choice Network, OCHIN, Inc, Johns Hopkins University, Penn State College of Medicine and Penn State Health Milton S. Hershey Medical Center, Temple University, University of Michigan, University of Pittsburgh Medical Center, Advent Health, Orlando Health System, University of Florida Health, University of Miami. These sites represent academic and community health systems. Patients who receive care in these institutions reside across all 50 states, Washington, DC, Puerto Rico, US Virgin Islands, and Guam.

^bAge category based on patient age at the time of first encounter during the 1-year period. ^cOther/missing not shown.

^dNot shown: non-Hispanic American Indian or Alaska Native (< 1%), non-Hispanic Native Hawaiian or Other Pacific Islander (< 1%), non-Hispanic multiple race (< 1%), other (3%), and missing (6–8%).

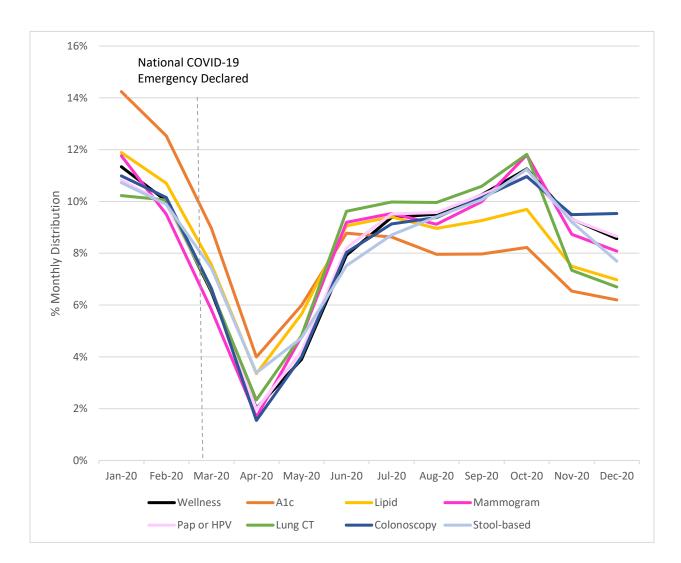
^e Body mass index (BMI) data were missing from 25–35% of patients. BMI category percentages have been calculated among those with available BMI data.

Supplemental Figure 1. Utilization of colonoscopy and stool-based screening, and new diagnoses of colorectal cancer and colonic adenoma, by age and year, 2018–2022.



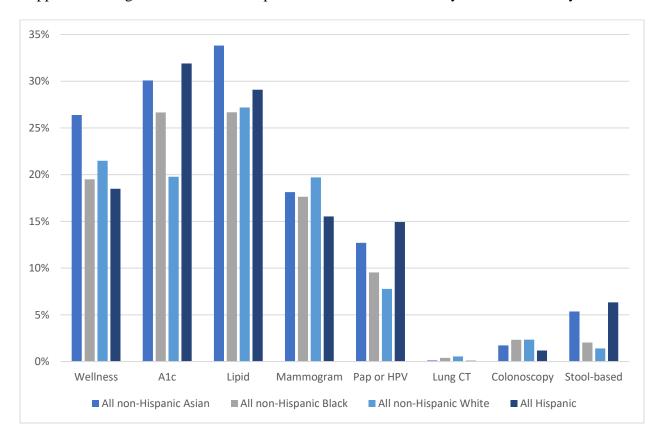
Colonoscopy indicates colonoscopy or sigmoidoscopy. Stool-based indicates stool-based colorectal test. In 2021, US Preventive Services Task Force (USPSTF) recommended screening for colorectal cancer in adults aged 45–49 years, in addition to the prior recommendation for age 50–75 years.

Supplemental Figure 2. Monthly distribution of preventive service utilization in 2020, by preventive service type.



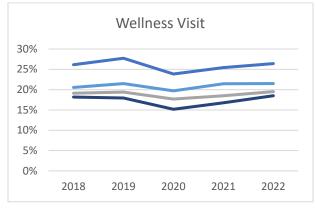
Monthly distribution is shown as the percentage of each preventive service type that occurred in each month, with the total across all months summing to 100%. Data show the month of first utilization of each type of preventive service for each unique patient; thus, if a patient received the same type of preventive service more than once during 2020, only the first occurrence is shown. Therefore, it was expected that distribution of services would appear highest in January. Pap or HPV indicates Pap smear or human papillomavirus test. Colonoscopy indicates colonoscopy or sigmoidoscopy. Stool-based indicates stool-based colorectal test.

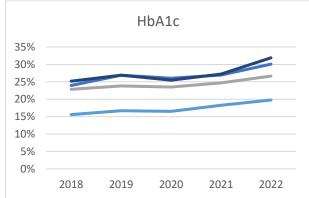
Supplemental Figure 3. Utilization of preventive services in 2022 by race and ethnicity.

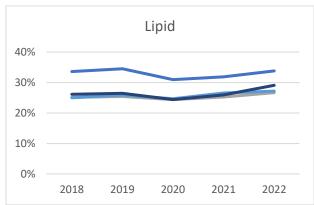


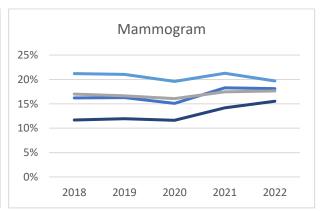
Not shown: non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic multiple race, other, and missing. Pap or HPV indicates Pap smear or human papillomavirus (HPV) test. Colonoscopy indicates colonoscopy or sigmoidoscopy. Stool-based indicates stool-based colorectal test. Results for mammograms and Pap smears/HPV tests are shown out of all females of each racial and ethnic group; other results are shown for all patients (males and females) of each racial and ethnic group.

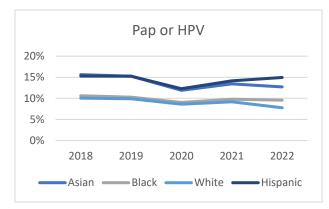
Supplemental Figure 4. Utilization of preventive services, by race and ethnicity, 2018–2022.

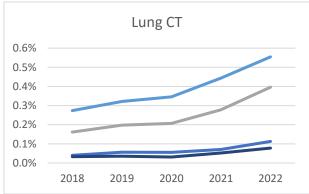


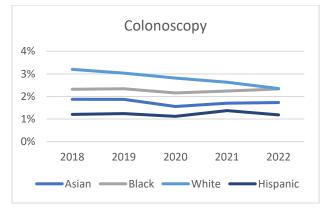


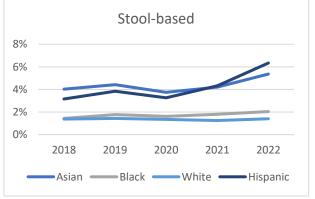






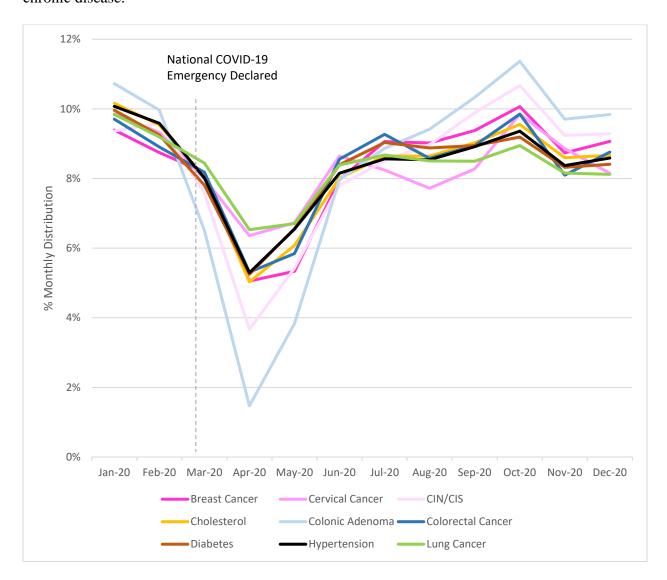






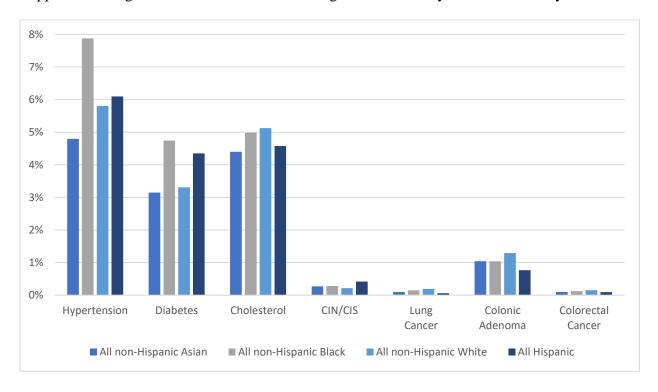
Racial and ethnicity categories in the legend refer to non-Hispanic Asian, non-Hispanic Black, non-Hispanic White, and Hispanic. Not shown: non-Hispanic American Indian or Alaska Native (<1%), non-Hispanic Native Hawaiian or Other Pacific Islander (<1%), non-Hispanic multiple race (<1%), other (3%), and missing (6–8%). Pap or HPV indicates Pap smear or human papillomavirus test. Colonoscopy indicates colonoscopy or sigmoidoscopy. Stool-based indicates stool-based colorectal test. Results for mammograms and Pap smears/HPV tests are shown out of all females of each racial and ethnic group; other results are shown for all patients (males and females) of each racial and ethnic group.

Supplemental Figure 5. Monthly distribution of new chronic disease diagnoses in 2020, by chronic disease.



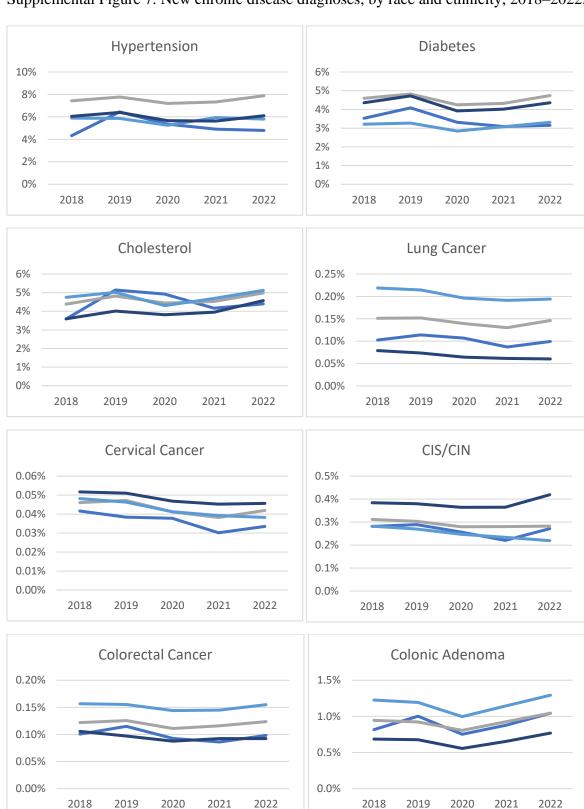
Monthly distribution is shown as the percentage of diagnoses for each chronic disease that occurred in each month, with the total from all months summing to 100% of the new chronic disease diagnoses in 2020 for that disease. Cholesterol indicates initiation of a new cholesterol medication. CIN/CIS is cervical intraepithelial neoplasia or carcinoma in situ.

Supplemental Figure 6. New chronic disease diagnoses in 2022 by race and ethnicity.



Not shown: non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic multiple race, other, and missing. Results for cervical intraepithelial neoplasia or carcinoma in situ (CIN/CIS) are shown out of all females of each racial and ethnic group; other results are shown for all patients (males and females) of each racial and ethnic group. Breast cancer and cervical cancer not shown.

Supplemental Figure 7. New chronic disease diagnoses, by race and ethnicity, 2018–2022.



Asian =

Black — White —

Hispanic

Black — White — Hispanic

Race and ethnicity categories in the legend refer to non-Hispanic Asian, non-Hispanic Black, non-Hispanic White, and Hispanic. Not shown: non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic multiple race, other, and missing. Results for cervical cancer and cervical intraepithelial neoplasia or carcinoma in situ (CIN/CIS) are shown out of all females of each racial and ethnic group; other results are shown for all patients (males and females) of each racial and ethnic group. Breast cancer is not shown.