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A study of health disparities in preventive care in primary care setting in a teaching community hospital in Chicago

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Abstract

OBJECTIVES: Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. The objective of this study is to identify any disparities across race, ethnicity and language in the performance of screening and preventive measures in the primary care practice at Humboldt Park health, a community hospital on the West side of Chicago.

METHODS: This is a retrospective study based on data collection in the AthenaHealth electronic health record (EHR) for a 12 month period (Feb'21 to Jan'22). Patients were included if they met the HEDIS criteria for breast cancer screening, cervical cancer screening or HbA1c testing. We analyzed our overall performance for each measure and stratification of performance across race (white, black, asian, other), ethnicity (Hispanic or Latino, not Hispanic or Latino) and preferred language (English, Spanish). We utilized the CMS standard criteria for collecting data on race, ethnicity and language in our EHR. Statistical analysis was conducted utilizing Chi-Square statistics; a p-value of less than 0.05 was considered statistically significant.

FINDINGS: Total number of patients eligible for preventive measure and our overall performance were as the following: cervical cancer screening (n= 951; 44% screened), breast cancer screening (n=689; 51% screened), and HbA1CC screening (n= 729; 56% screened). Figure 1 demonstrates the breakdown of patients included for each measure across race, ethnicity and preferred language categories. Figure 2 demonstrates the performance of each measure across the

same categories. The p value calculation for every measure in every category demonstrated a value of >0.05 , rejecting the null hypothesis of statistically significant difference.

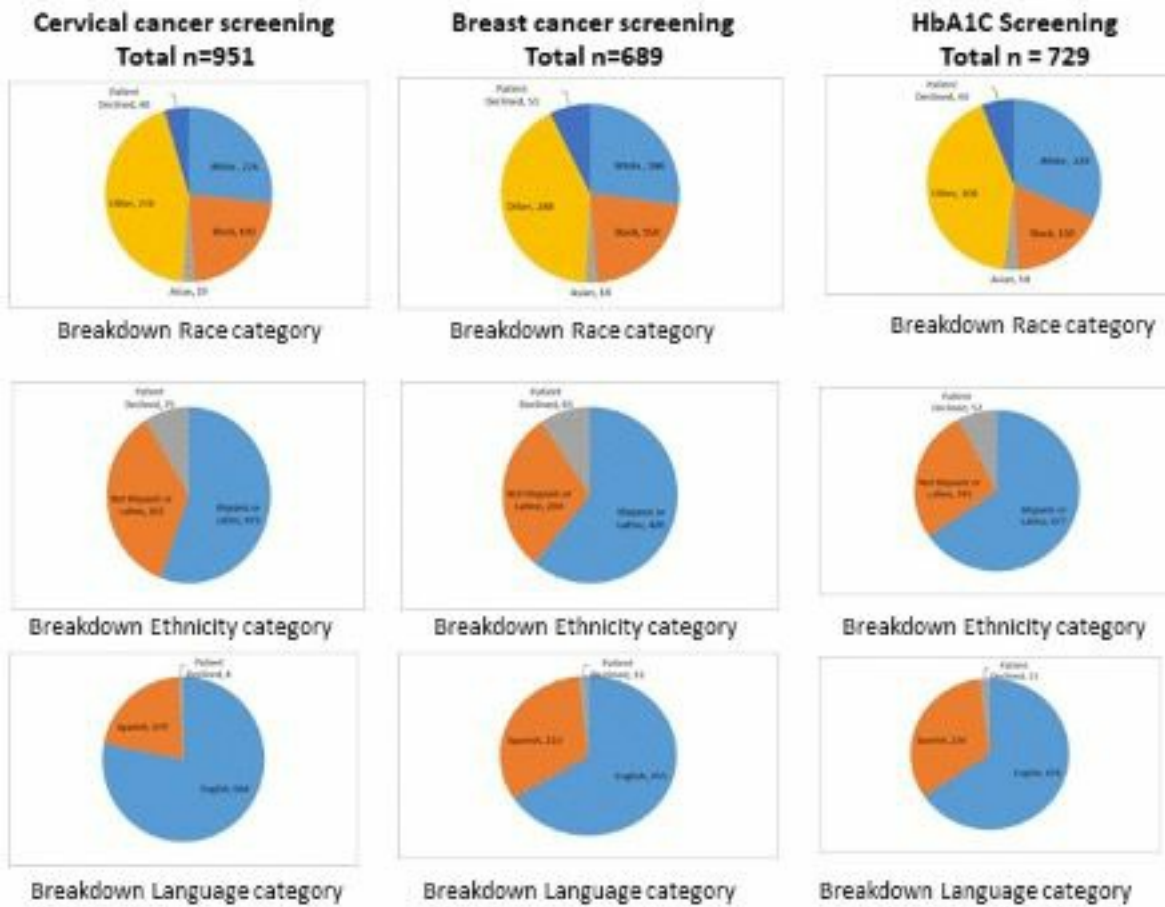


Figure 1



Figure 2

CONCLUSION: Our preliminary investigation, surprisingly, revealed no statistically significant difference in the performance of breast cancer screening, cervical cancer screening or HbA1C testing in a racially, ethnically and linguistically diverse patient population. This may be attributable to our highly diverse workforce with a similar race and ethnicity mix as our patients. Additionally, many of the front line staff live in the community further narrowing any linguistic or cultural gap. One limitation of our study is that it includes only process measures and no outcome measures e.g. better control of diabetes mellitus. Further work is planned to study disparities in outcome measures as well as stratification based on social determinants of health.

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