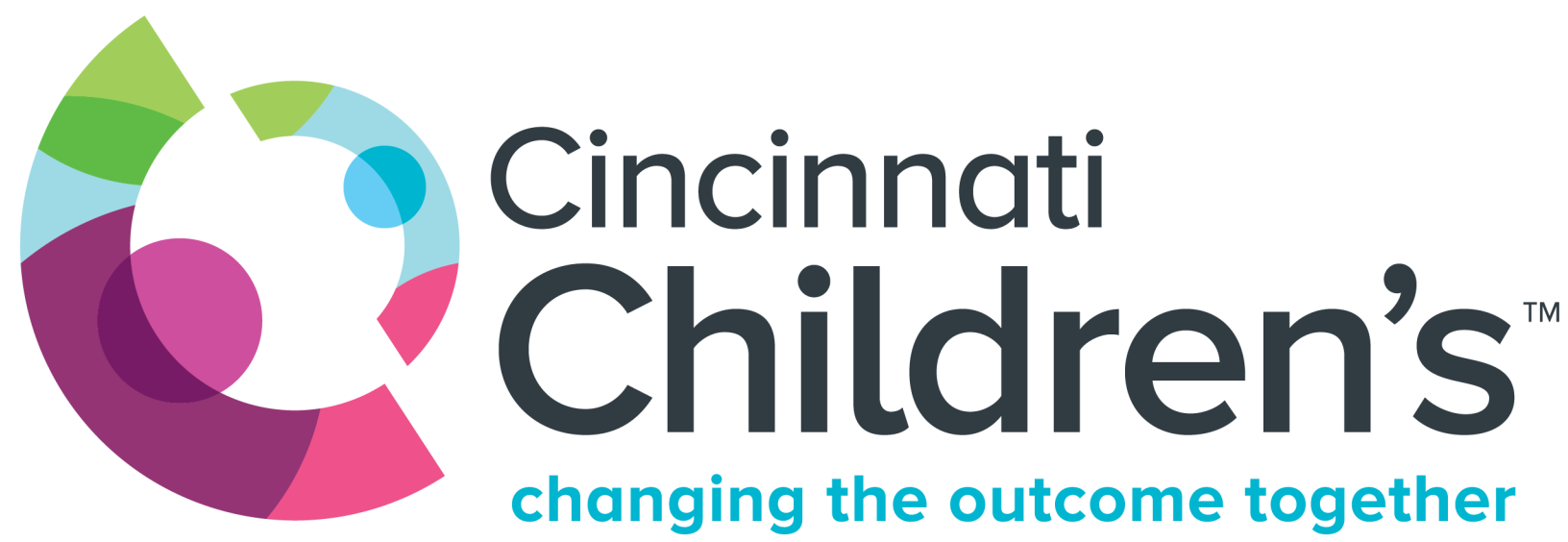


The Impact of Social Determinants of Health on Accessing Outpatient Pediatric Cardiology Care

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Introduction

- Disparities in clinical outcomes exist among pediatric patients with congenital heart disease (CHD)
- Social determinants of health (SDOHs) appear to be a significant contributor
- The impact of SDOHs on clinical outcomes in the perioperative period has been well studied
- Less information is available on the impact of SDOHs on outpatient follow-up
- Outpatient care plays an important role in long-term health and may be impacted by SDOHs

Objective

- Aim to better understand the impact of SDOHs on no-shows and lost to follow-ups in outpatient cardiology appointments

Methods

- Retrospective chart review
- 0–18-year-old patients who no-showed or were lost to follow-up to general cardiology appointments
- Cincinnati Children’s Hospital Medical Center
- Compared to our primary service area
- Deprivation index (DI) , community level marker of material deprivation ranging from 0-1 (higher indices indicate more disadvantage) was calculated

Table 1. Characteristics of No-Show and Lost to Follow-up Patients				
Variable	No-Show Patients ¹	Lost to Follow-up Patients ¹	Primary Service Area ¹	
Total Patients	n=1,473	n=1,062	n= 2,043,476	
Gender				
Female	49% (724)	49% (516)	51% (1,042,173)	
Race				
Black	30% (444)	12.6% (127)	12.8% (249,216)	
Ethnicity				
Hispanic/Latino	6.4% (94)	7.2% (76)	3.3% (68,513)	
Primary Language				
Non-English	6.6% (97)	4.6% (49)	6.8% (131,495)	
Insurance Type				
Public Insurance	82% (1,175)	59.7% (637)	29% (157,923) ²	
Deprivation Index	0.38 (0.29, 0.46) ³	0.33 (0.24, 0.41) ³	0.23 ³	
Cardiac Diagnosis				
Congenital Heart Disease	47% (409) ⁴	63% (473) ⁵	-	
Non-Congenital Heart Disease	53% (457) ⁴	37% (279) ⁵	-	

¹ % (n)

² n= 544,565 (Population <19 years old)

³ Median (IQR)

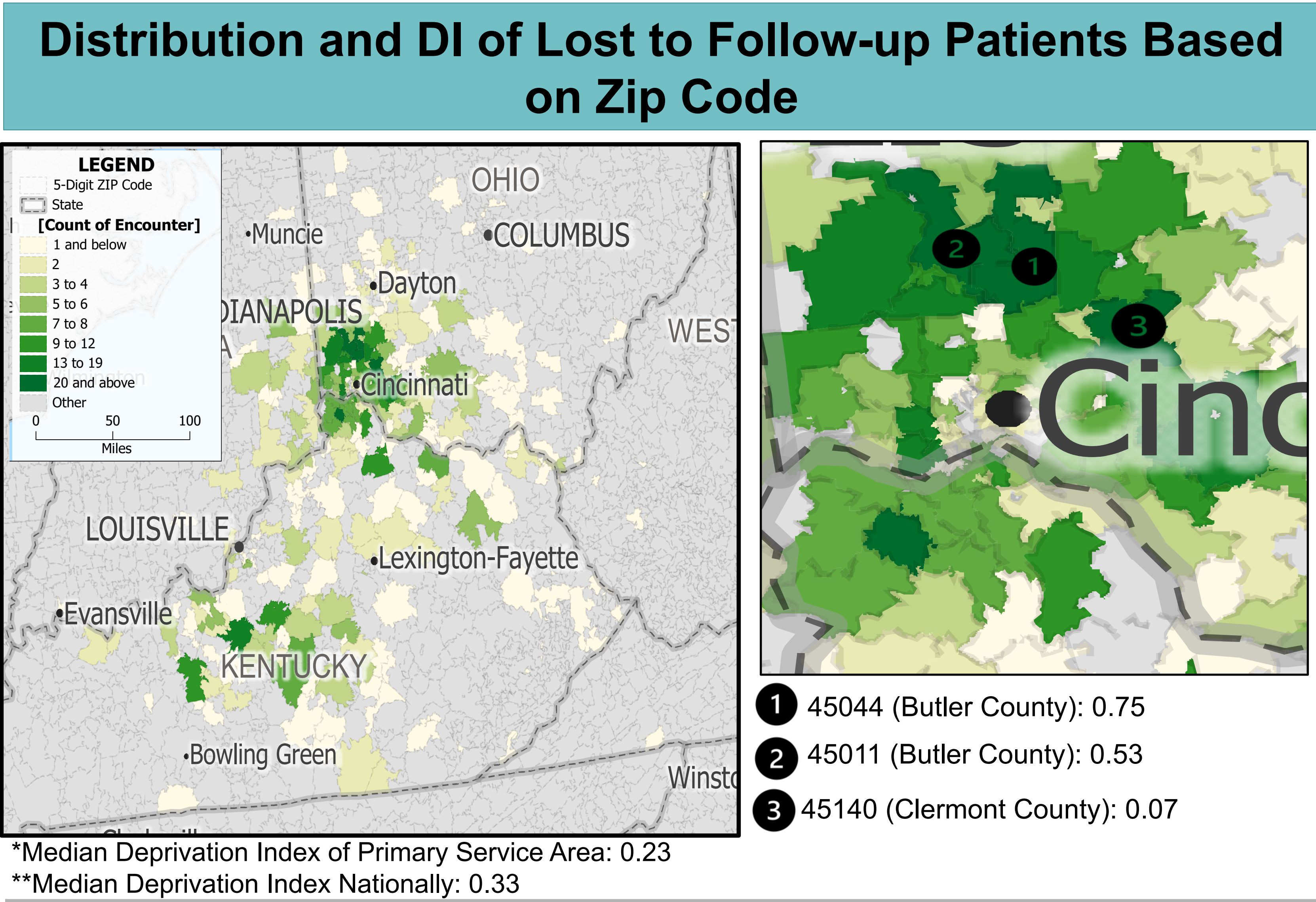
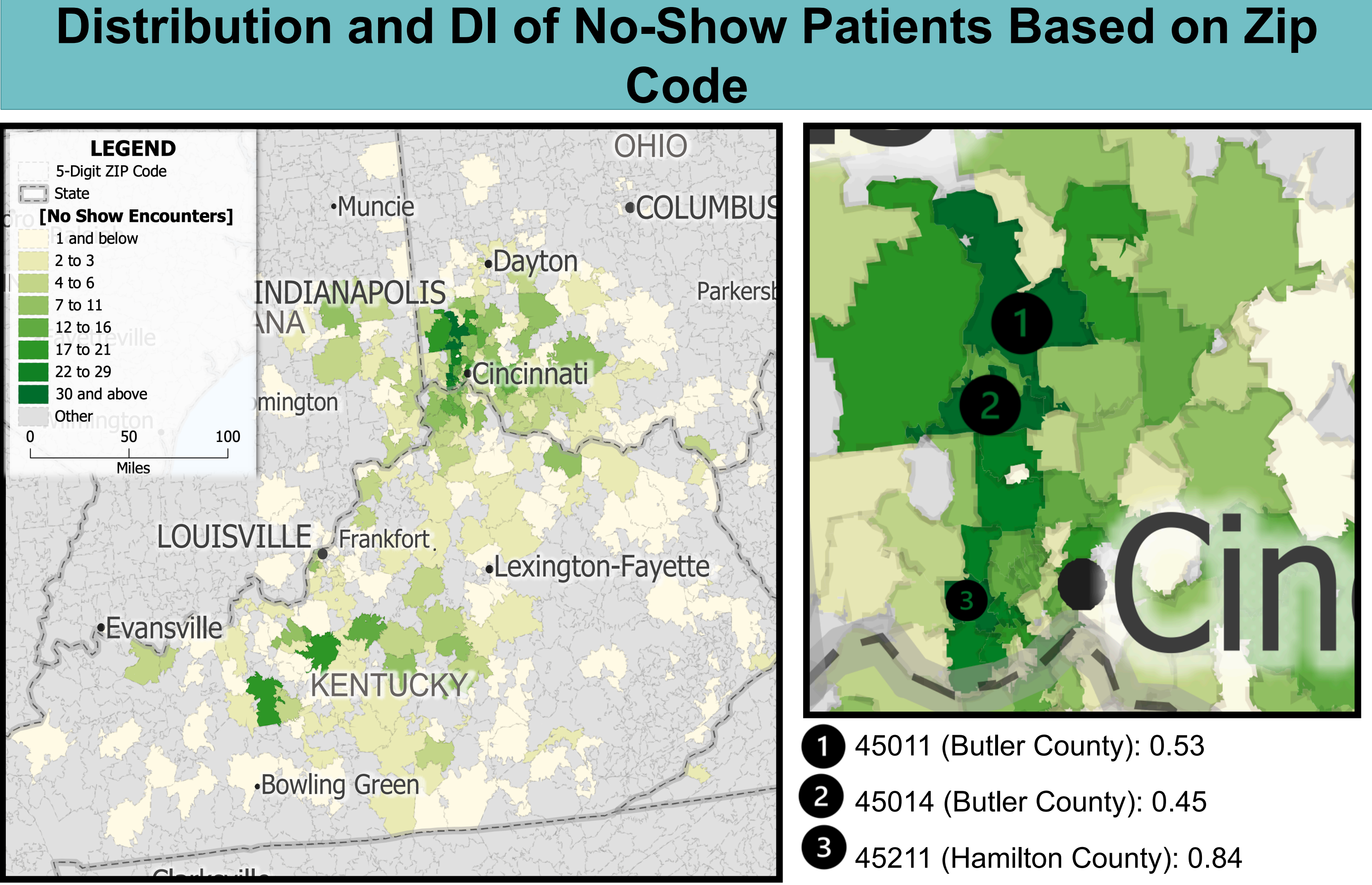
⁴ n= 866

⁵ n= 752

Results

Compared to our primary service area, a higher proportion of no-show and lost to follow-up patients

- Identified as Hispanic/Latino (6% and 7% vs 3%)
- Utilized public insurance (82% and 60% vs 29%)
- Lived a community with a higher median DI (0.38 and 0.33 vs 0.23)
- No difference between the percentage of patients who utilized a non-English primary language (7% and 5% vs 7%)



Conclusions

- Patients who identify as a minority status, utilize public insurance, or live in a community with higher social deprivation may be at a higher risk to be lost to follow-up or no show to cardiology appointments
- This may contribute to disparities in CHD