

The Effect of Area Social Deprivation on Health Behavior and Health Care Utilization in an Adult Trauma Population

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Background

- Social determinants of health are: "the conditions in which we are born, live, work, play, worship, and age"
- These factors are associated with health outcomes, perhaps more so than traditional demographic metrics
- The State Center for Health Statistics (SCHS): collects population-level data on social determinant metrics.
 There are three primary domains in the database: social and neighborhood resources, economics, and housing and transportation.



NC map with defined regional Social Determinant Indices

Objective

- Compare patients from high-area deprivation (HSD) and low-area deprivation (LSD)
- Examine differences in demographics, injury characteristics, clinical outcomes, and healthcare utilization

Methods

 Institutional, retrospective study of trauma patients admitted to a Level I trauma center between January 2019 and December 2020. Admitted, adult trauma patients N=4,602

High-area social deprivation (HSD) N=1.359

Low-area social deprivation (LSD)
N=3,243

Results

- Patients in HSD cohort: more likely to be male, uninsured, and identify as a non-White race or ethnicity
- Admitted to the ICU less frequently (31.5% vs 35.5%) than patients in the LSD cohort after adjustment for injury severity (OR 0.84, 95% CI 0.71-0.98).
- Only 6.7% of patients in the HSD cohort were discharged home with additional services compared to 8.9% in the LSD cohort

Future Opportunities

- HSD patients may be less likely to have established access to healthcare and preventative services
- Hospitalization for traumatic injury is an opportunity for:
 - Entrance into the healthcare system
 - Establishment of regular care
 - Connections to community resources

References:

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