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Title

Equitable care for vulnerable populations: A time series analysis of community health centers

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: The COVID-19 pandemic exposed and exacerbated the harsh reality of inequity in the US health care system. Community Health Centers (CHCs) provide essential primary care for >30 million vulnerable patients. Objective: Assess the evolving quality and equity of care provided to CHC patients since the year prior to the pandemic. Study Design and Analysis: Time series analysis of quality-of-care measures for chronic diseases and preventive screenings. Setting or Dataset: EHR data from 218 CHCs that served at least 500 primary care patients in 2019, obtained from the OCHIN multistate network of community health centers. Population Studied: The total sample and health disparity population subgroups of patients with at least one primary care encounter from 2019 to 2022. Intervention/ Instrument: Observational study. Outcome Measures: Percentage of eligible patients up to date on each preventive and quality of care measures, including controlled blood pressure, controlled diabetes, pap smears, mammograms, colonoscopies, and childhood immunizations. Results: We analyzed data from 1,413,969 patients who received primary care between January 2019 and December 2022. There was a significant decline in the proportion of patients up to date on their cancer screenings at the onset of the pandemic, but rates rebounded to pre-pandemic levels by the end of 2022. Childhood immunization rates were largely unaffected. There was a dramatic decline in the proportion of patients with hypertension that had controlled blood pressure in the year after the pandemic, but the rates have recovered to pre-pandemic levels. There was a slight increase in the proportion of patients with uncontrolled diabetes, but overall, those rates have stabilized. Disparities in screening existed by patient race/ethnicity and preferred language, although some of this is explained by the wide variation in screening rates by clinics, suggesting that some clinics are adapted to particular populations. Conclusions: CHCs play a vital role in providing primary care to vulnerable populations, including health disparity populations. Our study shows that the pandemic had an impact on the quality of care, but that most of these measures have returned to pre-pandemic levels. However, disparities that existed before the pandemic persisted during the pandemic, highlighting the need for targeted interventions to address health care inequities.