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Title

ASCVD Measures in Foreign Born Latino Patients by Nativity Compared to US Born Latinos

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

Nakai Corral, MSEd, Jorge Kaufmann, MS, John Heintzman, MD, MPH

Abstract

Context: Burden of cardiovascular disease has been shown to differ based on country of origin in Latinos in some survey-based research, but differences in the utilization of screening services have not been studied with large healthcare datasets. Objective: To assess differences in how screening for cholesterol and other electronic health record (EHR) documented risk factors necessary to assess 10-year cardiovascular risk differ in Latino patients by country of birth in comparison to their US born counterparts. Study Design and Analysis: We compared the prevalence of documented data in the EHR necessary for ASCVD risk calculation over a 6-year period (2014-2020) by nativity among Latinos born in ten different countries compared to US born counterparts, adjusting for demographic and health services utilization factors. Dataset: Electronic health record data from the multi-state OCHIN network. Population Studied: Foreign-born Latinos (FBL) and US-born Latino (USBL) patients aged 40-86, seeking care at community health centers. Outcome Measures: Odds ratio and prevalence of having all necessary data for ASCVD risk calculation. Results: In our study population (n = 48,041), FBLs were more likely to have all required documented data (OR 1.155). Patients from the Dominican Republic, El Salvador, and Guatemala had higher odds of documented screening data when compared to their US born counterparts (OR of 1.116, 1.251, and 1.156 respectively). When stratified to patients with diabetes, there was no significant difference between FBLS and USBLs. Conclusions: After adjusting for common demographics and basic healthcare utilization, Foreign-born Latinos are more likely to have documented information in their EHR necessary to assess and treat their cardiovascular risk. However, this is not uniform across countries of origin. These findings underscore the clinical importance of data disaggregation in Latino patients; specific national origin may be associated with adequacy of cardiovascular screening. Clinics and researchers can continue to explore how this data may be useful in clinical practice and to predict outcomes.