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Title

Diabetes Monitoring in Foreign-born and US-born Latino Adults in the US

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: The prevalence of diagnosed diabetes in Latino adults in the US is 11.8%. Latino patients are more likely to have uncontrolled diabetes. Nativity is an oft-considered social determinant of health in Latino patients, but is uncertain if basic diabetes monitoring differs between Latino patients in primary care by nativity. Objective: To assess if HbA1c monitoring rates are consistent across foreign born Latinos, US born Latinos, Latinos with no country of origin recorded based on their neighborhood composition, compared to their non-Hispanic White (NHW) counterparts. Study Design: Retrospective observational study. Setting/Dataset: Electronic Health Record (EHR) data from 16 US states in the OCHIN network, a hosted, linked multistate EHR network of CHCs, linked with neighborhood-level Latino subgroup data. Population studied: Adults 18-79 years with Type II diabetes, ≥ 1 ambulatory visit in study clinics in the study period (2012-2020), who had census tract-level geocoded addresses and country of birth available in the EHR. Intervention/Instrument (for interventional studies): Country of birth was used for Latino patients who had that data. For Latinos who did not have country of birth data reported, we created proxy categories based on percent by country of origin in patients' neighborhood using the Jenks natural breaks method. Outcome Measures: The outcome variable was number of HbA1c results per year. The main independent variable was ethnicity measured by self-reported ethnicity in the EHR. Results: Compared to NHW people living with diabetes, US born Latinos with diabetes had an 11% higher rate of receiving HbA1c monitoring (aRR=1.11, 95% CI=1.02-1.21); Latinos with no country of birth recorded and living in high percent Mexican neighborhood had 22% higher rates of receiving HbA1c monitoring. Those living in high percent Dominican, Guatemalan and Honduran neighborhoods also had greater rates of HbA1c monitoring compared to NHW patients (18%, 12%, and 23% greater rates, respectively). No foreign-born Latinos had monitoring rates that differed significantly from NHWs. Conclusions: These findings reveal novel variation in health care utilization and access by Latinos by birthplace and could inform the delivery of diabetes care for a growing US Latino population. Primary care physicians and health care delivery organizations should consider including birthplace as an important social determinant that is associated with care utilization and access.