



WICHITA STATE  
UNIVERSITY

UNIVERSITY LIBRARIES

**Demographics and disease profile in an urban public primary care clinic: Implications for indigent care, insurance and health care disparities**

Item Type	Conference paper
Authors	Humiston, Jon R.;Muma, Richard D.
Citation	Humiston, Jon R., Muma, Richard D. (2008) Demographics and disease profile in an urban public primary care clinic: Implications for indigent care, insurance and health care disparities. In Proceedings: 4th Annual Symposium: Graduate Research and Scholarly Projects. Wichita, KS: Wichita State University, p.43-44
Publisher	Wichita State University. Graduate School.
Download date	2026-05-17 00:22:18
Link to Item	<a href="http://hdl.handle.net/10057/1350">http://hdl.handle.net/10057/1350</a>

# Demographics and Disease Profile in an Urban Public Primary Care Clinic: Implications for Indigent Care, Insurance and Health Care Disparities

Jon R. Humiston\*, Richard D. Muma, PhD

*Department of Physician Assistant, College of Health Professions*

## 1. Introduction

Research has been conducted on indigent populations across the United States as well as the health care facilities which treat said populations. Factors such as ethnicity, language barriers, employment, and adequate insurance coverage all play a role in providing health care to indigent populations. Access to quality primary care is another factor that affects disparities in health care. Access to care is directly correlated with lower morbidity and mortality, and fewer hospitalizations and emergency room visits.<sup>1</sup> Better access leads to improved health and decreased healthcare costs, and thus is a central goal in reducing health care disparities. Immigrant families and families that live in rural or urban settings, compared with suburban; have the highest risk factors for developing disease, and studies have shown that higher risk factors are associated with poor access to primary care.<sup>2</sup>

No research has been conducted in regard to the disease profile of clients at Healthy Options for Planeview (HOP) in Wichita, Kansas. Healthy Options for Planeview is a community health center for patients residing in the Wichita, Planeview area, one of the poorest areas in the State of Kansas. The purpose of this study was to collect and analyze the disease profiles and demographics of those who received medical care at HOP in 2006. It was hoped that the data would serve as a guide to aid in the future treatment of the indigent population in the area and to aid in allocation of resources for HOP.

Healthy Options for Planeview is an important tool in providing care to the indigent population in Wichita, Kansas. The clinic brings healthcare to the underserved in an attempt to increase access to healthcare and extend the healthcare delivery system to patients with health disparities such as language barriers, health care insurance coverage, poverty, and other ethno-racial factors. In order to fully implement HOP as a tool in the Planeview area and plan for future services, it is important to analyze the demographics and disease profiles of the patients who seek care at HOP. Thus, it is imperative to have a baseline for healthcare providers to compare the disease states and demographics of future patient's in order to properly address and treat the population. Any future changes in disease profile or demographics would allow healthcare providers at HOP to "make modifications in treatments and educational approaches to compensate for the changing patient population".<sup>4</sup> The following research question was developed:

- Question: What is the demographic and disease profile of patients receiving healthcare at Healthy Options for Planeview in Wichita, Kansas?

## 2. Methodology

A retrospective chart review was administered at Healthy Options for Planeview in Wichita, Kansas between November, 2006 and December, 2006. Disease profiles and demographics were recorded and analyzed. The review included healthcare care received at HOP, disease profile, and demographics such as age, race, language, and gender. Patients who received care at Healthy Options for Planeview from January 2006- December 2006

were included in the study. A collection form was used to record information, which was based on the patient history and physical form. Parametric data were analyzed using descriptive statistics.

### **3. Results**

One-hundred-three unique patient encounters were analyzed. The mean age in years of the study population was 35.69, +/- SD 21.44. Descriptive data analyses revealed patients were primarily female (69.3%), Hispanic (78.4%), Spanish speaking (68.3%), unemployed (79.8%), had chronic medical conditions (39.8%), and needed a referral to other local community health centers (24%) for management of their condition. The most frequent medical issues seen were normal history and physicals (11.2%), followed by well child exams (8.39%), hypertension (7.7%), seasonal allergies (7.7%), and diabetes mellitus (4.2%). Furthermore, 39.8% of all patients analyzed had a history of a chronic medical condition.

#### *Overall Significance of the Study Findings and Opportunities for Further Research*

The importance of this study largely lies in the fact it was the first study completed on the patients who utilize HOP for their medical needs. It was imperative to provide this baseline analysis at HOP so that a comparison of future patient populations could be conducted, in order to measure change in demographics and disease profile. These data may be useful when discussions regarding allocation of resources to HOP occur. Overall, HOP was similar in patient demographics with other studies done on similar clinics.

### **4. Conclusions**

This first study revealed the patient demographics and disease profile of HOP. The data revealed HOP patients to be primarily indigent with chronic medical conditions necessitating a referral to a more comprehensive community health center.

### **5. Acknowledgements**

I would like to thank the Wichita State University Physician Assistant Department faculty and staff for providing me with the means to participate in this project. I would also like to thank my family and friends for their support and encouragement throughout the length of my education. This project was funded in part by the Workforce Diversity Initiative Grant, US/DHHS, grant number D57HP05123, 2005-2008, Richard Muma, PI.

[1] Stevens GD, Seid M, Mistry R, Halfon N. Disparities in primary care for vulnerable children: the influence of multiple risk factors. *Health*

*Serv Res.* Apr 2006;41(2):507-531.

[2] Zuvekas SH, Taliaferro GS. Pathways to access: health insurance, the health care delivery system, and racial/ethnic disparities, 1996-1999.

*Health Aff (Millwood).* Mar-Apr 2003;22(2):139-153.

[3] The number of Uninsured Americans is at an all time high. *Center on Budget and Policy Priorities.* 2006(August, 29, 2006).

[4] Dunbar VG, King EC, George CD, et al. Evolving Demographics and Disparities in an Urban Diabetes Clinic: Implications for Diabetes Education and Treatment. *Ethnicity & disease* 15, no 2, (2005): 173-178.