
High Rates Of Avoidable Hospitalisations In Poor Communities



In New Jersey, USA, communities with low per capita income levels are found to have high rates of preventable hospital visits, according to a report released recently by the Rutgers Center for State Health Policy (CSHP).

Rutgers researchers analysed hospital billing records and demographic data to determine rates of avoidable hospitalisations for all New Jersey ZIP codes between 2008 and 2010. They reviewed records of patients with conditions such as pneumonia, asthma, chronic obstructive pulmonary disease (COPD) and congestive heart failure -- conditions that could be better managed in a doctor's office or other primary care settings.

The researchers noted that for 13 low-income communities in New Jersey, hospital visits fell dramatically when an area recorded a rise in per capita income. In fact, they pointed out, a one percent hike in local area per capita income led to a 0.85 drop in avoidable hospitalisations.

Findings also revealed that hospital systems in some low-income communities perform better than one would expect given their income levels and other socioeconomic disadvantages. The statistical analysis that linked income to hospitalisations held even after accounting for other social indicators such as illiteracy or unemployment, and characteristics of local hospitals (eg, the number of beds).

In these low-income communities, interventions that focus on addressing the problems associated with poverty (ie, unsafe neighbourhoods, lack of housing, or limited access to healthy foods) can play a greater role in improving health and limiting avoidable hospitalisations than a purely medical care focus, according to the report's lead author Derek DeLia, associate research professor at the CSHP.

"The findings show how well a hospital system can perform in the face of poverty," said Rachel Cahill, director of healthcare improvement and transformation at The Nicholson Foundation, which funded the study as part of its effort to enhance care quality and affordability in New Jersey's underserved communities. "The fact that some low-income areas are performing well despite their dire situations indicates that there is great potential for improvement."

The report can serve as a guide for policymakers and healthcare providers in formulating strategies to reduce unnecessary hospital visits.

In New Jersey, implementation of its three-year Medicaid Accountable Care Organization (ACO) pilot -- a project to improve the quality and reduce the cost of healthcare in low-income communities -- is under way.

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