

POPULATION HEALTH RESEARCH BRIEF

Disparities in care for women with chest pain presenting to the Lankenau Medical Center Emergency Department

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Chest pain drives over 7 million annual visits to U.S. emergency departments, often stemming from critical issues including heart failure and heart attack.^{1,2} Women face disparities in the quality of emergency care due to communication issues, underestimated heart risks, and distinct stress responses.^{3,4} Non-white women are disproportionately affected, with heart disease the primary cause of death for various racial and ethnic groups.^{5,6} Approximately 50,000 African American women, for instance, die due to heart disease in the United States annually.^{7,8} These inequalities are compounded by health care challenges including issues with insurance, transportation, and access to health resources that particularly impact minority and underserved populations.⁹

The Lankenau Institute for Medical Research's Center for Population Health Research conducted a study on women visiting the Lankenau Medical Center Emergency Department (ED) with chest pain from January 1 to September 1, 2022. Findings indicated that compared to white women, non-white women were younger, were Medicaid recipients, and lived in lower-income areas, often relying on less convenient transportation like walking or public transit. Notably, non-white women (15.0%) were nearly twice as likely to return within 30 days with cardiac symptoms (Figure 1) than white women (7.8%) and were more than twice as likely not to follow up with health care providers or cardiologists (14.8% non-white vs. 6.5% white; Figure 2). Timely follow-up with a primary care provider (PCP) or cardiologist after ED discharge is associated with lower death and heart attack risks. Clinical guidelines call for a PCP visit within 72 hours for further assessment and treatment.¹⁰

Conclusion

Enhancing care transition from the ED to home is vital for addressing disparities and promoting equity. Issues with transportation, income, and insurance hinder health care for non-white women. Neglecting follow-up with providers jeopardizes these patients'

health. Health care workers must recognize social factors and integrate them into patient records. Steps at discharge such as scheduling appointments and providing lists of PCPs and specialists who accept Medicaid could lower ED returns, enhance follow-up, and boost health outcomes for these patients.

Figure 1. *Proportion of female patients by race who returned to the emergency department with chest pain in 30 days*

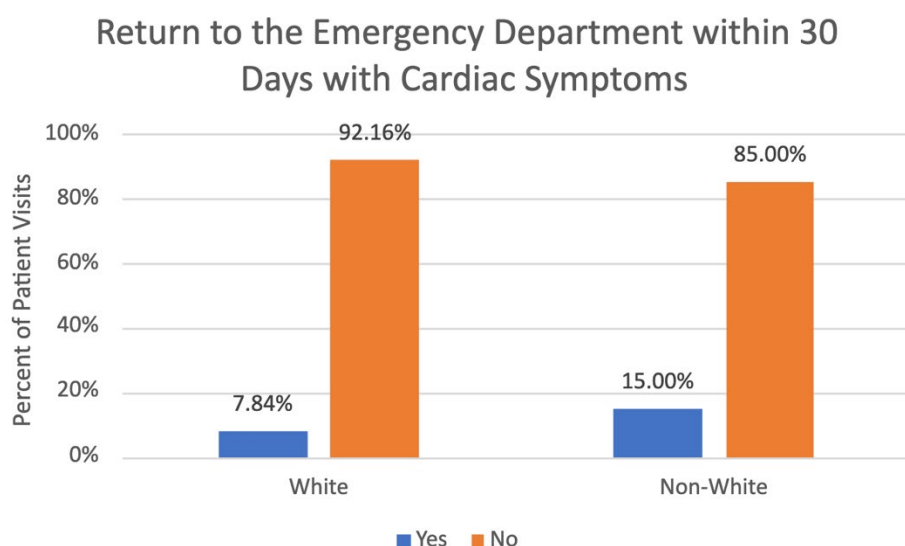
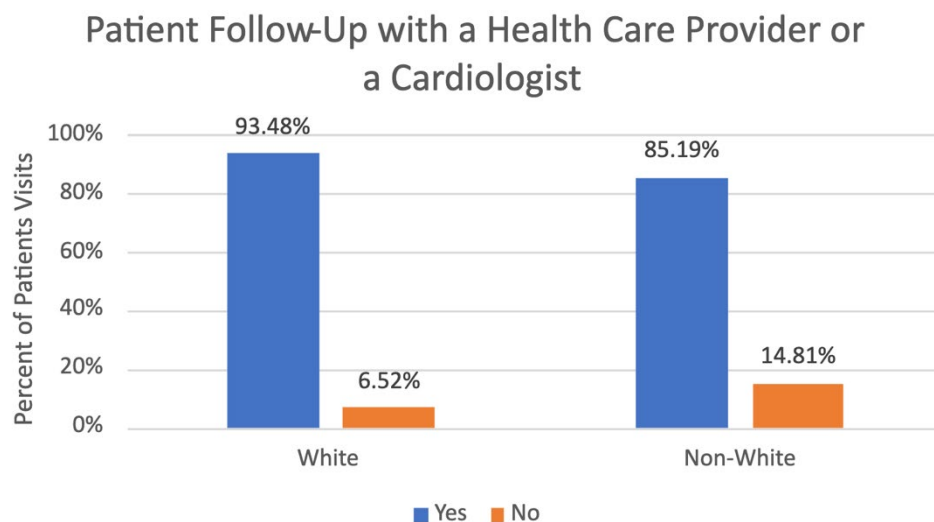


Figure 2. *Proportion of female patients by race who followed up with a health care provider or cardiologist after visiting the emergency department with chest pain*



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