The Importance of Using Social Determinants of Health and Standardized Charting to Care for Gynecology Patients at a Student Run Free Clinic

Mihaela Kancheva, Annalisa Sega, Angie El-Said, Rasika Patil, Judith Simms-Cendan, MD
UCF College of Medicine

Introduction/Objectives

Patient demographics that influence patients' access to care, called social determinants of health (SDOH), are burdens to care and can be predictors of needs. The UCF Comprehensive Medical Care Outreach Team runs a student run free clinic in Apopka, FL that serves underserved patients burdened by these social adversities. To better understand health disparities impacting patients, this study aims to categorize patient demographic trends as they pertain to gynecology complaints presented at the Apopka Clinic. It is hypothesized that patient demographics may correlate with certain common complaints such that providers may use patient demographics as a means of aiding patient management.

Methods:

A retrospective chart review was conducted to determine the most frequent OB/GYN complaints reported by migrant farmworkers in a student-run free clinic. Patients who saw the OB/GYN specialist from February 28th, 2019 to February 27th, 2020 were included, resulting in 71 patients to review.

Charts were coded for demographic, past medical history (PMH), and OB/GYN complaints. The variables chosen for study included race, ethnicity, gravidity, STI history, and pap smear conducted in the last three years but many others were not included in further analysis due to low sample size. Gynecology complaints were categorized as Reproductive Organs; Fertility and Contraception; Menstruation; Urinary; Pain; Labs and Imaging; and Other symptoms.

The data was coded using these labels, and logistic regression was used to study whether demographics predict the likelihood of patient complaints.

Results:

Full data analysis is in progress. Preliminary data show that 71 patients were seen at the clinic for OB/GYN complaints (n=163). The average age of the patients was 34.2 years (11.48 years SD). The patients presented with an average of 2 OB/GYN complaints (0.81 SD). The patients consisted of 36 Hispanic patients, 6 Black/African American patients, 16 White/Caucasian patients, 5 Central/South American patients, and 8 patients for which race was not recorded.

Of these women, 10 had never been pregnant, 8 had been pregnant once, 12 had been pregnant twice, 6 had been pregnant three times, 8 had been pregnant four times, 1 had been pregnant six times, and 26 had no pregnancy data. Thus, of the women who had recorded pregnancy data, the average number of pregnancies was 1.96 with a median of 2 pregnancies and a range of 0 to 6 pregnancies.

The most frequent complaint was Reproductive Organs (n=29) and Menstruation (n=29), followed by Other symptoms (n=21), Pain (n=20), Fertility and Contraception (n=19), Labs and Imaging (n=8), and finally Urinary (n=4).

Conclusions:

For patients of underserved populations, understanding key demographic features and the means by which they inform health needs can assist in better preparing clinicians who will be working

with certain populations of patients. These factors can inform patient management and impact the course of preventative care. Preliminary data from this study suggests that trends exist within insert here. Further study will explore whether any of the OB/GYN complaints correlate in presentation. In the future, the sample size should be expanded.