

# The Role of Ophthalmology Departments in Overcoming Health Care Disparities

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Ophthalmology departments may be in a unique position to serve at-risk, disadvantaged, and minority patients. This study analyzed the age, gender, and socioeconomic measures for 267,286 unique African American patients seen at University of Pennsylvania Health System (UPHS) from July 2010 to May 2013.



Ophthalmology departments may be in a unique position to serve at-risk, disadvantaged, and minority patients.

Using UPHS Electronic Health Records, we analyzed age, gender, and zip codes for 267,286 unique African American patients seen at UPHS from July 2010-May 2013. Median population density, income, education level, and other socioeconomic measures were determined for each subject's zip code.

Of the 267,286 patients included for analysis

**33,801**  
**(12.6%)**

unique African Americans were seen by the Ophthalmology Department on at least one occasion.

Interestingly, patients seen by the Ophthalmology Department were significantly older and from more impoverished regions (lower median household income, lower median household value, and lower rates of health insurance) than those seen by other UPHS departments. Ophthalmology patients were also from areas with a higher percentage of African American residents, higher proportion of male-only households, and lower rates of married-couple households than other UPHS patients.



Access to care issues remain deeply rooted in disadvantaged, at-risk patients.



Those at greatest risk for vision-threatening disease (African Americans, males, low income individuals) are least likely to use eye care services.

**Almost 1/2** of the patients at risk for vision loss **did not visit an eye doctor in the past year.**



The most effective way to overcome this barrier and recruit at-risk patients is through strong patient connections, involvement of community leaders, and customized outreach efforts.



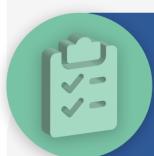
**1. Connection with patients:** The author's Ophthalmology Department is located in a primarily African American neighborhood and is composed of 31% non-Caucasian ophthalmologists. The specialists and staff form strong relationships with patients, which they believe is a large reason why many patients are willing continue visiting their Department. Studies have shown that physician recommendation is a very strong predictor of patients receiving an eye examination, so their physicians take special care to emphasize the importance of utilizing eye care services.



**2. Involvement of community leaders:** The author's clinic also reaches out to specific patient populations through involvement of local community leaders, including pastors of African American heritage churches, leading writers in African American newspapers, hosts of African American health radio programs, and their local African American Councilwoman. Programs that facilitate community engagement and cultural competency have been proven to reach the most patients.



**3. Customized outreach:** The author's clinic drove a fully-equipped ophthalmology van to underserved areas of Philadelphia to offer free glaucoma screenings. They also hosted outreach events at community centers, federally qualified health centers, retirement communities, and churches to evaluate these populations for glaucoma and to enroll subjects who would otherwise not be seen by ophthalmologists.



## Conclusions

**Ophthalmology departments are at a unique advantage when recruiting older, disadvantaged patients to their clinics. Supplementing this advantage with strong patient relationships, involvement of community leaders, and customized outreach efforts is key to reaching these patients. This presents a unique opportunity for ophthalmology departments to reach the most at-risk patients living in any urban setting, while also capturing and referring systemic conditions with ocular manifestations. Ophthalmology departments may even play a role in helping patients obtain insurance and reducing major disparities such as post-hospitalization readmission and mortality observed disproportionately in at-risk populations.**