

## Social Determinants of avoidable hospitalizations for Ambulatory Care Sensitive Conditions

Lorenzo Paglione

*L Paglione<sup>1</sup>, G Migliara<sup>1</sup>, C Di Paolo<sup>1</sup>, A Mele<sup>1</sup>, GP Prencipe<sup>1</sup>, LM Salvatori<sup>1</sup>, G Bertazzoni<sup>2</sup>, P Villari<sup>1</sup>, C De Vito<sup>1</sup>, M Marceca<sup>1</sup>*

<sup>1</sup>Department of Public Health and Infectious Diseases, Sapienza University of Rome, Rome, Italy

<sup>2</sup>Emergency Medicine Department, Sapienza University of Rome, Rome, Italy

Contact: [lorenzo.paglione@uniroma1.it](mailto:lorenzo.paglione@uniroma1.it)

### Background:

Social Determinants of Health may influence the use of Primary Health Care Services (PHCs) especially for foreign populations, leading to inequalities and avoidable hospitalizations. This study investigates how educational level (EL) and income of country of origin affect emergency admissions (EAs) for Ambulatory Care Sensitive Conditions (ACSCs), acute health conditions related to the use of PHCs, using data on Emergency Department admissions of three hospitals in Rome from 1999 to 2014.

### Methods:

Patients were categorized into four groups, following the country classification of World Bank by income (Low, middle-low, middle-high, high). EL was categorized into five levels, from “No EL” to “Degree”. Poisson regression models were

built to estimate incidence rate ratios (IRR) of foreign populations compared to Italians for ACSC-EAs, adjusted for EL.

**Results:**

In the analysed period 27.764 ACSC-EAs were observed. Of these 2.630 (9,5%) were made by foreigners. The risk for ACSC-EAs as a whole decreases with the increase of EL, while income of country seemed to have a weaker association. The same pattern was found for ACSC-EAs for “Influenza and Pneumonia”, “Dehydration and Gastroenteritis”, “Pyelonephritis and Other Kidney and Urinary Tract Infections”, “Perforated/Bleeding Ulcer”, “Convulsions”. Neither country income nor EL showed a significant effect on the ACSC-EAs risk for “Cellulitis”, “ENT Infections”, “Dental Conditions”, “Angina” and “Other Vaccine Preventable Conditions”.

**Conclusions:**

The EL seems to be a better determinant of the access and use of the PHCs than the income of the origin country, probably indicating that the personal empowerment represented by education is more useful in orienting in PHCs than social background.

**Key messages:**

- Reducing admissions in Emergency Department is an important challenge for Primary Health Care Services.
- Educational level provides a better orientation in use of PHCs than income of country of origin.