

The effect of race on rehabilitation utilization among stroke patients in North Carolina

Cohen, Monique; Dilworth-Anderson, Peggye; Felix, Ana; Lee, Shoou-Yih Daniel; Stearns, Sally; et al. The University of North Carolina at Chapel Hill, 2010. 2010. 3433393.

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Abstract

Stroke is one of the foremost public health problems in the United States and is a leading cause of serious, long-term disability. Rehabilitation helps stroke patients reduce the likelihood of recurrent stroke and sustained functional disability. Rehabilitation should begin once life-threatening problems have been controlled during acute hospitalization for stroke and continue thereafter based on the needs of the patient. This dissertation investigated the relationship between race and stroke rehabilitation utilization using two outcome measures. Study 1 used logit models to examine the relationship between race, hospital characteristics, and whether patients were assessed for disability while hospitalized for stroke. Study 2 used multinomial logit models to examine the relationship between race and whether patients were discharged to home, inpatient rehabilitation facilities, or skilled nursing facilities. Study 3 used interviews with discharge planners to identify factors that influence whether patients are assessed and where patients are discharged and that could contribute to racial differences in these two areas of rehabilitation utilization.

Results from Study 1 showed that Whites were less likely than African Americans to be assessed. Patients were more likely to be assessed at not-for-profit, non-teaching, or large hospitals. African Americans at for-profit hospitals had the lowest probability of being assessed. Study 2 showed that Whites were more likely to be discharged home, and African Americans were more likely to be discharged to a facility. Study 3 showed that numerous factors influence patient assessments and discharge destinations. The factors that influence whether patients are assessed include standard orders for stroke care, the need to navigate facility admissions criteria to ensure patients can access postacute rehabilitation services, and patient clinical conditions. The factors that influence discharge destination include patient clinical indicators, patient preferences, patient support systems, financial considerations, availability of services, and whether hospitals are affiliated with postacute rehabilitation facilities. The discharge planners did not identify factors that contribute to racial differences in assessment and discharge destination. Findings from this dissertation can be used by health care providers, hospitals, policymakers, and researchers to improve the quality of stroke care, increase access to stroke rehabilitation services, and reduce health care disparities.

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