A Retrospective Review of Barriers to Healthcare for Native American Patients seen at Children’s Hospital Colorado Regional Pediatric Burn Center

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BACKGROUND

- Racial disparities in pediatric burn population include:
  - Higher rates of burn, higher total body surface area (TBSA), and longer hospital stays in children from minority ethnic backgrounds
  - Native American patients experience highest rate of multiple complications during burn admissions
  - Limited literature specific to Native American patients regarding presence of preventative outreach education, care coordination, and appropriate psychosocial support

Aim: To better understand barriers to care specific to Native American patients seen at CHCO Regional Pediatric Burn Center

RESULTS

- Populations
- 20 Native American Patients
  - 25 reside out of state
    - 18 from South Dakota
  - 22 on federal tribal reservation/trust land
  - 12 on Pine Ridge Reservation

- Age
  - 0-3.57%
  - 4-12.30%
  - 13-18 13%

METHODS

- Retrospective chart review 2009-2018
- Native American patients seen at CHCO with burn injury
  - Age ≤ 18 years
- Data collection from Epic and Trauma Registry
  - Demographics
  - Geographic location
  - Utilization of available resources
  - Residence on Native American Reservation
  - Compliance with follow-up care
- Descriptive analysis

CONCLUSIONS

- Most common barriers among patients seeking care
  - Geographical distance to specialized burn care
  - Financial burden of travel

This study did not assess any possible cultural views on healthcare or scar management. Future research may be indicated to address these components.

IMPLICATIONS FOR PRACTICE

- A high concentration of Native American patients seen in the Burn Program reside on the Pine Ridge Reservation. Prevention education strategies may be appropriate.

- Majority of families received financial support from their affiliated tribe, community resources, and/or Burn Program funding to address potential barriers to care.
  - It may benefit burn centers to have financial assistance resources to support patients and their families in securing care.

- Data reflected a high number of scald burns. Consideration for future education targeting scald burn prevention may be an effective outreach approach.