

Introduction

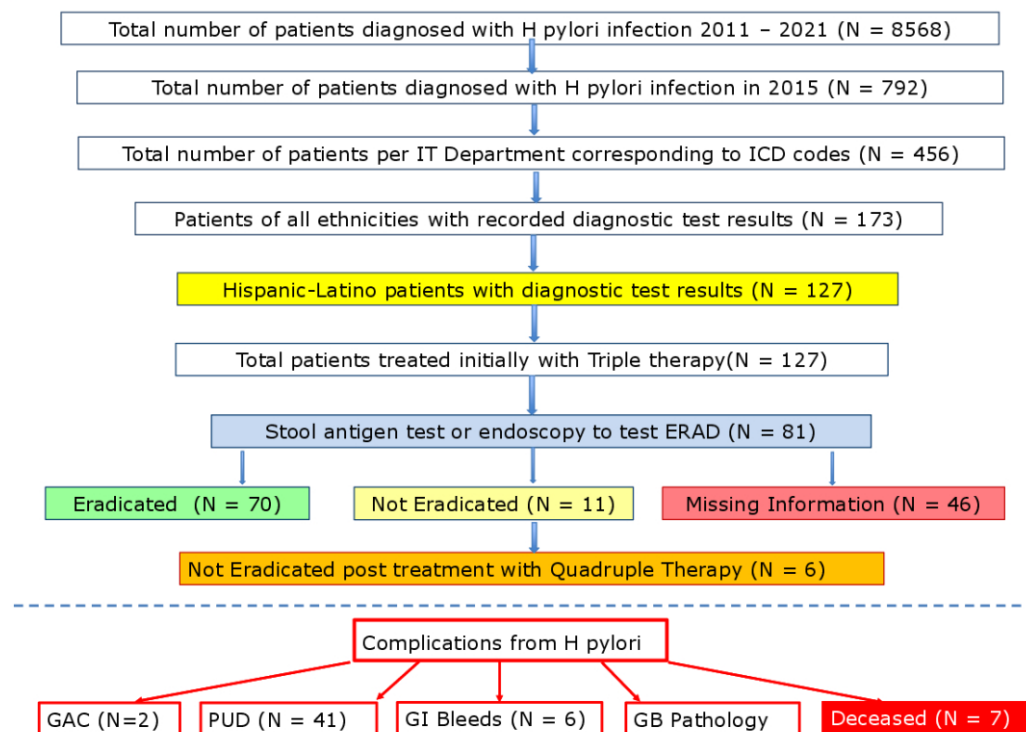
Helicobacter pylori (*H. pylori*) is a worldwide common infection affecting almost 70% - 80% of the adult population, one more so in the Latino-American countries (LAC), the prevalence being 79.4% in the adult population.¹ The Hispanic-Latino population in the Tarrant County area is 29.5% and increasing.¹⁻⁵ Since *H. pylori* is a highly transmissible infection, especially in communities with high poverty levels, and is responsible for causing chronic gastritis, peptic ulceration, cholelithiasis, esophagitis, and even gastric cancer. The objectives of this study are to find the prevalence of *H. pylori* in the Hispanic - Latino population of Tarrant County, find the important risk factors for *H. pylori* infection of the population diagnosed with this infection, if insurance coverage can improve follow-up post treatment, reduce morbidity and mortality and if early intervention by endoscopy of high-risk patients can prevent gastric cancer.

Key Words: *Helicobacter pylori*, ethnicity, insurance coverage, comorbidities, endoscopy, treatment, eradication, insurance.

Methods

- Identifying the population
- NRT IRB Permission
- Raw data collection
- Applying inclusion and exclusion criteria
- Finalizing the study population
- SPSS Code book creation (3 variables)
- Data analysis
- Conclusions

Patient Selection



Results

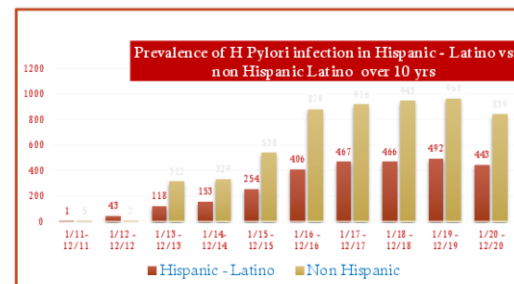


Fig 1. Comparing the prevalence of H pylori infection in H-L vs. other ethnicities (JPS Data from EPIC).

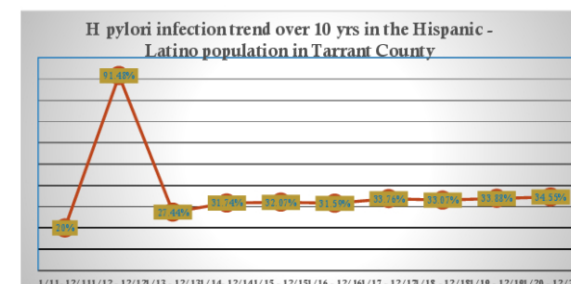


Fig 2. Trend of H pylori infection in the H-L population in 10 yrs (JPS Data base from EPIC)

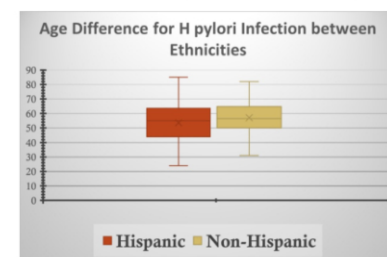


Fig 3. Comparing the ages at infection

Ethnicity	No. Disease	G.B. Disease	Total
Non-Hispanic	20	17	37
Hispanic	86	36	122
Total	106	53	

Fig 4 Comparing GB disease to other ethnicities

Gender	No. Disease	G.B. Disease	Total
Female	59	32	91
Male	47	21	68
Total	106	53	159

Fig 5. Comparing GB Disease by Gender

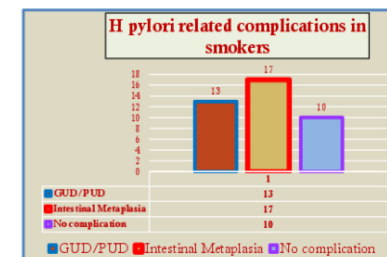


Fig 6. Types of complications in smokers.

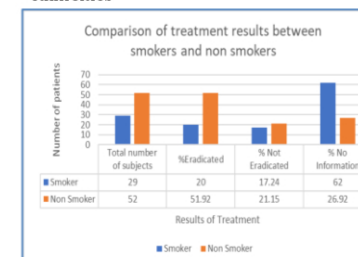


Fig 7. Comparing treatment result between smokers and non-smokers

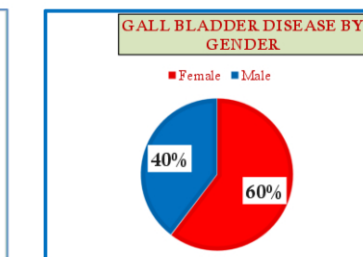


Fig 8 Comparing GB disease by gender .

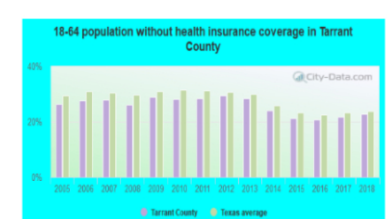


Fig 9. Trend of no insurance coverage by age group in Tarrant County 2005 -2018.

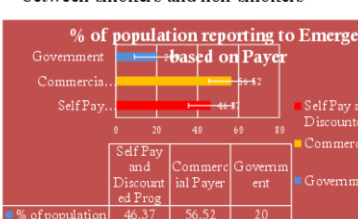


Fig 10. Comparing % of population presenting for treatment by insurance coverage

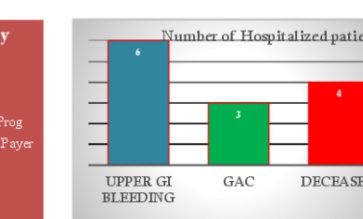


Fig 11. Hospitalizations by disease

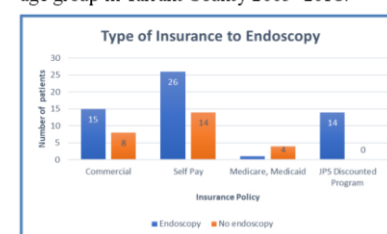


Fig 12. Comparing endoscopy by insurance coverage

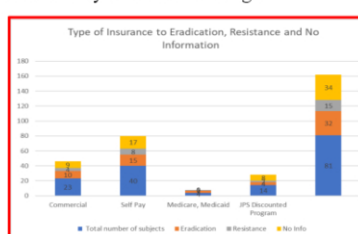


Fig 13. Comparing outcomes of treatment by insurance coverage

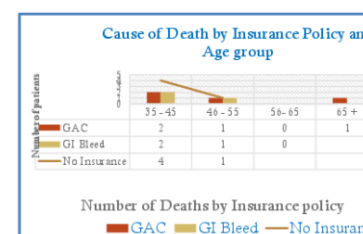


Fig 14. Cause of death by insurance policy and age group.

Conclusions

- Prevalence of H pylori is increased from 20% (2010) to 34.5%(2021) an increase of almost 14% in 10 years.
- Many patients are seasonal migrants and therefore often report late.
- Smokers and women with gallbladder disease are at higher risk
- Hispanic -Latino patients develop complications 5 years earlier than other ethnicities.
- Mortality and morbidity including GAC.due to *H pylori* infection is higher in this ethnicity compared to other ethnicities
- No difference in eradication of *H pylori* was found between those with or without insurance coverage (11.84% lost to Followup).
- Early intervention by upper endoscopy reduces morbidity and mortality, but needs more research.

Recommendations

- Expand medical coverage inspiring more people to report earlier.
- Screen migrant workers at port of entry
- Screen high -risk patients for GAC by upper endoscopy
- Increase awareness by health education of families and communities
- Invest in creating a vaccine due to increased drug resistance especially the CAG A strain and widespread infection
- Declare of *H pylori* infection as a health hazard to raise public awareness and public safety.

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