



## Asthma in Children Enrolled in HUSKY A: FFY 2002

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Pediatric asthma is a significant chronic health problem for children in the United States. In recent years, over 5 percent of American children reportedly had an asthma attack in the previous 12 months.<sup>1</sup> Pediatric asthma disproportionately affects low income and minority children, with a growing gap in asthma prevalence between Black and White children.<sup>2</sup>

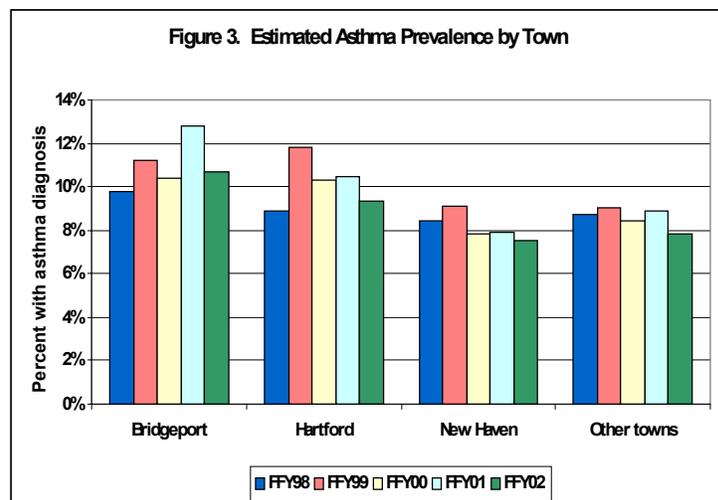
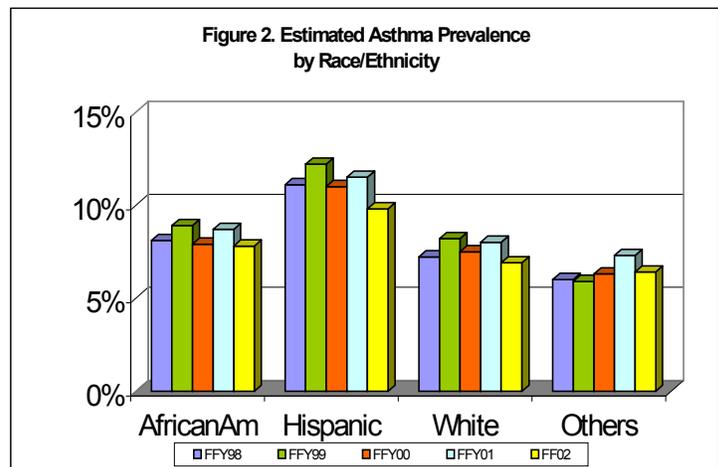
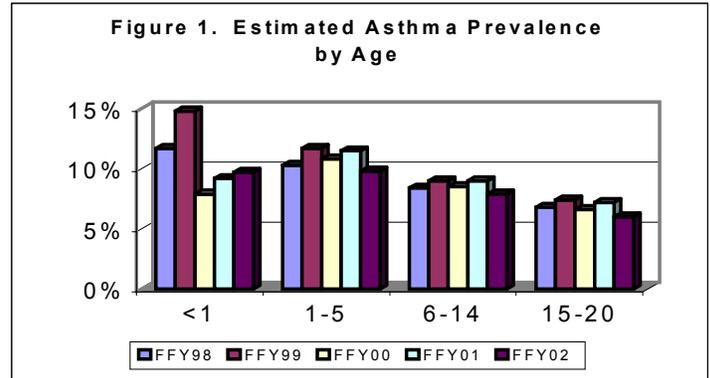
This report on asthma prevalence and asthma-related health care is the fifth annual report from the Children's Health Council.<sup>3</sup>

### Methods

Using HUSKY A enrollment data, children under age 21 who were continuously enrolled between October 1, 2001 and September 30, 2002, were identified. Encounter data were searched for outpatient, inpatient, and emergency care with a primary or secondary diagnosis of asthma (ICD-9-CM code 493.0-493.9). The estimated prevalence of pediatric asthma was determined. Asthma-related health care utilization was described. The percentage of children with follow-up within 2 weeks after emergency care or hospital discharge was determined.

### Results

**Estimated asthma prevalence:** In FFY 2002, 8.1% of children under 21 in HUSKY A had care with an asthma diagnosis. This rate was lower than 9.4% prevalence in the previous year. The prevalence of asthma was highest among children under 6, African American and Hispanic children, and children living in Bridgeport (Figures 1-3). The three-year average prevalence was 8.8%, lower than the estimate for the previous three-year period. For Hispanic children, both the annual prevalence estimate (9.8%) and the three-year average prevalence (10.8%) were significantly lower than in previous years.



**Asthma-related health care utilization:** The average number of ambulatory care visits (office or clinic visits, emergency care) was unchanged (Table 1). The percent of asthmatic children who had emergency care or were hospitalized was essentially unchanged.

**Table 1. Asthma-related health care utilization**

	FFY98	FFY99	FFY00	FFY01	FFY02
<b>Ave. no. ambulatory care visits</b>	4.5 (1-308)	4.7 (1-302)	4.4 (1-84)	4.6 (1-40)	4.1 (1-34)
<b>Children with asthma who:</b>					
<b>Had &gt;1 visit</b>	68%	71%	68%	48%	48%
<b>Had ER visit</b>	18%	25%	25%	28%	26%
<b>Were hospitalized</b>	4%	5%	5%	5%	4%

**Follow-up after emergency care and hospitalization:** Just 16% of children who had emergency care for asthma had a follow-up visit within 2 weeks (Table 2). This rate is down from 20% in the previous year. Just 46% of children who were hospitalized had follow-up care. Infants and very young children were most likely to have had a follow-up visit. Compared with White children, African American children were about 70% less likely to have had a visit after emergency care. Compared with children in other health plans, children in First Choice were least likely to have had a visit for follow-up after emergency care or hospitalization.

**Table 2. Follow-up After ER Care or Hospitalization**

	Total	BC	CHN	HN	FC
<b>Had ER visit</b>	3,359	1,169	566	1,048	190
<b>Seen in 2 wks</b>	16%	18%	17%	17%	8%
<b>Was hospitalized</b>	488	180	81	143	24
<b>Seen in 2 wks</b>	46%	51%	56%	50%	25%

Note: An additional 386 children who changed plans has ER visits (7% had follow-up) and 60 were hospitalized (17% had follow-up).

### Conclusions

- **One in twelve children in HUSKY A received care for asthma in FFY 2002, down from previous years.**
- **Consistent and persistent disparities in health status and health care associated with race/ethnicity are evident.**
- **Few children who received emergency care or were hospitalized for asthma treatment received the timely ambulatory care follow-up that is recommended in treatment guidelines.**
- **Children enrolled in First Choice are most likely to have had emergency care or been hospitalized and least likely to have had a follow-up visit after treatment for asthma.**

<sup>1</sup> Akinbami LF, Schoendorf KC. Trends in childhood asthma: prevalence, health care utilization, and mortality. *Pediatrics* 2002; 100(2): 315-322.

<sup>2</sup> Akinbami LF, LaFleur BJ, Schoendorf KC. Racial and income disparities in childhood asthma in the United States. *Ambulatory Pediatrics* 2002; 2(5): 382-387.

<sup>3</sup> A more detailed report that describes methods and results is available from the Children's Health Council at [www.childrenshealthcouncil.org](http://www.childrenshealthcouncil.org).