CONNECTICUT VOICES FOR CHILDREN

Child Health and Health Care Disparities in HUSKY A in 2005

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This report is the fifth annual summary of health and health care disparities in HUSKY A (Medicaid managed care), issued by Connecticut Voices for Children.[1]

Methods

Using HUSKY A enrollment and encounter data for calendar year 2005, utilization rates for selected types of health care (preventive care, emergency care, asthma care) and health status (diagnosed asthma) were determined for continuously enrolled White, Black/African-American, and Hispanic/Latino children. The odds of having had selected types of care and having asthma by race/ethnicity were determined for African-American children and Hispanic children, compared to White children, after adjusting for other sociodemographic and enrollment factors that may have affected access to care and utilization (i.e., age, gender, residence, primary language, and health plan).

Results

Utilization rates by race/ethnicity in 2005 are presented in Table 1.[2] After adjusting for sociodemographic and enrollment factors that may have affected access to care and utilization, health and health care disparities were evident (Table 2):

- **Preventive care:** African-American children were less likely than White children to have had well-child care and were far less likely to have had any other primary care (e.g., office or clinic visits for other conditions). They were also less likely to have had preventive dental care. Hispanic children were more likely than White children to have had preventive dental care.

- **Emergency care:** Hispanic children were nearly 50 percent more likely than White children to have had any emergency care in 2005; the difference for African-American children is also significant though less. Hispanic children were nearly 70 percent more likely than White children to have had emergency care for ambulatory-care sensitive conditions[3].

Table 1. Health and Health Care Utilization: 2005

	White	African-American	Hispanic
Preventive care:			
Well-child care	57%	54%	58%
Any ambulatory care	88%	82%	88%
Preventive dental care	39%	39%	44%
Emergency care (ED):			
Any ED visit	23%	25%	32%
ED for ACS* conditions	7%	8%	12%
Health status: asthma	18%	19%	22%
Asthma care:			
ED for asthma	7%	12%	11%
Hospitalized for asthma	1%	2%	2%
Follow-up after ED visit for asthma**	26%	22%	23%
Follow-up after hospitalization for asthma**	56%	54%	56%

* ACS = ambulatory care sensitive; ** Within 2 weeks after visit or discharge

- **Asthma and asthma care:** Hispanic children and African-American children were significantly more likely than White children to have had asthma. These children with asthma were 50 to 60 percent more likely than White children to have had emergency care for asthma, then less likely to receive timely follow-up. The likelihood of hospitalization for asthma did not vary by race/ethnicity, nor did rates for timely follow-up.

Conclusion

Disparities in health status and health care utilization are evident and persistent among children enrolled in HUSKY A. Although some of the differences are relatively small, these disparities build upon earlier evidence that non-White children generally fare worse

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in HUSKY A than White children. For children with asthma, Hispanic and African-American children apparently are more likely to rely on emergency departments for care and they do not get timely follow-up. For all children, utilization of preventive services falls short of federal goals and professional recommendations for children's health care.

Disparities related to race/ethnicity remain prevalent among children in the United States.[4] In the 2006 National Healthcare Disparities Report, the Agency for Healthcare Research and Quality reported that, while improvements have been made in reducing disparities in health status and access to health care among racial/ethnic groups, challenges remain.[5] For example, Hispanic children with asthma continue to be at higher risk for hospitalization than non-Hispanic children.

In Connecticut, policies and programs aimed at reducing racial and ethnic disparities among children in HUSKY A should be based on understanding of and appreciation for the cultural features of each community that contribute to child health and health care utilization. Approaches to eliminating disparities must also account for the role of maternal health in promoting child health.

Table 2. Health and Health Care Disparities in HUSKY A: 2005

	Black/African-American Children		Hispanic/Latino Children	
Type of Care or Condition	**Odds ratio[a] (95% CI)**	**Compared with White children…**	**Odds ratio[a] (95% CI)**	**Compared with White children…**
Had well-child care	0.93 (0.90, 0.96)***	*WORSE*	1.03 (1.00, 1.06)	SAME
Had any ambulatory care	0.68 (0.65, 0.71)***	*WORSE*	1.00 (0.96, 1.04)	SAME
Had preventive dental care	0.93 (0.91, 0.96)***	*WORSE*	1.14 (1.11, 1.18)***	*BETTER*
Had any emergency care	1.05 (1.02, 1.08)***	*WORSE*	1.46 (1.42, 1.50)***	*WORSE*
Had emergency care for ACS conditions	1.11 (1.06, 1.16)***	*WORSE*	1.67 (1.61, 1.74)***	*WORSE*
Had treatment for asthma:	1.09 (1.05, 1.12)***	*WORSE*	1.27 (1.23, 1.31)***	*WORSE*
ED visit for asthma	1.60 (1.43, 1.78)***	*WORSE*	1.47 (1.33, 1.63)***	*WORSE*
Hospitalized for asthma	1.25 (0.97, 1.62)	SAME	1.02 (0.79, 1.31)	SAME
Follow-up for asthma after ED visit	0.64 (0.50, 0.82)***	*WORSE*	0.76 (0.60, 0.95)***	*WORSE*
Follow-up for asthma after hospitalized	0.68 (0.40, 1.16)	SAME	0.78 (0.46, 1.32)	SAME

[a] Odds or likelihood of having had a condition or care (with 95% confidence interval), adjusted for age, gender, urban residence, primary language and health plan. If the odds of Hispanic child having had asthma equals 1.44, that means that after taking into account age and other factors, Hispanic children are about 1½ times, or 44% more likely, to have had asthma than White children. If the confidence interval includes 1.00, then the likelihood is no greater or less compared with White children. Differences that are statistically significant at p<.001 are indicated (***) and characterized as "better" or "worse" than White children.

[1] Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on child health care disparities in HUSKY A was prepared under a contract between the Connecticut Department of Social Services and the Hartford Foundation for Public Giving, with a grant to Connecticut Voices from the Hartford Foundation. Performance monitoring in HUSKY A builds on work begun by the Children's Health Council. Connecticut Voices for Children contracts with MAXIMUS, Inc. for data management and data analysis. This report was prepared by Karen M. Sautter, M.P.H., Amanda Learned, B.A., and Mary Ann Kerttula, M.S.W., under the direction of Mary Alice Lee, Ph.D., Senior Policy Fellow. This report is also available at www.ctkidslink.org.

[2] In-depth reports presenting methods and describing unadjusted racial/ethnic-specific rates for ambulatory care, dental care, emergency care, hospitalization, and asthma in 2005 are available at www.ctkidslink.org.

[3] Ambulatory care sensitive conditions are those that would have responded to treatment in an outpatient setting.

[4] Bloom B, Dey AN, Freeman G. 2006. Summary health statistics for US children: National Health Interview Survey, 2005. Vital and Health Statistics 10(231): 1-84. Simpson L et al. 2006. Health care for children and youth in the United States: Annual report on patterns of coverage, utilization, quality, and expenditures by a county level of urban influence. Ambulatory Pediatrics 6(5): 241-64.

[5] *National Healthcare Disparities Report, 2006*. AHRQ Publication No. 07-0012. Agency for Healthcare Research and Quality, Rockville, MD. Available at: http://www.ahrq.gov/qual/nhdr06/nhdr06.htm.