

FACT SHEET

Selected Findings on Child and Adolescent Health Care From the 2007 National Healthcare Quality and Disparities Reports

Agency for Healthcare Research and Quality

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

Since 2003, AHRQ has produced an annual National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR). These reports are a “report card” on the Nation's health. Many of the quality measures featured in the reports pertain to the health of children and adolescents.

This Fact Sheet presents findings from both reports that:

- Highlight areas of quality of and access to care, including disparities.
- List the NHQR and NHDR charts with data on children and adolescents.

The full reports, along with detailed data tables, are available online at www.ahrq.gov/qual/qdr07.htm.

Importance of Child and Adolescent Health Care

About one-fourth of the U.S. population is under the age of 18. Health care providers, government agencies, and others in the health care system recommend that all children have access to high-quality services for health promotion, disease prevention, and acute and chronic care.

Selected Key Findings

Many areas of children's health have shown improvement over time:

- The percentage of children ages 19-35 months who received all recommended vaccines has increased steadily since 1998 and is close to 81 percent.
- The percentage of children ages 2-17 with a dental visit in the past year has also increased and is now over 50 percent.



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- More children are receiving advice from health care providers about healthy eating (an increase from 47.7 percent in 2001 to 53.3 percent in 2004).
- Suicide deaths among children ages 5-17 have remained steady at just under 1.5 per 100,000 population and are well below the Healthy People 2010 target of 5 per 100,000 population. (Healthy People sets the Nation's health objectives. See www.Healthypeople.gov for more information).

Other measures show a need for improvement:

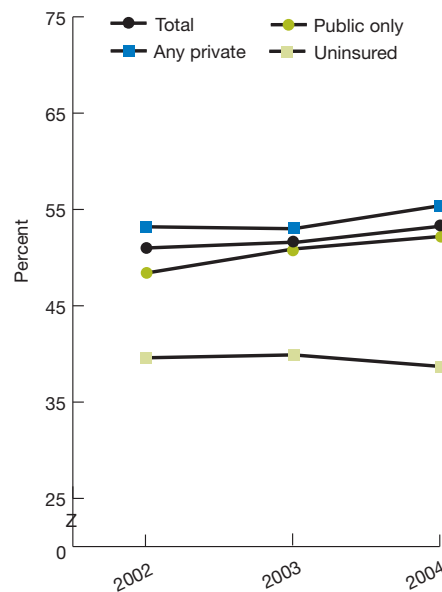
- Although new AIDS cases among adolescents ages 13-17 remain low, in 2005 they exceeded the Healthy People target of 1 case per 100,000 population for the first time in nearly a decade.
- Children with special health care needs (CSHCN) from poor families are less likely than CSHCN from high-income families to get care as soon as wanted.
- Parents of only about one-third of overweight children ages 6-11 were told that their child was overweight. Fewer than half of parents of overweight adolescents ages 12-19 were told their child was overweight.
- The percentage of children whose parents reported that they sometimes or never got care for illness or injury as soon as wanted did not change between 2001 and 2004 (7.3% in 2004).

Disparities in Children's Health Care

Lack of insurance is a significant issue for children and adolescent health care.

- Uninsured children are less likely to receive advice about healthy eating (38.7% compared with 55.4% with private insurance) (see Figure 1).
- Despite a reduction in disparities, the percentage of Hispanic children with health insurance was significantly lower in 2005 than it was for non-Hispanic White children.
- The proportion of poor (85.7%) and near poor (85%) children with health insurance was also significantly lower than it was for high-income children (96.8%).

Figure 1. Advice about healthy eating



Gaps also exist in care for some racial and ethnic groups.

- Blacks, American Indians and Alaska Natives, and Hispanics have lower levels of prenatal care in the first trimester than Whites.
- From 1999-2004, the proportion of children with untreated dental caries was higher for Blacks (24.4%) and Mexican Americans (31.2%) than for Whites (17%).
- In 2004 the rate of pediatric asthma hospital admissions per 100,000 population was higher for Black (373.9) and Hispanic (143.7) children than for White children (97.8).

Education and income also play a role.

- The percentage of children with a dental visit in the past year was lower for poor, near poor, and middle income children compared with high income children.

Some disparities have decreased.

- From 2000 to 2005, the gap between Blacks and Whites, Asians and Whites, and children of multiple races and Whites who received all recommended vaccines decreased.
- The gap between Hispanics and non-Hispanic Whites in the percentage of children receiving recommended vaccines also decreased.
- The gap between Hispanics and non-Hispanic Whites in the proportion of children whose parents or guardians reported poor communication with their health providers decreased.

Charts Relevant to Children and Adolescents From AHRQ's 2007 National Reports on Quality and Disparities

This table lists charts on quality and disparities in health care for children and adolescents from the 2007 National Healthcare Quality Report (NHQR) and its companion 2007 National Healthcare Disparities Report (NHDR). The NHQR and NHDR highlight findings on a selected number of measures each year. Additional data on measures relevant to children and adolescents can be found in the online data tables for each report.

Measure	NHQR Chart	NHDR Chart
Medicare dialysis patients registered on waiting list for transplantation, by age group	Fig. 2.14	—
New AIDS cases per 100,000 population age 13 and over		
Overall	Fig. 2.22	—
By race/ethnicity	—	Fig. 2.18
By race/ethnicity, stratified by gender	—	Fig. 4.38
Women ages 15-44 who completed a pregnancy in the last 12 months and had an HIV test as part of prenatal care, by age group		
Overall	Fig. 2.23	
By race/ethnicity and income	—	Fig. 4.39
Persons ages 15-44 who ever had an HIV test outside of blood donation, by age group	Fig. 2.24	—
Prenatal care in first trimester		
Overall	Fig. 2.27	
By race, ethnicity, and education	—	Fig. 4.35
By race and ethnicity, stratified by education	—	Fig. 4.36
By geographic location	—	Fig. 4.55
Children ages 19-35 months who received all recommended vaccines		
Overall	Fig. 2.28	—
By race, ethnicity, and income	—	Fig. 4.41
Children ages 2-17 with a dental visit in the past year		
Overall	Fig. 2.29	—
By race, ethnicity, and income	—	Fig. 4.45
Children for whom a doctor or other health care provider ever gave advice about healthy eating		
Overall	Fig. 2.30	
By insurance status		Fig. 4.32
By race, ethnicity, and income		Fig. 4.43
Overweight children and adolescents whose parents were told by a doctor or other health professional that the child was overweight		
Overall	Fig. 2.31	
By race, ethnicity, and income		Fig. 4.42
Children ages 2-17 with untreated dental caries by race/ethnicity and income	—	Fig. 4.44

Measure	NHQR Chart	NHDR Chart
Hospital admissions for pediatric gastroenteritis per 100,000 population ages 4 months to 17 years		
Overall	Fig. 2.32	
By race/ethnicity		Fig. 4.46
Suicide deaths per 100,000 population	Fig. 2.33	—
Persons ages 12-44 who received needed treatment for illicit drug use	Fig. 2.35	—
Rate of antibiotic use for the common cold by age group	Fig. 2.40	—
Completion of tuberculosis therapy within 1 year, by age group	Fig. 2.41	—
Pediatric hospital admissions for asthma		
Overall	Fig. 2.42	
By race/ethnicity		Fig. 4.47
Children whose parents reported that they sometimes or never got care for illness or injury as soon as wanted		
Overall	Fig. 4.2	
By race, ethnicity, and income		Fig. 4.48
Children under age 18 with ambulatory visits whose parents reported poor communication with health providers		
Overall	Fig. 5.3	
By race, ethnicity, and income		Fig. 4.49
Children under age 18 with health insurance, by race, ethnicity, and income		Fig. 4.50
Children ages 12-17 with a major depressive episode in the past year who received treatment in the past year, by race, ethnicity, and income		Fig. 4.51
Children with special health care needs (CSHCN) who can always get care for illness or injury as soon as wanted, by race, ethnicity, and income		Fig. 4.63
CSHCN whose parents or guardians reported poor communication with health providers, by race, ethnicity, and income		Fig. 4.64

For More Information

The 2007 National Healthcare Quality Report (AHRQ Pub. No. 08-0040) and the 2007 National Healthcare Disparities Report (AHRQ Pub. No. 08-0041) are available online at www.ahrq.gov/qual/qrdr07.htm.

Printed copies of both reports can be ordered from the AHRQ Publications Clearinghouse by calling 800-358-9295 or by sending an E-mail to AHRQPubs@ahrq.hhs.gov.

Additional information on programs and activities related to child health at the Agency for Healthcare Research and Quality is available on the AHRQ Web site at www.ahrq.gov/child/

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