FACT SHEET

# Disparities in Children's Health Care Quality: Selected Examples from the National Healthcare Quality and Disparities Reports, 2008

**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, the Agency for Healthcare Research and Quality (AHRQ) has produced the National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). Although improvements have been seen in health care quality and some disparities have been reduced or eliminated, differences persist in health care quality among children in racial and ethnic minority groups. Children in low-income families and uninsured families also experience poorer quality care. In some cases, location can make a difference in health care quality, as regional differences are seen in certain measures.

For many measures, children overall experience poor quality. For example, 60.6% of overweight children have never been told by a health care provider that they are overweight.

Fifty-five percent of parents have never been advised that smoking in the house is harmful to their children. Almost 40% of children have never been screened for vision problems. Thirty-four percent of parents have never been advised about the need for car seats. Sixty-one percent of children ages 12-17 with a major depressive episode have not received treatment. A little more than 40% of children with special health care needs whose parents report a need for care coordination among different providers do not receive it.

This fact sheet discusses differences between groups in terms of relative rates, which is the ratio of the comparison group (e.g., Black) to a baseline group (e.g., White). For example, a relative rate of 2.0 means that children in that group are twice as likely to receive poorer quality care. Relative rates equal to or greater than 1.5 are highlighted as areas for improvement.

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The NHQR and NHDR lack some measures on important child health topics. In addition, limited data are available for some groups, especially for relatively small racial and ethnic populations of children (e.g., Asian and Pacific Islanders [API]). Still, the reports offer many measures that indicate ongoing disparities in key areas of health care.

## Disparities Among Racial and Ethnic Groups

Among racial and ethnic groups, Whites had better or similar rates in almost every area (effectiveness, patient centeredness, timeliness, care coordination), except patient safety. Figures 1-3 show relative rates for lack of prenatal care, admissions for preventable conditions, and lack of family-centered care for children with special health care needs. Figures 2 and 3 also address income, which is discussed below.

Additional areas for improvement include:

- Sometimes/never able to get appointment for routine care as soon as wanted: Black/White, 1.7; Hispanic/Non-Hispanic White, 1.9.
- Emergency department visits of 6 hours or more in which patient was admitted to the hospital or transferred to another facility: Black/White, 1.5.

For some measures, some racial and ethnic minority groups had better rates than Whites:

- Did not have height and weight measured[i] : Black/White, 0.84.
- Admissions for preventable conditions[ii] (APIs; see Figure 2).
- Dialysis patients not registered on transplant waiting list: API/White, 0.87.

### Selected Quality Measures and Relative Rates of Racial, Ethnic, and Income Groups

**Figure 1. No prenatal care in first trimester**

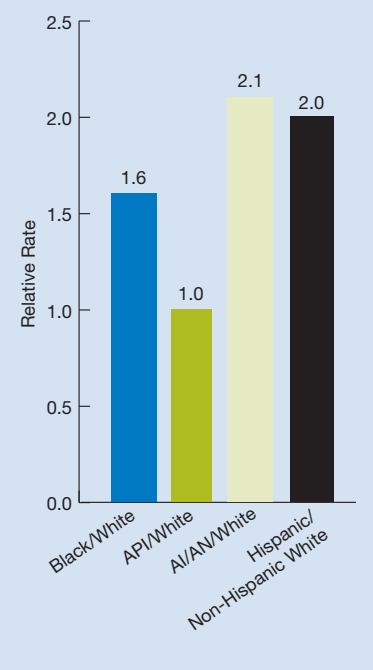



**Figure 2. Admissions for preventable conditions**

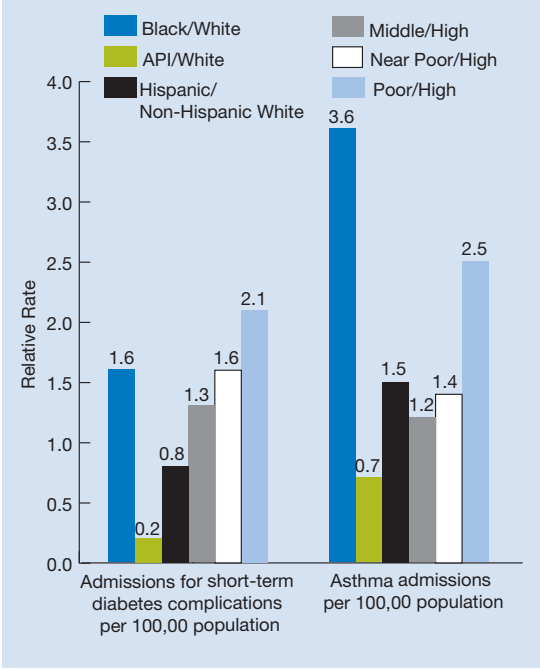
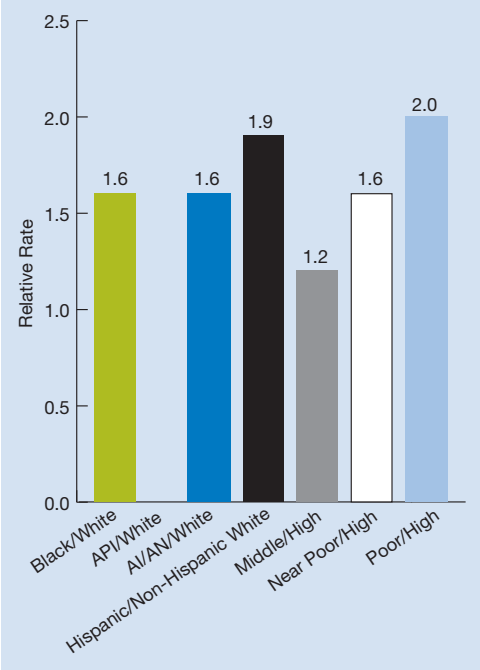



**Figure 3. Figure 3. Children with special health care needs without family-centered care**




[i]Measuring height and weight is an important precursor to assessing children's body mass index for overweight or obesity.

[ii]Higher rates of hospitalizations for conditions such as asthma and diabetes are an indicator of poor quality, because many hospitalizations can be prevented with high-quality accessible ambulatory care (e.g., by primary care providers and outpatient specialty care).

Care for Hispanic children needs improvement in several areas. Hispanic children are twice as likely as White children to lack up-to-date immunizations and to experience poor provider-patient communication. They are 2.5 times as likely to lack height and weight measurements. However, in two areas related to prevention, Hispanic children had better rates than White children. The relative rate for overweight children not told they were overweight and for parents never given advice that smoking in the house is harmful was 0.9.

In the area of patient safety, Whites tended to fare worse than other racial and ethnic groups and had worse rates than the total (see table).

| | Relative rate | | |
|---|---|---|---|
| Measure | Black/White | API/White | Hispanic/Non-Hispanic White |
| Accidental puncture or laceration during procedure per 1,000 discharges | 0.8 | 0.9 | 0.8 |
| Birth trauma—injury to neonate per 1,000 live births | 0.8 | 1.1 | 0.7 |

## Income and Insurance

Disparities are seen among income groups in multiple areas. With very few exceptions, children from poor families fare worse than children from high-income families. In some cases, children from middle-income families also have lower rates than children from high-income families. In addition, children with private health insurance fare better on most measures than children with public health insurance and children with no health insurance.

Figures 4-6 show relative rates for immunizations, preventive services, and patient centeredness. An additional area for improvement is: Sometimes/never able to get appointment for routine care as soon as wanted (Poor/High income, 2.3; Near poor/High income, 1.9; Public/private, 2.1).

### Selected Quality Measures and Relative Rates of Income and Insurance Groups

**Figure 4. Immunizations not up to date**

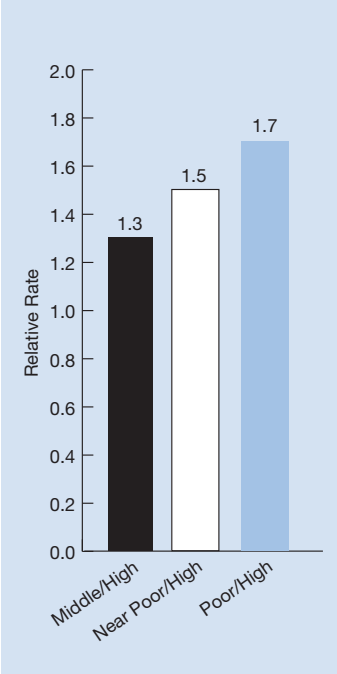



**Figure 5. Lack of preventive services**

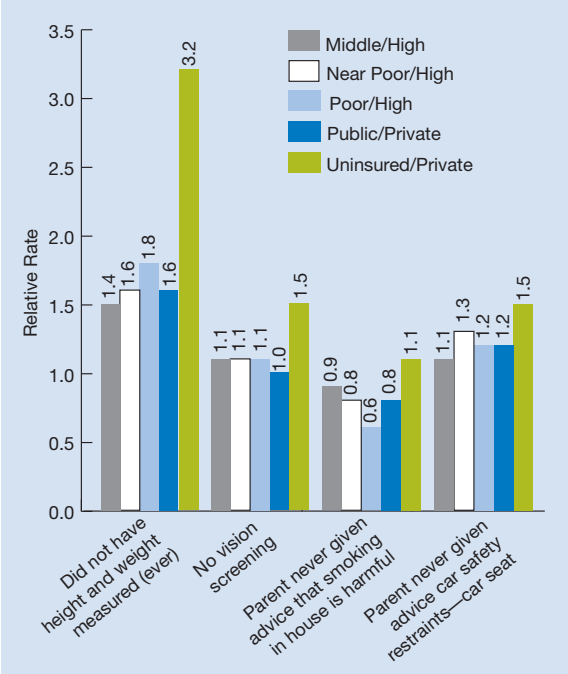
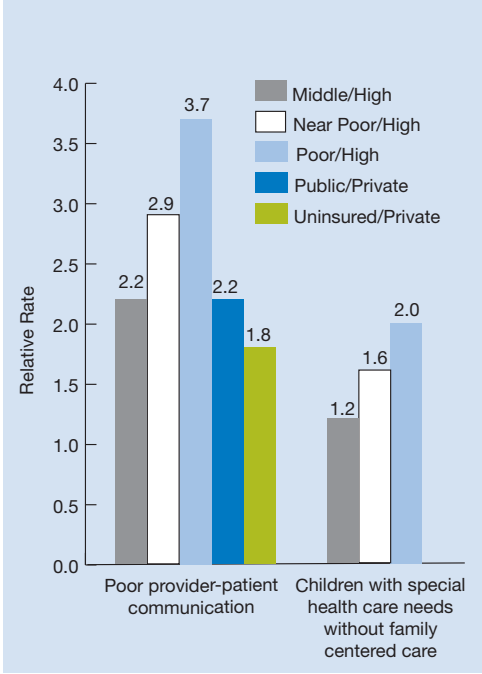



**Figure 6. Lack of patient-centered care**



On a few measures, children from families with lower incomes and less insurance have better rates than children from high-income families and families with private insurance:

- Overweight children not told they were overweight: Poor/High income, 0.9; Near poor/High income, 0.9.
- Parents never given advice that smoking in the house is harmful: Poor/High income, 0.7; Near poor/High income, 0.8; Middle income/High income, 0.9; Public/Private, 0.8.
- Birth trauma—injury to neonate per 1,000 live births: Poor/High income, 0.9; Middle income/High income, 0.9; Uninsured/Private, 0.9. On this measure, children from near-poor families were similar to children from high-income families (relative rate, 1.1).

## Location

Rates among children in metropolitan and nonmetropolitan areas were similar, but children in nonmetropolitan areas had better rates in two areas. The nonmetropolitan/metropolitan relative rate for asthma admissions was 0.7 and for admissions with perforated appendix, 0.8. In addition, regional variation was seen in five measures, as shown in the table.

### Regional Variation in Quality and Safety Measures

| | Northeast | Midwest | South | West |
|---|---|---|---|---|
| Admissions for short-term diabetes complications per 100,000 population | 25.0 | 37.3 | 27.3 | 22.1 |
| Asthma admissions per 100,000 population | 203.9 | 145.4 | 133.5 | 97.1 |
| Accidental puncture or laceration | 0.87 | 1.07 | 0.67 | 1.08 |
| Birth trauma—injury to neonate per 1,000 live births | 1.59 | 1.86 | 2.16 | 1.53 |
| Admissions with perforated appendix | 265.0 | 303.4 | 305.6 | 310.8 |

## Quality and Disparities Reports Charts Related to Children and Adolescents

This table lists charts on quality and disparities in health care for children and adolescents from the 2008 NHQR and its companion 2008 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 |
|---|---|---|
| Dialysis patients who were registered on a waiting list for transplantation, by age group | Fig. 2.14 | — |
| New AIDS cases per 100,000 population age 13 and over | Fig. 2.23 | — |
| Prenatal care in first trimester | | |
| Overall | Fig. 2.25 | — |
| By race, ethnicity, and education | — | Fig. 4.25 |
| By race and ethnicity, stratified by education | — | Fig. 4.26 |
| By geographic location, stratified by race, ethnicity, and education | — | Fig. 4.43 |
| Children ages 19-35 months who received all recommended vaccines | | |
| Overall | Fig. 2.26 | — |
| By race, ethnicity, and income | — | Fig. 4.32 |

| Measure | NHQR Chart | NHDR Chart |
|---|---|---|
| Children ages 3-6 who ever had their vision checked by a health provider | | |
| Overall | Fig. 2.27 | — |
| By race, ethnicity, and income | — | Fig. 4.34 |
| Children ages 2-17 for whom a health provider ever gave advice about physical activity | | |
| Overall | Fig. 2.28 | — |
| By insurance status | — | Fig. 4.23 |
| By race, ethnicity, and income | — | Fig. 4.33 |
| Children ages 2-17 for whom a health provider ever gave advice about healthy eating | Fig. 2.29 | — |
| People ages 2-19 who were overweight who were told by a health provider they were overweight | Fig. 2.30 | — |
| Suicide deaths per 100,000 population | Fig. 2.31 | — |
| People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility | Fig. 2.33 | — |
| Visits with antibiotics prescribed for common cold | Fig. 2.38 | — |
| Completion of tuberculosis therapy within 1 year, by age group | Fig. 2.39 | — |
| People with current asthma taking daily preventive medicine | Fig. 2.40 | |
| Accidental puncture or laceration during procedure | — | Fig. 4.35 |
| Perforated appendixes per 1,000 admissions with appendicitis | | |
| By race/ethnicity and income | — | Fig. 4.36 |
| By race/ethnicity, stratified by income | — | Fig. 4.37 |
| Children who needed care right away for an illness, injury, or condition who sometimes or never got care as soon as wanted | | |
| Overall | Fig. 4.2 | — |
| By race, ethnicity, and income | — | Fig. 2.52 |
| Emergency department visits where patients left without being seen | Fig. 4.3 | |
| Children with ambulatory visits whose parents reported poor communication with health providers | | |
| Overall | Fig. 5.3 | — |
| By race, ethnicity, and income | — | Fig. 2.56 |
| By race and ethnicity, stratified by income | — | Fig. 2.57 |
| Children with health insurance, by race, ethnicity, and income | — | Fig. 4.38 |
| Children with special health care needs (CSHCN) who received care coordination, by race, ethnicity, and income | — | Fig. 4.52 |
| CSHCN without family-centered care | — | Fig. 4.53 |
| CSHCN who were without health insurance at some point | — | Fig 4.54 |
| Currently insured CSHCN whose insurance is not adequate, by race, ethnicity, and income | — | Fig. 4.55 |

## For More Information

The 2008 National Healthcare Quality Report (AHRQ Pub. No. 09-0001) and the 2008 National Healthcare Disparities Report (AHRQ Pub. No. 09-0002) are available online at www.ahrq.gov/qual/qrdr08.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 or by contacting:

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AHRQ Pub. No. 09-0060
June 2009