



Childhood healthcare access and use

CHILD HEALTH SNAPSHOT NO. 2

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Children’s access to and use of healthcare is closely related to their overall health and wellbeing.¹ Regular attendance at well-child visits for preventative health services, such as immunizations and growth monitoring, is critical for maximizing healthy development.² Moreover, children who regularly attend well-child visits are less likely to use the emergency room (ER) or to be hospitalized due to chronic disease or infection.³⁻⁶ For families, the ability to receive pediatric healthcare is influenced by cost and insurance coverage. Fortunately, the expansion of federal health insurance coverage over the past several decades has increased children’s use of care and improved health outcomes.^{7,8} Despite this improvement, in 2015, nearly 20% of ER visits in the U.S. were for children.⁹ In addition, children from low income communities account for a disproportionately large share of the 30 million annual pediatric ER visits.⁹

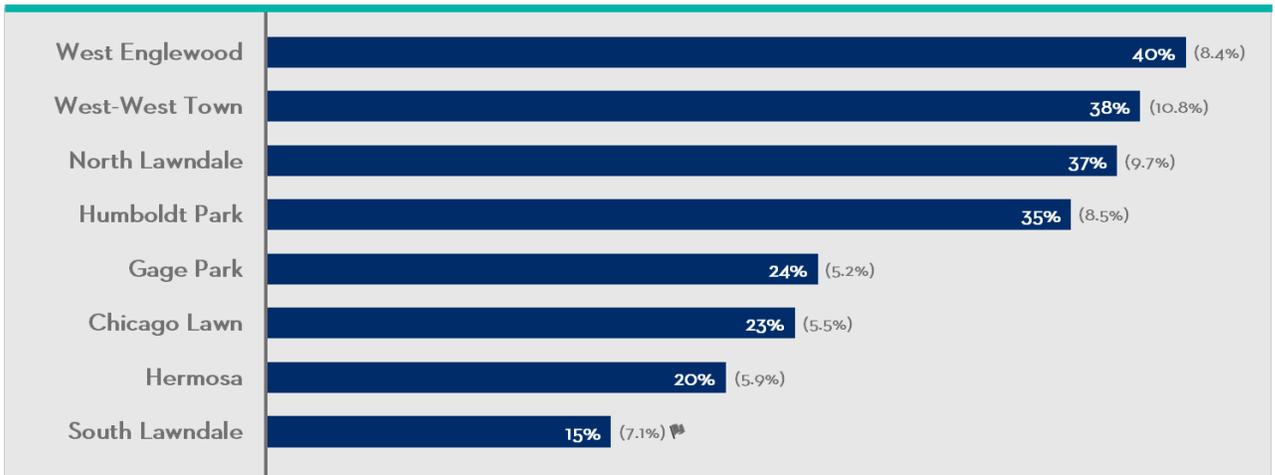
WHICH COMMUNITIES ARE MOST AFFECTED?

- Over one-third of children aged 12 years and under living in Humboldt Park, West-West Town, North Lawndale, and West Englewood visited the emergency room in the past year.
- In North Lawndale, 36% of children aged 12 years and under received a flu vaccine in the past year.
- In Gage Park, North Lawndale, and West Englewood, over 95% of insured children aged 12 years and under were covered by Medicaid or All Kids.

WHO IS MOST AFFECTED?

- Among Non-Hispanic Black children with insurance, 94% were covered by Medicaid or All Kids.
- About half of Non-Hispanic Black children received a flu vaccine in the past year.

FIGURE 1: Percent of children aged 12 years and under who visited the emergency room in the past year by community area

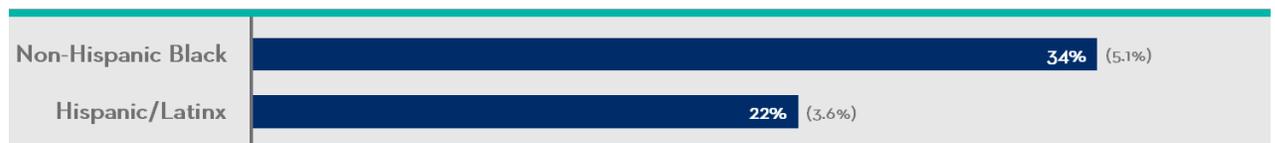


Sampled West Town community area west of Western Avenue only
 Sample size: 371, Rao-Scott Chi-Square p-value: 0.1435

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- The percent of children who visited the emergency room in the past year ranged from 15% in South Lawndale to 40% in West Englewood.
- While not pictured, over 87% of children had a usual place of care other than the emergency room that they went to when they were sick or when their caregiver needed advice about their health. In all but three communities (South Lawndale, Chicago Lawn, and West Englewood), over 95% of children had a well-child checkup in the past year.

FIGURE 2: Percent of children aged 12 years and under who visited the emergency room in the past year by race/ethnicity



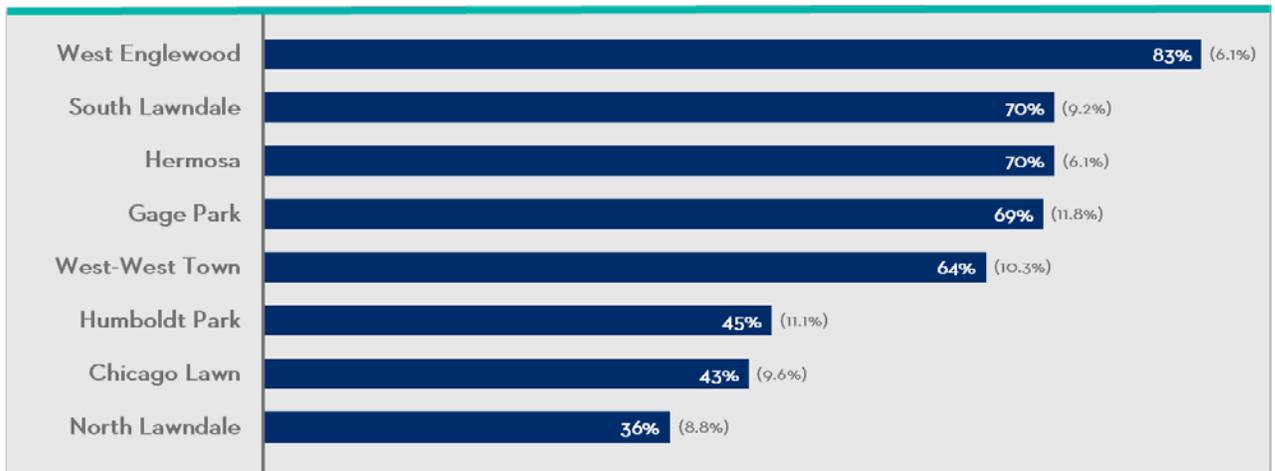
Sample size: 365, Rao-Scott Chi-Square p-value: 0.0592
 Children of other races not included in this analysis

PREVALENCE (STANDARD ERROR)

- Non-Hispanic Black children were more likely to visit the emergency room in the past year than Hispanic/Latinx children (34% vs. 22%).

Children who visited the emergency room in the past year were defined as children who visited a hospital emergency room about their own health at least once in the past 12 months, including visits that resulted in a hospital admission.

FIGURE 3: Percent of children aged 12 years and under who received a flu vaccine in the past year by community area

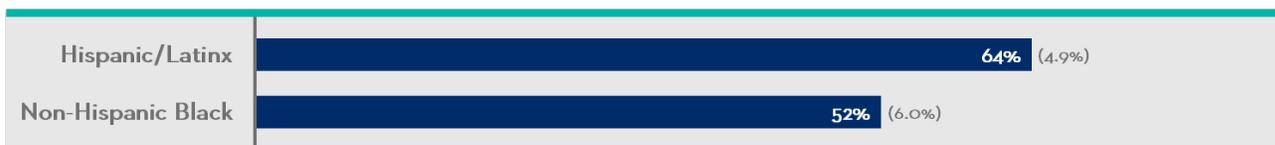


*Sampled West Town community area west of Western Avenue only
Sample size: 369, Rao-Scott Chi-Square p-value: 0.0154*

PREVALENCE (STANDARD ERROR)

- The percent of children who received a flu vaccine in the past year ranged from 36% in North Lawndale to 83% in West Englewood.
- Less than half of children in Humboldt Park, Chicago Lawn, and North Lawndale received a flu vaccine in the past year.

FIGURE 4: Percent of children aged 12 years and under who received a flu vaccine in the past year by race/ethnicity



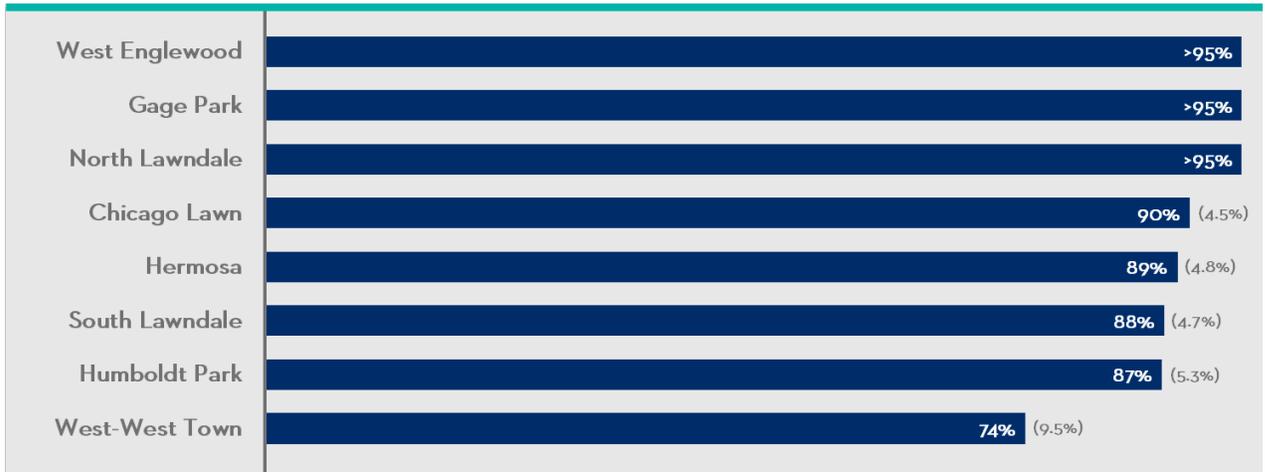
*Sample size: 363, Rao-Scott Chi-Square p-value: 0.0990
Children of other races not included in this analysis*

PREVALENCE (STANDARD ERROR)

- Among Hispanic/Latinx children, 64% received a flu vaccine in the past year, while 52% of Non-Hispanic Black children had a flu vaccine. However, this difference was not statistically significant.

Children who received a flu vaccine in the past year were defined as children whose caregiver reported that they received a flu vaccination in the past 12 months.

FIGURE 5: Percent of insured children aged 12 years and under who were covered by Medicaid or All Kids by community area

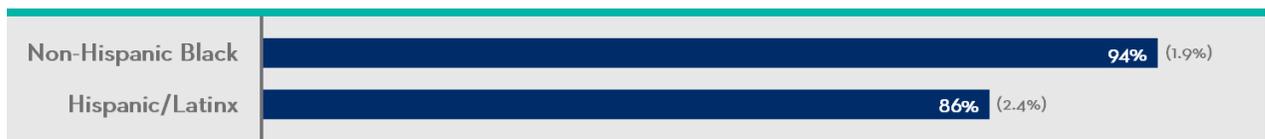


Sampled West Town community area west of Western Avenue only
 Sample size: 356, Rao-Scott Chi-Square p-value: 0.1271

PREVALENCE (STANDARD ERROR)

- While not pictured, over 90% of children across all communities had health insurance coverage. In two communities, almost 100% of children were insured.
- In West-West Town, 74% of insured children were covered by Medicaid or All Kids, whereas in North Lawndale, Gage Park, and West Englewood over 95% of insured children had Medicaid or All Kids.

FIGURE 6: Percent of insured children aged 12 years and under who were covered by Medicaid or All Kids by race/ethnicity



Sample size: 351, Rao-Scott Chi-Square p-value: 0.0106
 Children of other races not included in this analysis

PREVALENCE (STANDARD ERROR)

- Among those who were insured, 94% of Non-Hispanic Black children and 86% of Hispanic/Latinx children had Medicaid or All Kids. This difference was statistically significant.

Children who are insured by Medicaid or All Kids include children with any kind of health care insurance coverage who were covered by Medicaid or All Kids (public insurance plans in Illinois).

ABOUT THE SURVEY

Sinai Urban Health Institute (SUHI) is a unique, nationally-recognized research center on the west side of Chicago. Our mission is to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation, and collaboration. SUHI is a proud member of Sinai Health System. For more information about SUHI, visit www.SUHChicago.org.

SUHI designed and conducted Sinai Community Health Survey 2.0 in partnership with our Community Advisory Committee and the University of Illinois at Chicago Survey Research Laboratory (SRL). SRL administered surveys face-to-face in both English and Spanish to randomly selected households from each of the ten surveyed communities. If children aged 0 to 12 years lived in the household, interviewers randomly selected one child and interviewed the child's parent or legal guardian ("primary caregiver") about the child's health. Data collection took place between March 2015 and September 2016 with a final sample size of 394 children aged 0 to 12 years.

Survey results are representative at the community area level for all communities with the exception of West Town, which was sampled west of Western Avenue only. Due to limited sample size, children from Norwood Park and Lower West Side were excluded from community area analyses and children identified as Non-Hispanic White or Non-Hispanic Other were excluded from race/ethnicity analyses. More information about Sinai Survey is available at www.SinaiSurvey.org.

METHODS

We used weights to compute statistical estimates to ensure: (1) the estimates accounted for the differential probability that a participant was selected; and (2) the distribution of child cases in each community area aligns with the distribution of children aged 0 to 12 years in the community area according to the 2010 Census. The Rao-Scott Chi-Square test and Adjusted Wald Test were used to test for statistical differences by community area, racial/ethnic group, sex, and age group. Findings were flagged when the Relative Standard Error (RSE) was >30%, indicating that the values should be interpreted with caution.¹⁰

REFERENCES

1. Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Washington DC: National Academies Press (US); 1993.
2. Coker TR, Windon A, Moreno C, Schuster MA, Chung PJ. Well-child care clinical practice redesign for young children: a systematic review of strategies and tools. *Pediatrics*. 2013;131 Suppl 1:S5-25.
3. Hakim R, Bye B. Effectiveness of Compliance With Pediatric Preventive Care Guidelines Among Medicaid Beneficiaries. *Pediatrics*. 2001;108(1):90-97.
4. Piehl M, Clemens C, Joines J. Decreasing Emergency Department Use by Children Enrolled in the Medicaid Program by Improving Access to Primary Care. *Arch Pediatr Adolesc Med*. 2000;154(8):791-795.
5. Shumskiy I, Richardson T, Brar S, et al. Well-Child Visits of Medicaid-Insured Children with Medical Complexity. *J Pediatr*. 2018;199:223-230 e222.
6. Tom J, Mangione-Smith R, Grossman D, Solomon C, Tseng C. Well-Child Care Visits and Risk of Ambulatory Care–Sensitive Hospitalizations. *Am J Manag Care*. 2013;19(5):354-360.
7. Leininger L, Levy H. Child Health and Access to Medical Care. *Future of Children*. 2015;25(1):65-90.
8. Wherry LR, Kenney GM, Sommers BD. The Role of Public Health Insurance in Reducing Child Poverty. *Acad Pediatr*. 2016;16(3 Suppl):S98-S104.
9. McDermott KW, Stocks C, Freeman WJ. Overview of Pediatric Emergency Department Visits, 2015 : Statistical Brief #242. Agency for Healthcare Research and Quality;2018.
10. Klein RJ, Proctor SE, Boudreault MA, Turczyn. Healthy People 2010 Criteria for Data Suppression. *Healthy People 2010 Stat Notes*. 2002 Jul;(24):1-12.

