

# Health Disparities among Children in Iowa

## The 2010 Iowa Child and Family Household Health Survey

Peter Damiano  
Ki Park  
Erin Robinson

Public Policy Center  
The University of Iowa

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# Topics to be covered

## 2010 IHHS

- Overview
- Methods
- Health disparity results
- Conclusions



# Study Collaborators

- Joint effort of
  - Iowa Department of Public Health
  - University of Iowa Public Policy Center
  - Iowa Child Health Specialty Clinics
  - Other funding partners for 2010
    - U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB)
    - Blank Children's Hospital
    - American Academy of Pediatrics -Iowa Chapter
    - ARRA funding through Early ACCESS



# Primary purpose-2010 IHHS

- 1) To assess the health and well-being of children and families in Iowa
- 2) To explore early childhood issues in Iowa
- 3) To assess the health insurance coverage of children in Iowa and features of the uninsured
- 4) To assess the health and well-being of racial and ethnic minority children in Iowa
- 5) To inform about the LAUNCH project in Des Moines



# Health care topics-2010 IHHS

- Functional health status
  - CYSHCN screener
- Access to/need for care
  - Insurance coverage
- Prescription medications
- Dental care
- Behavioral/emotional health
- Emergency room use
- Medical home-**new**



# Health determinants-2010 IHHS

- Early childhood issues
  - Parental engagement
  - Child care
- Physical activity
- Nutrition
- Substance use problems
- Social determinants of health-new
- Food insecurity-new



# Methods-2010 IHHS

- Population-based statewide household survey
- Address-based sampling design-new
- Mixed mode data collection
  - Telephone and Internet survey methods
  - AA/Latino oversample
  - Data collection by Univ. of Northern Iowa Center for Social and Behavioral Research



# Methods-2010 IHHS

- Screening call identify families with children
- Most knowledgeable adult over 18 asked to complete interview
  - Respondents: 95% parents
    - 80% mothers
    - 15% fathers
- Data collection: Fall 2010, Spring 2011
- 180 questions max.
  - 22 minutes on average





# Methods-2010 HHS

- 2,386 participated; 1,859 phone and 527 online
- Oversampling of African-American and Hispanic/Latino Children

	Original sample	Oversample	Total
Hispanic/Latino (all races)	143	93	236
African-American	90	40	130
API	53	NA	53
White	2,063	NA	2,063
<b>Total included in this report</b>	<b>2,349</b>	<b>133</b>	<b>2,482</b>
American Indian, 3 or more races, 'other' race, and missing responses combined	37	NA	37
<b>Total interviews collected</b>	<b>2,386</b>	<b>133</b>	<b>2,519</b>



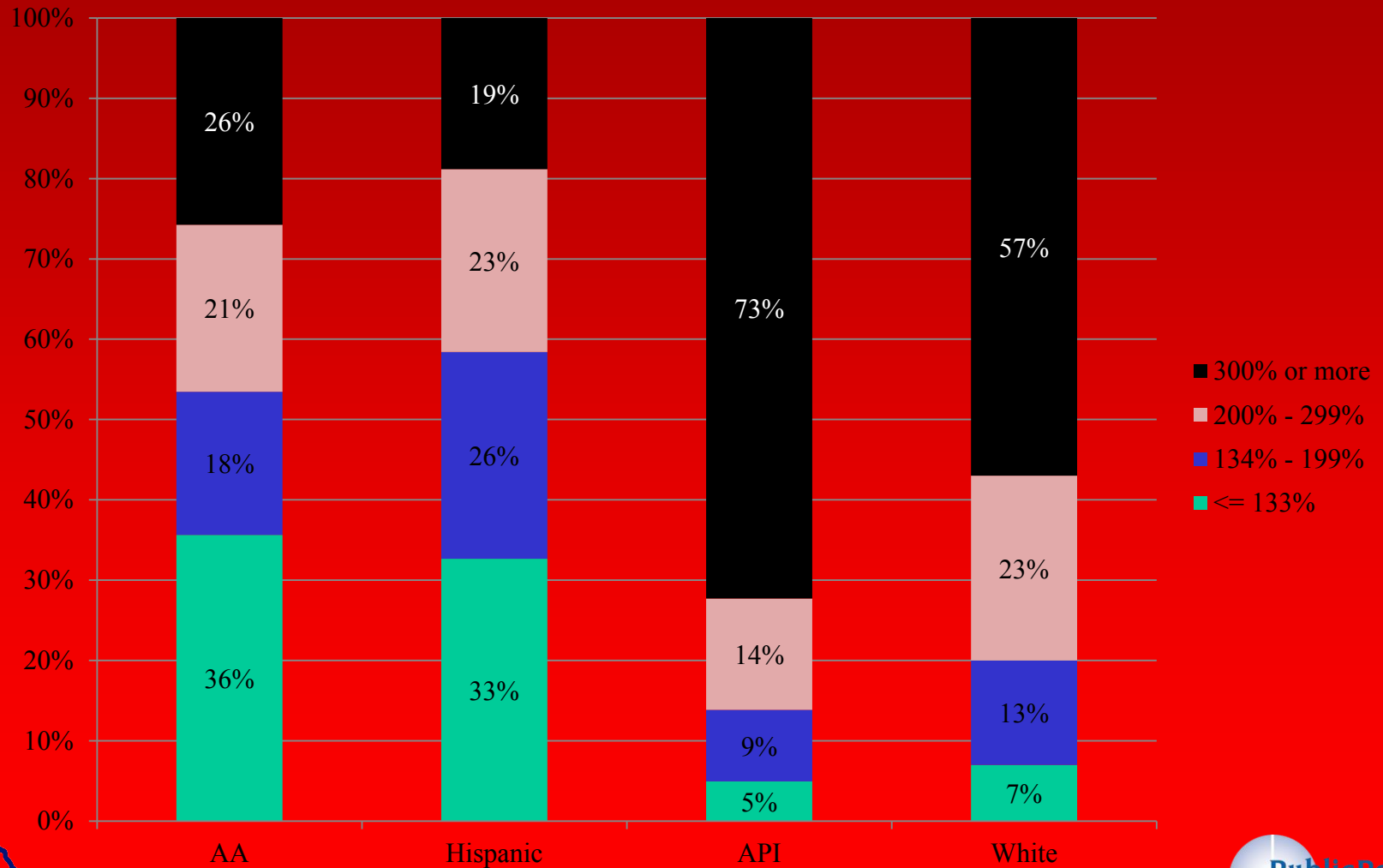
# Results-2010 IHHS

Today:

- Health disparities among children and families in Iowa
- Comparisons by race/ethnicity:
  - White
  - African American
  - Hispanic/Latino
  - Asian/Pacific Islander



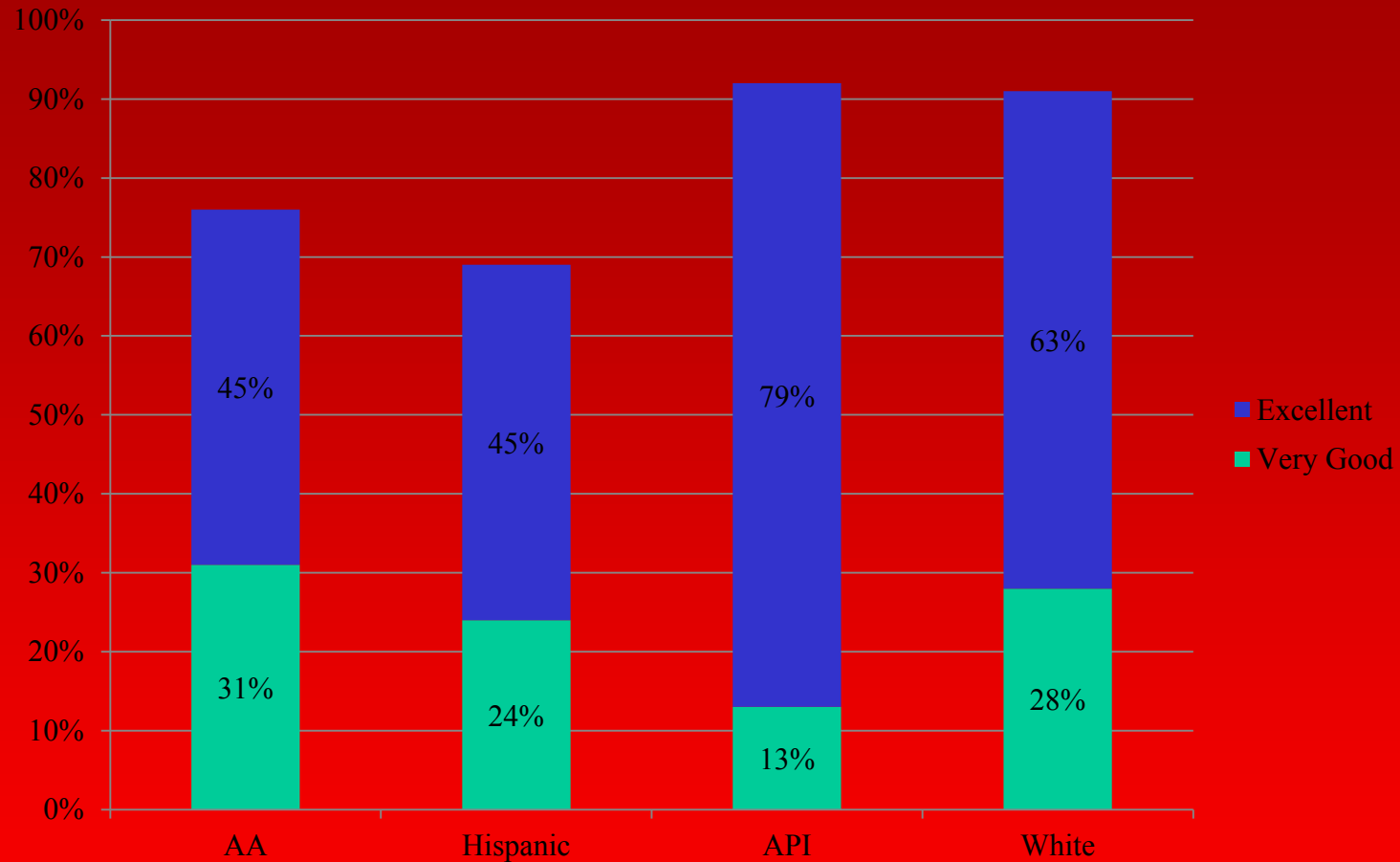
# Household Income (FPL) by Race/Ethnicity



# Children's health status



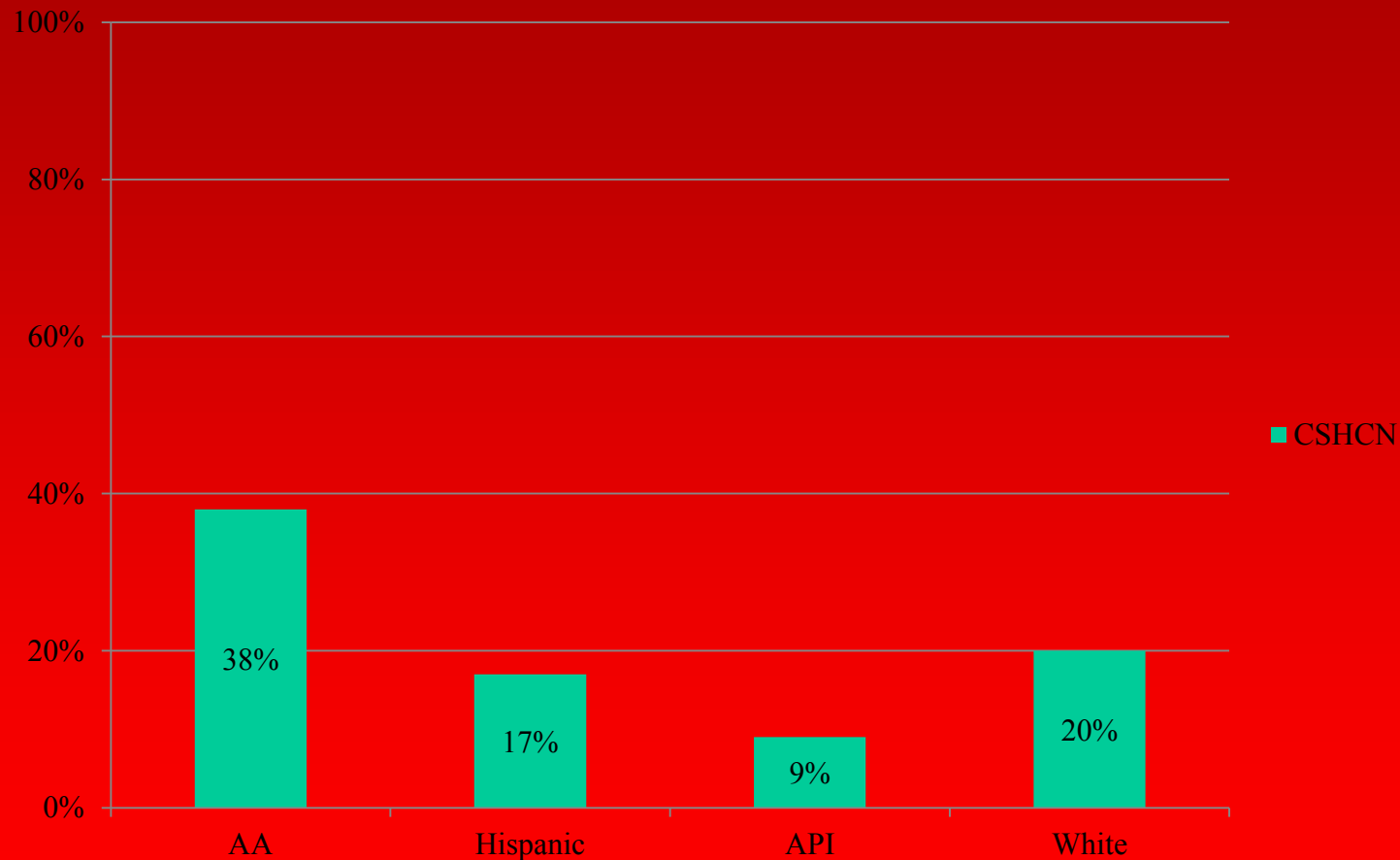
# Overall health status



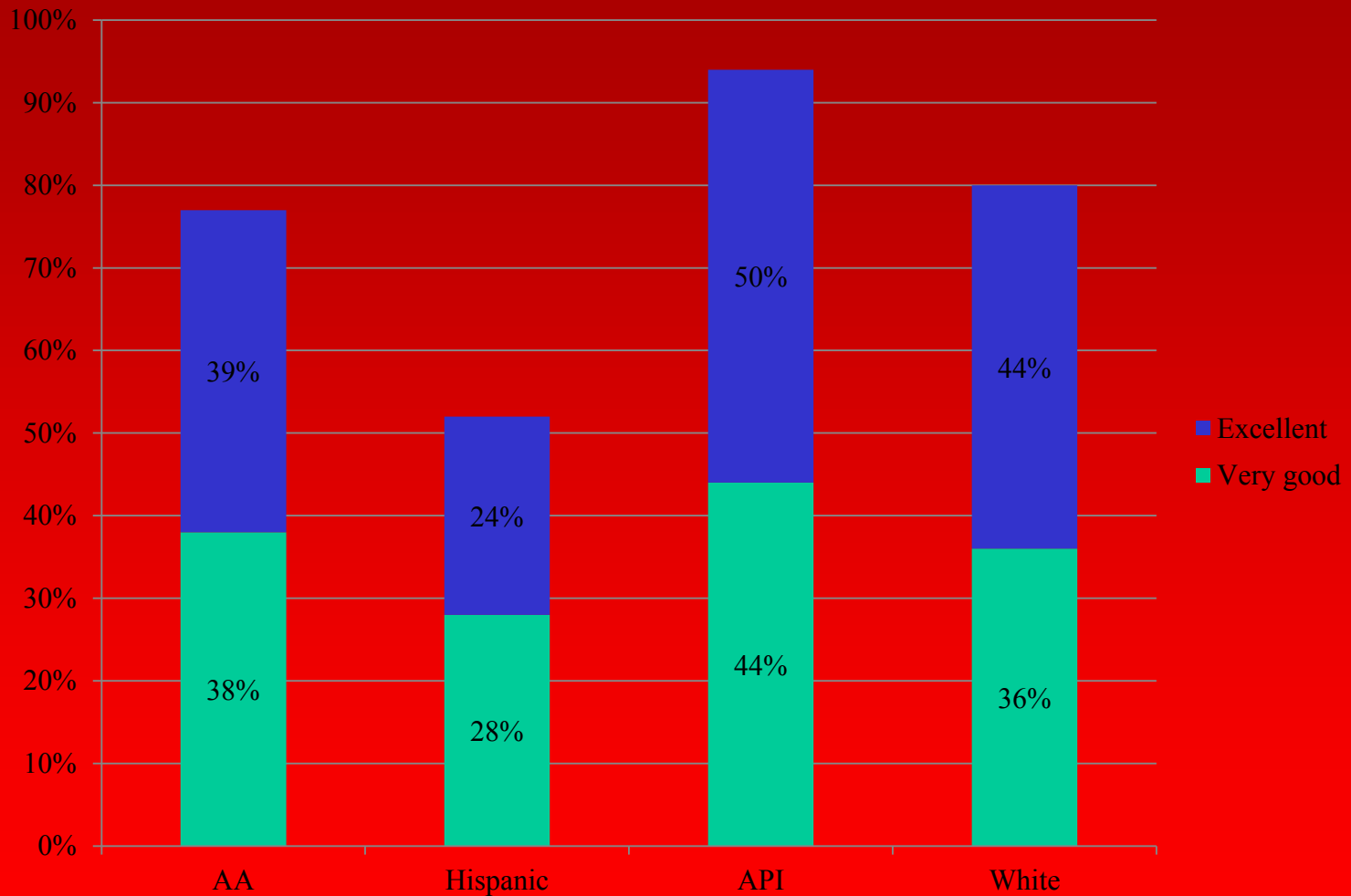
- African-American children (39%) were more likely to **need or use prescription medicine** compared to Whites (22%), Hispanic/Latino (16%) and API (8%) children
- African-American children (27%) were more likely to **need or use more medical care, mental health or educational services** than is usual for most children of the same age compared to Whites (11%), Hispanic/Latino (12%), and API (6%) children



# Children with special care need



# Oral health status

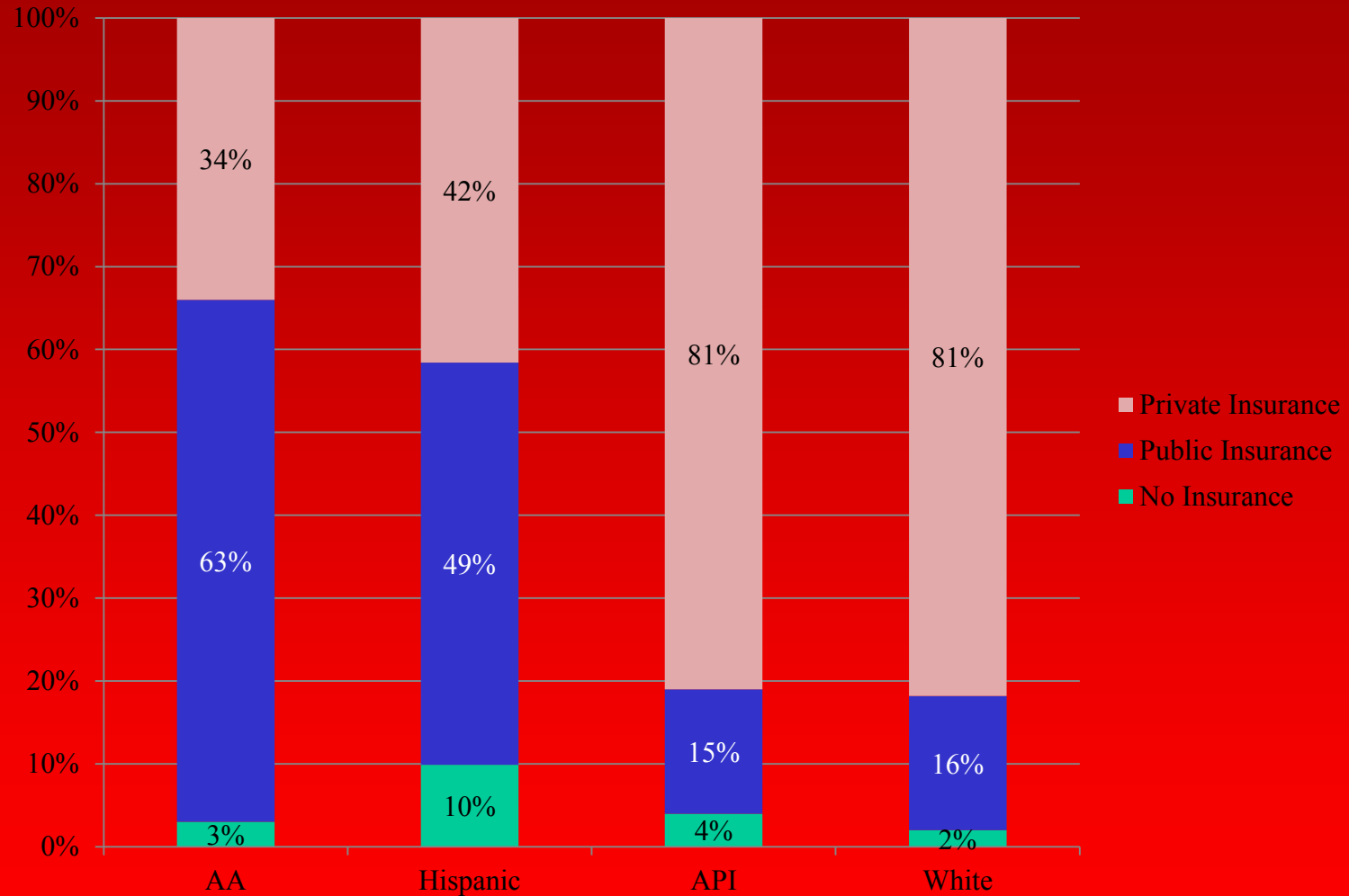


# Health insurance coverage Children and parents

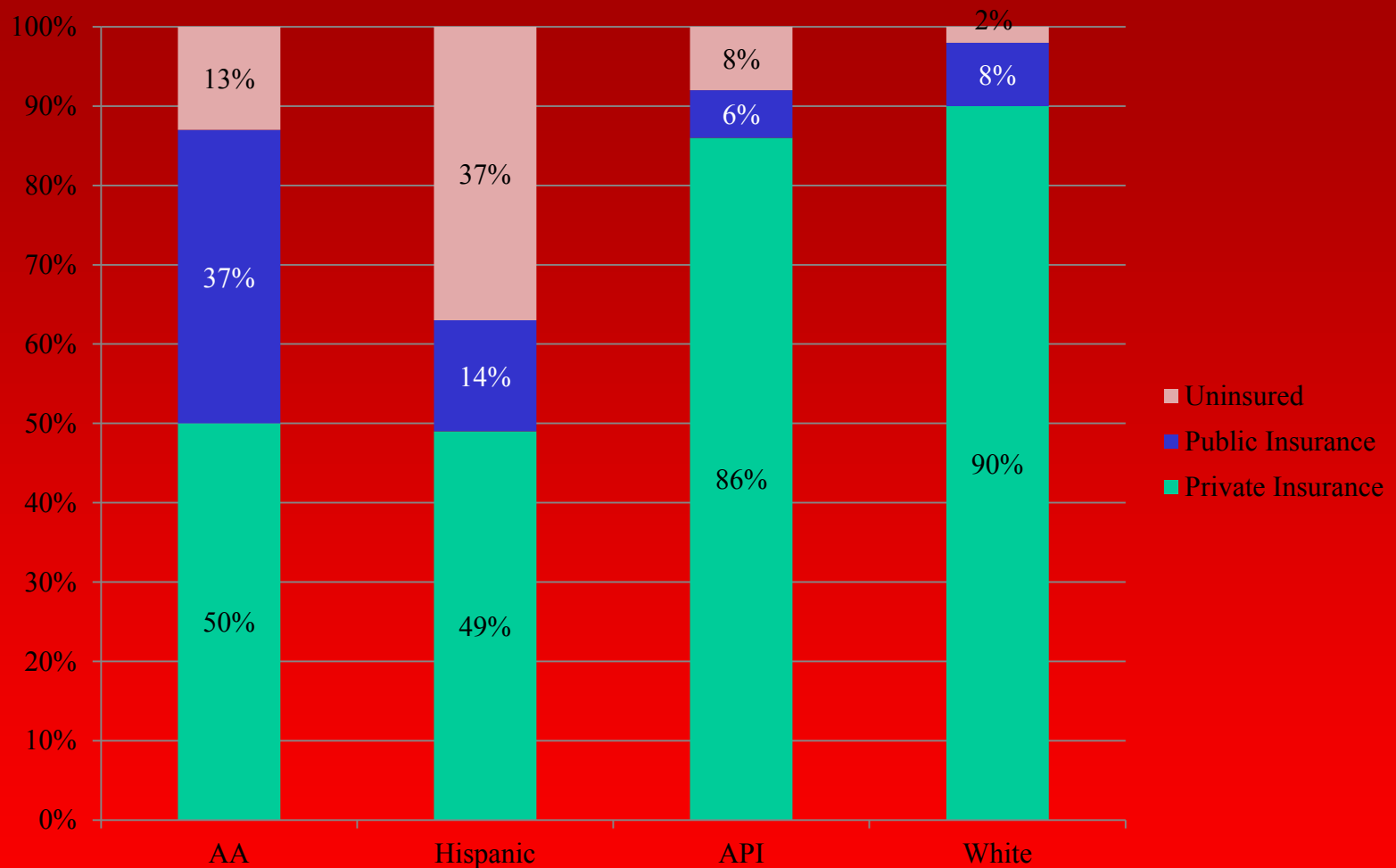




# Children's health insurance



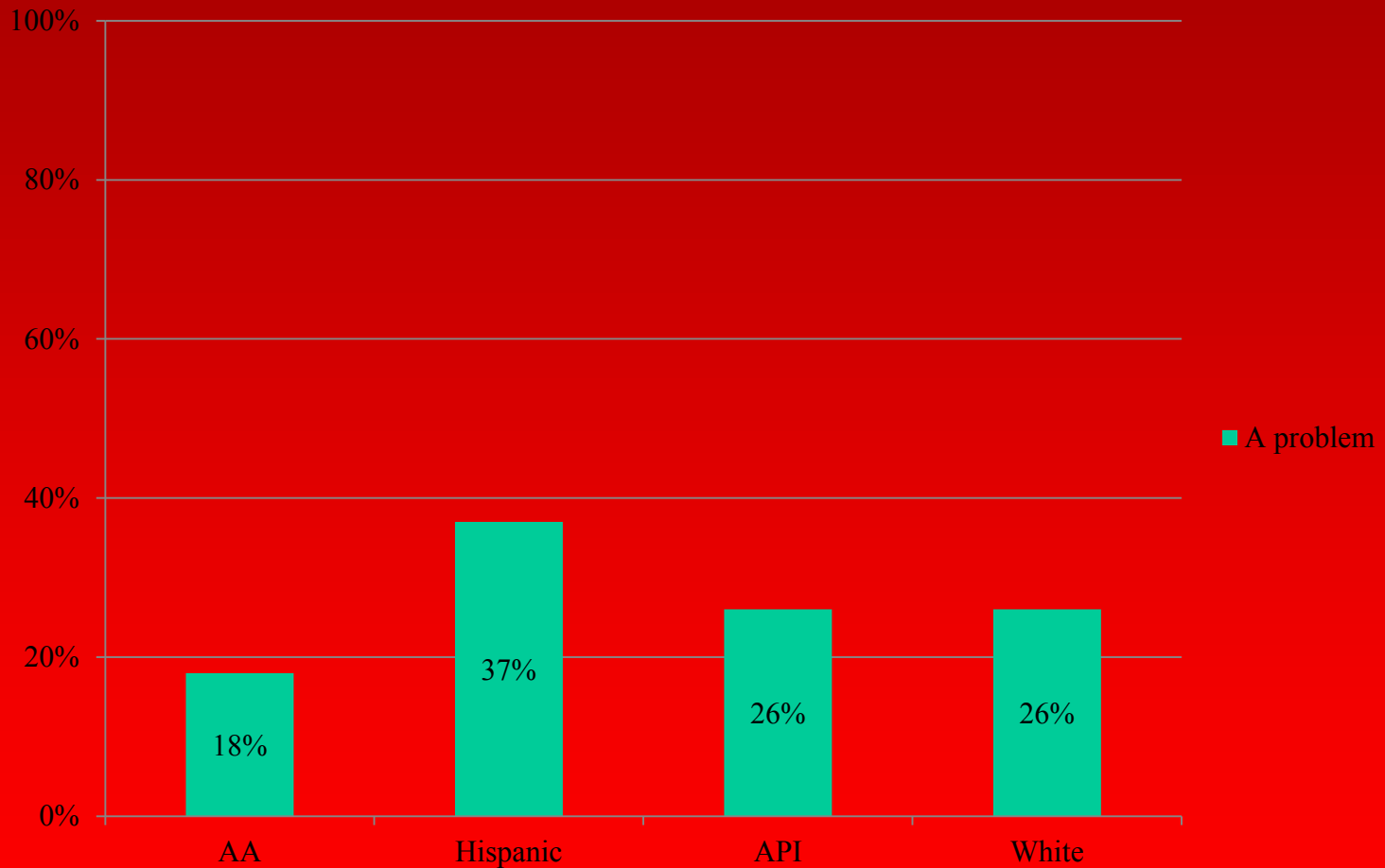
# Adults' health insurance coverage



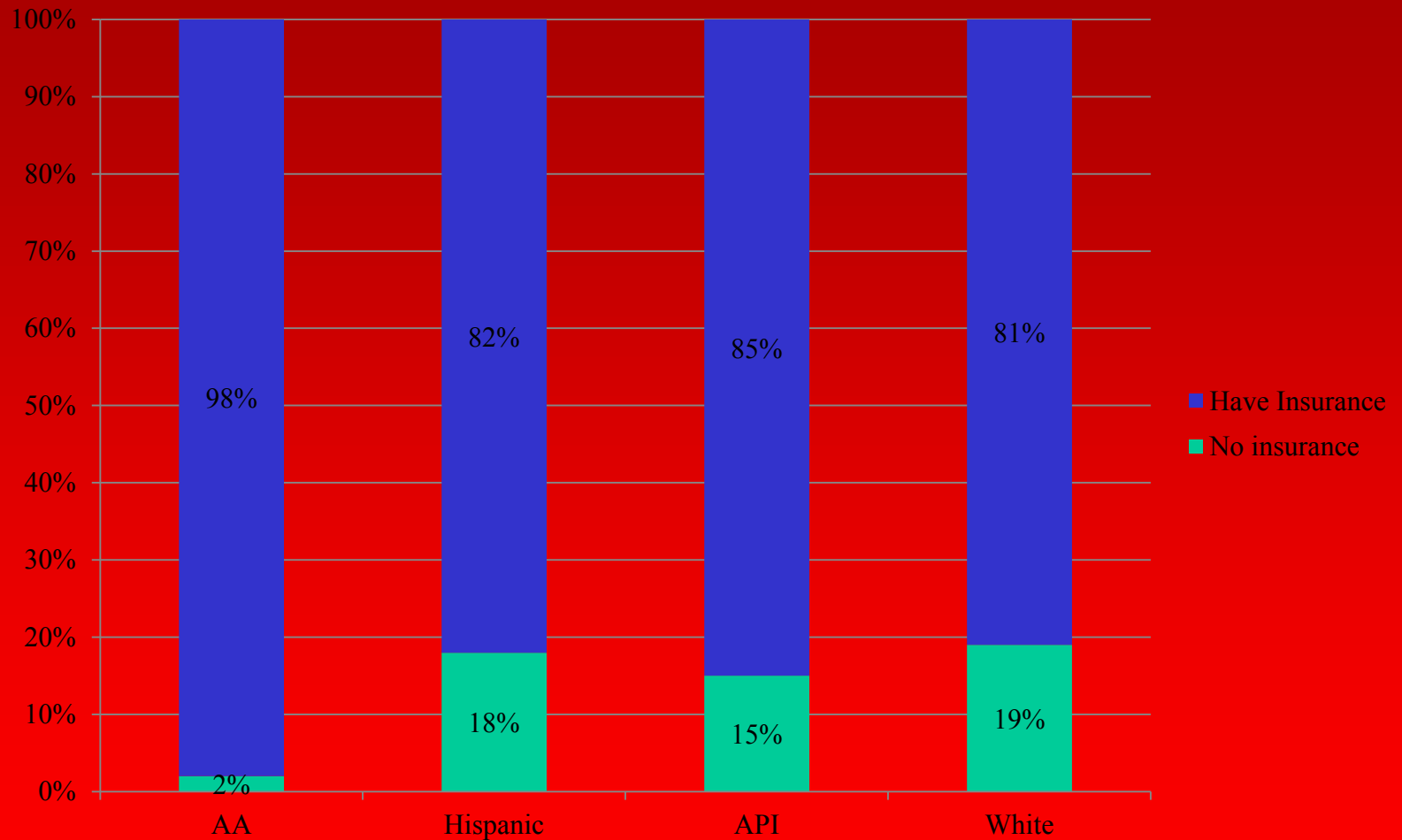
- Coverage rated fair or poor: 23% Hispanic/Latino,
- 16% of African-American
- 10% of API
- 8% of Whites



# Problem with non-covered healthcare costs



# Children dental insurance



# Medical Home



# MH identification

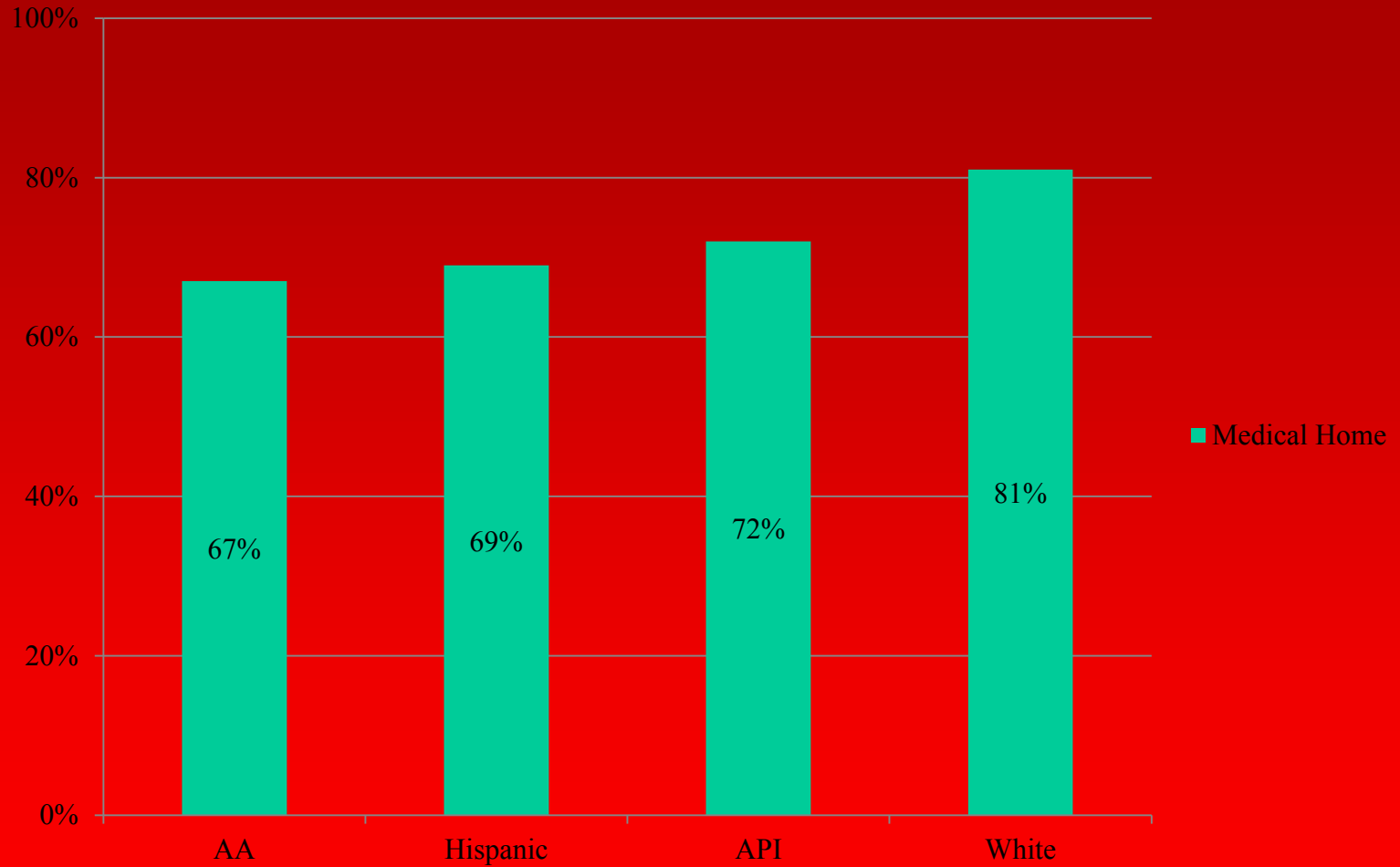
Conceptual components of the AAP definition of the medical home captured by:

- 17 questions from the 2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN) and the 2007 National Survey of Children's Health (NSCH)

- There is no national consensus on a survey-based instrument for this purpose

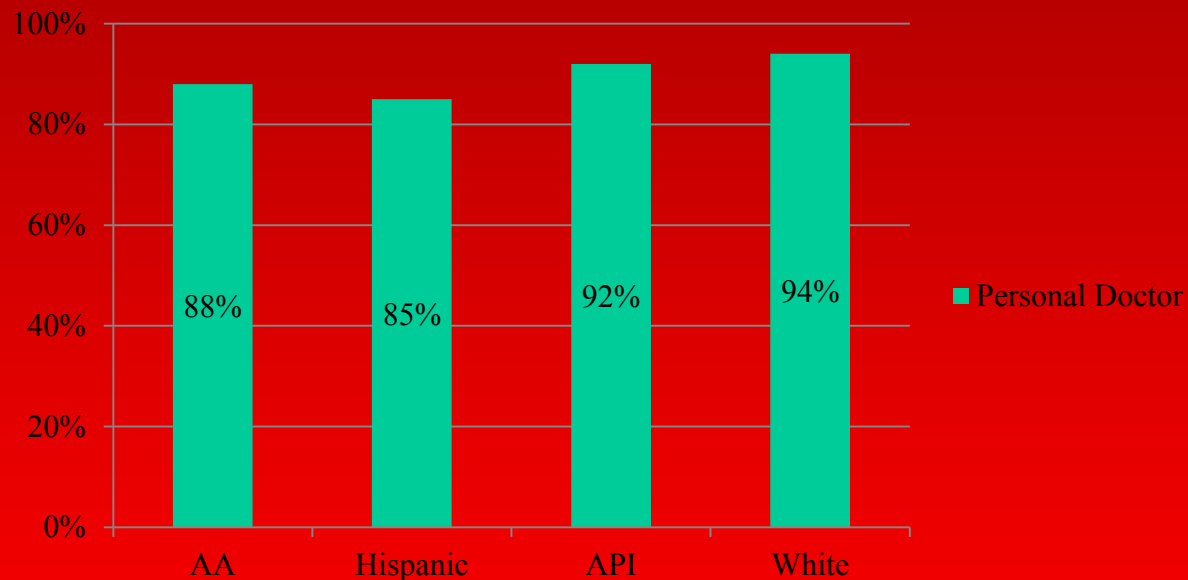


# Medical Home-like care



# Components of the medical home

- Personal doctor by race/ethnicity



- Regular source of care

- Hispanic/Latino children (90%) were less likely to have a regular source of care than other children (African-American & Whites: 97%, and API: 96%)





# Components of the medical home (cont.)

- Family-Centered Care
  - parents' interaction with the health care providers
  - Hispanic/Latino children (60%) were significantly less likely to say that had family-centered care as compared to API (67%), African-American (74%), and White (85%) children
- Care Coordination
  - For children who needed care coordination (n=139), about nine in ten (93%) did not receive it



# Health care issues

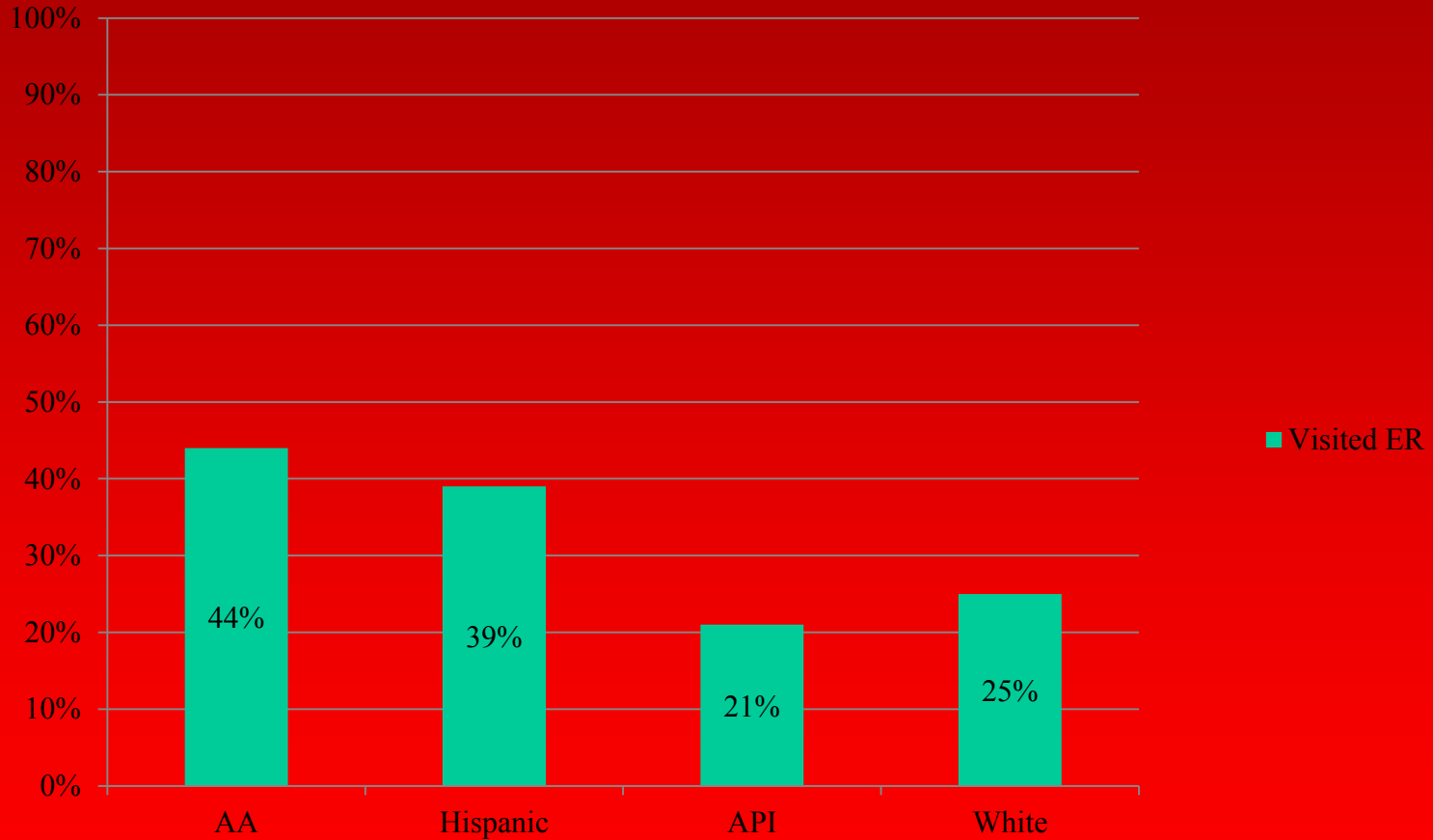


# Health Care Access (past 12 months)

- Need for care
  - Hispanic/Latino (38%) and API (45%) children were least likely to say their **child needed**
  - African-American (58%) and White (61%) children
- Unmet need
  - Hispanic/Latino children (10%) **most likely to need medical care but could not get it,**
  - 9% of African-American children,
  - 4% of API children and
  - 2% of White children



# Visited ER in past 12 months

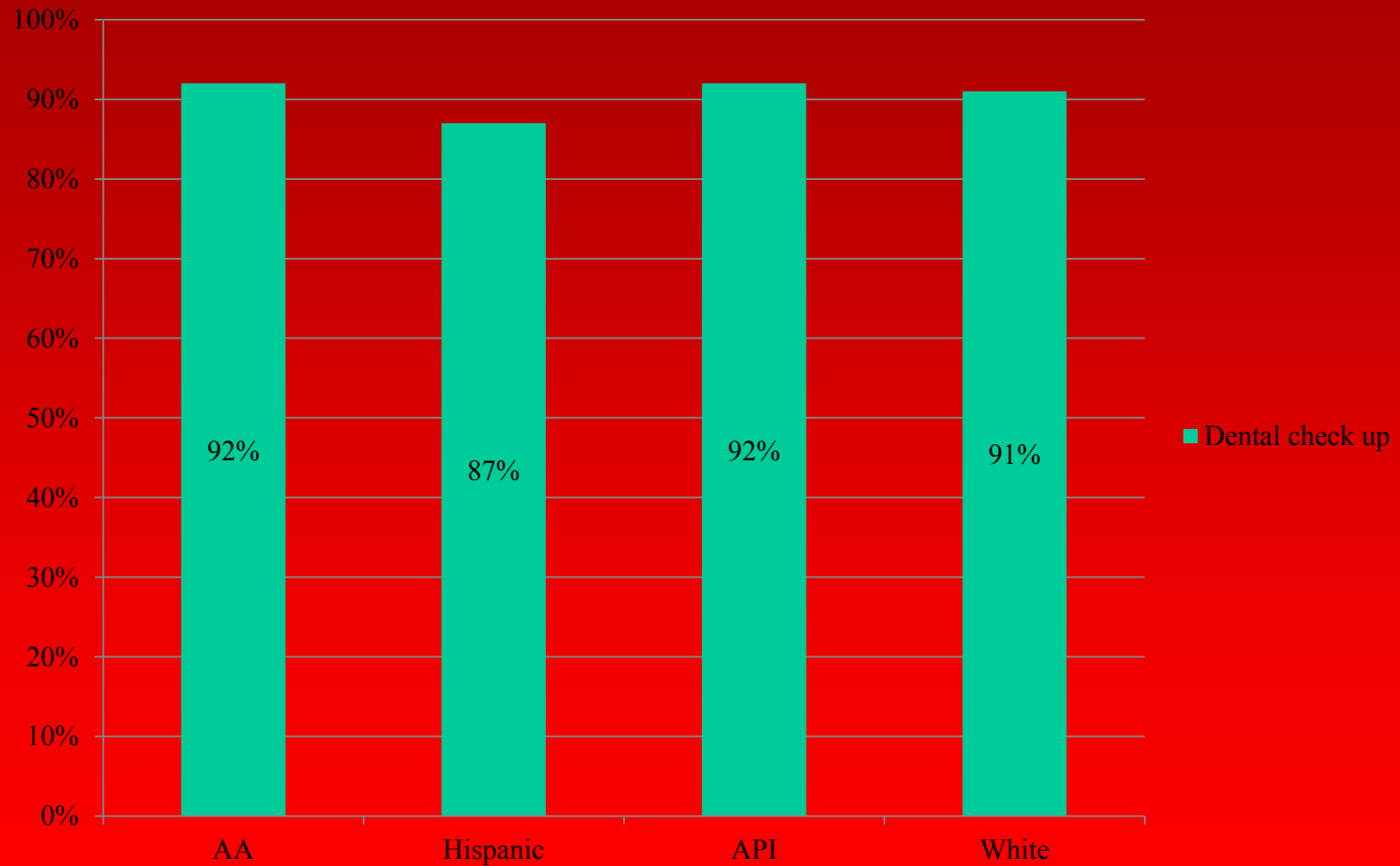


# Preventive care

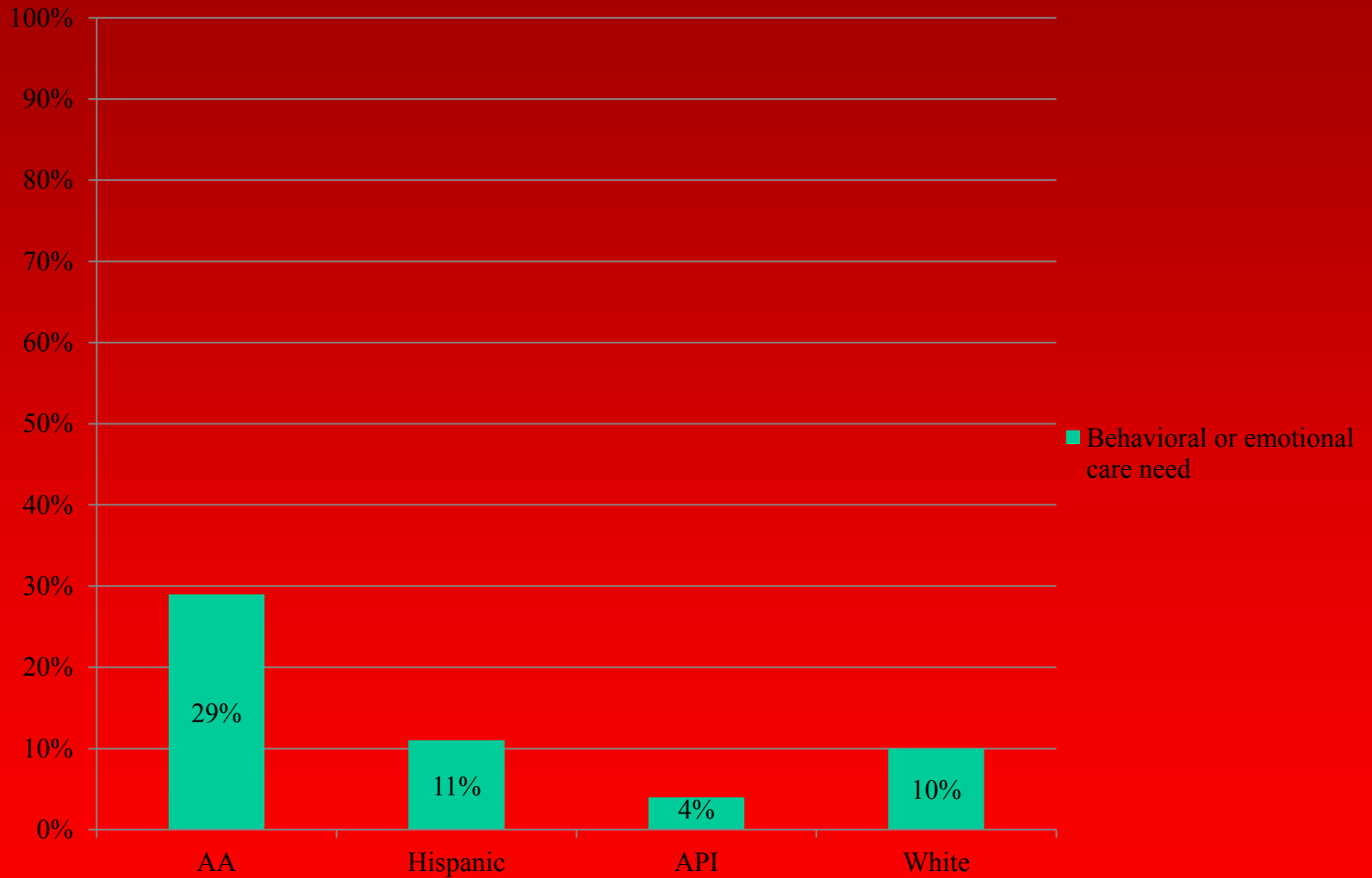
- Check up or vaccination shots
  - API children were least likely to have had routine preventive care (79%)
  - African-American: 88%,
  - White: 88%,
  - Hispanic/Latino: 87%



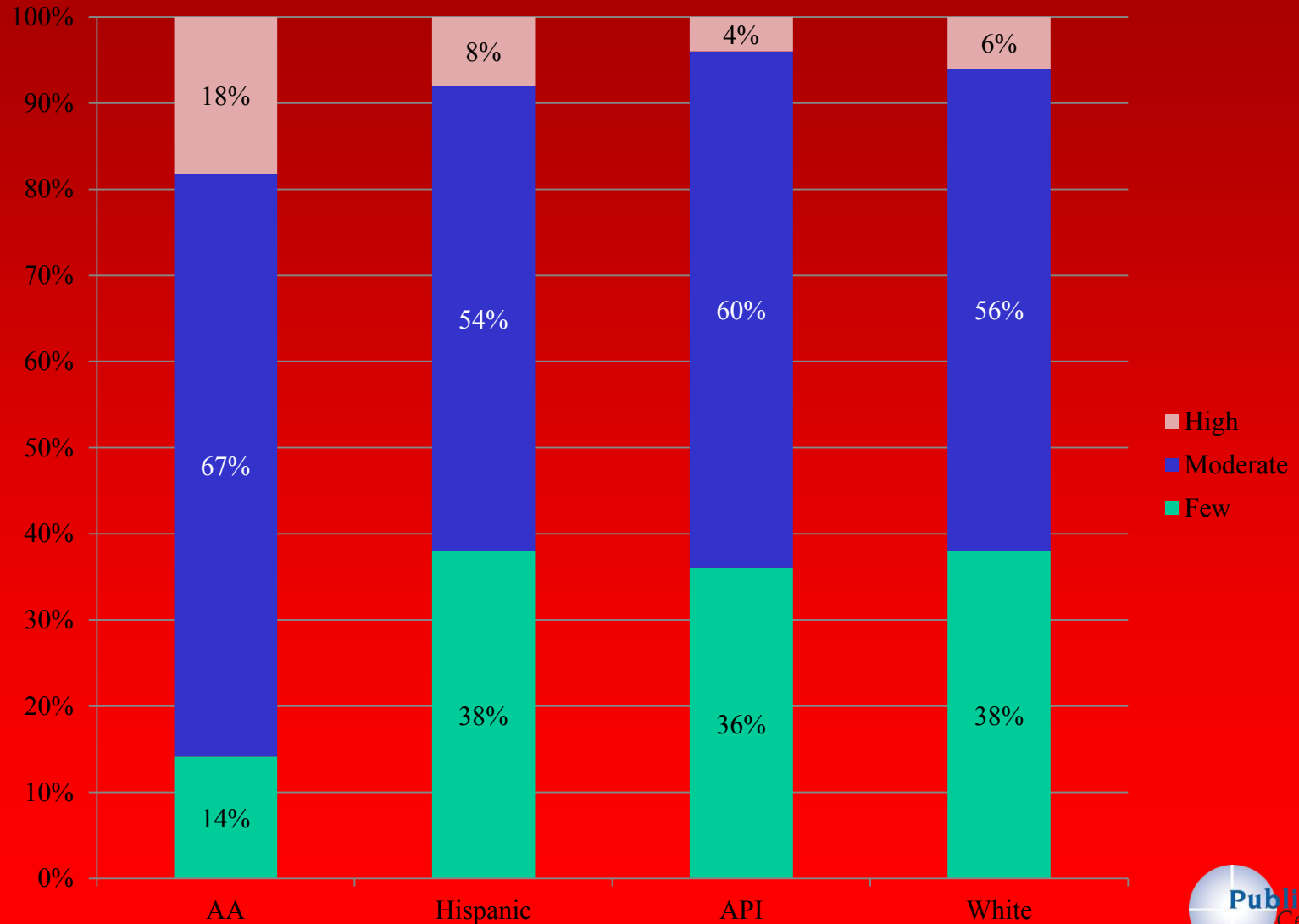
# Child dental checkup last year



# Child Behavioral and Emotional Health Care Need

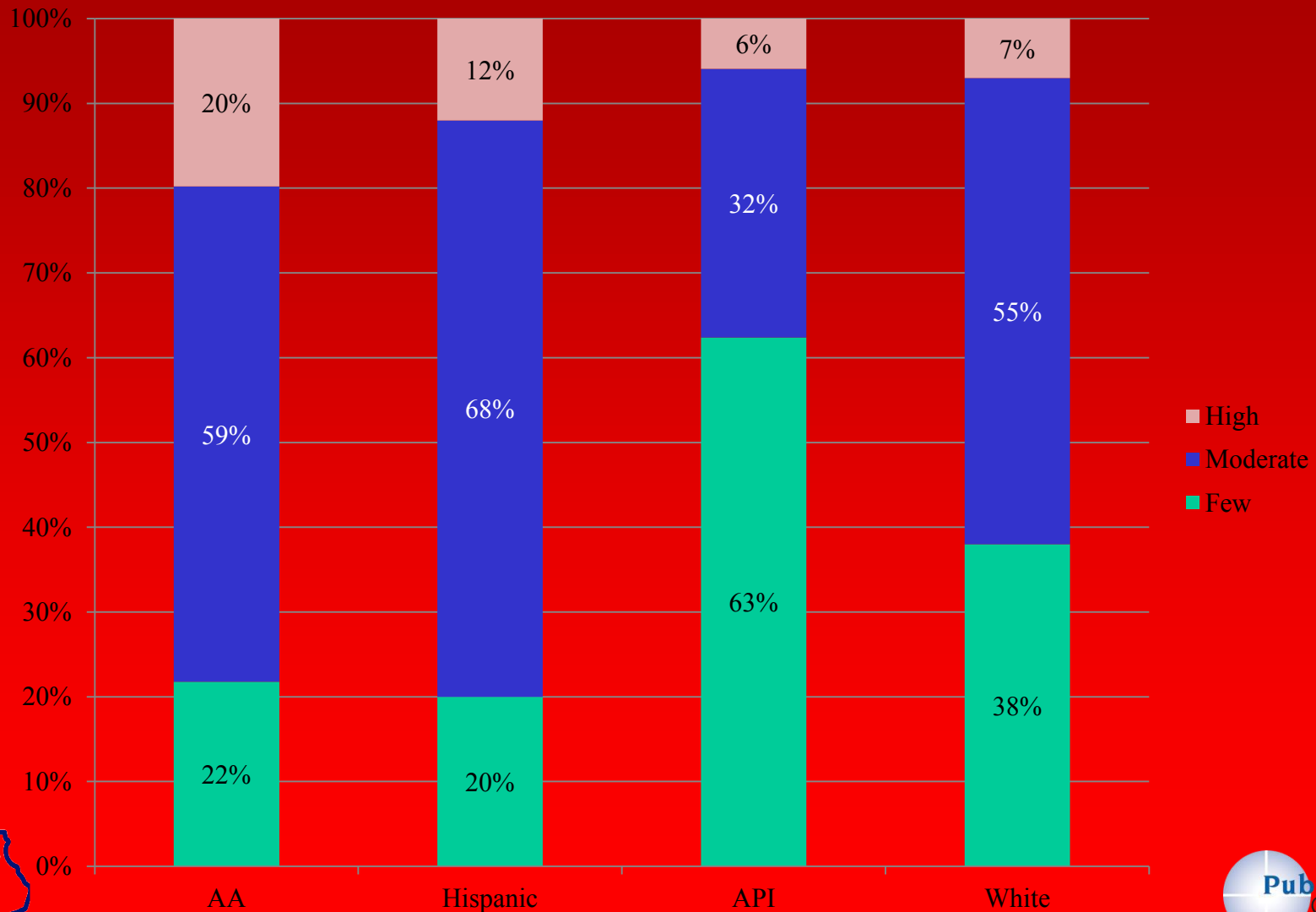


# Child Behavioral and Emotional Health Status: Children 6-11 years old





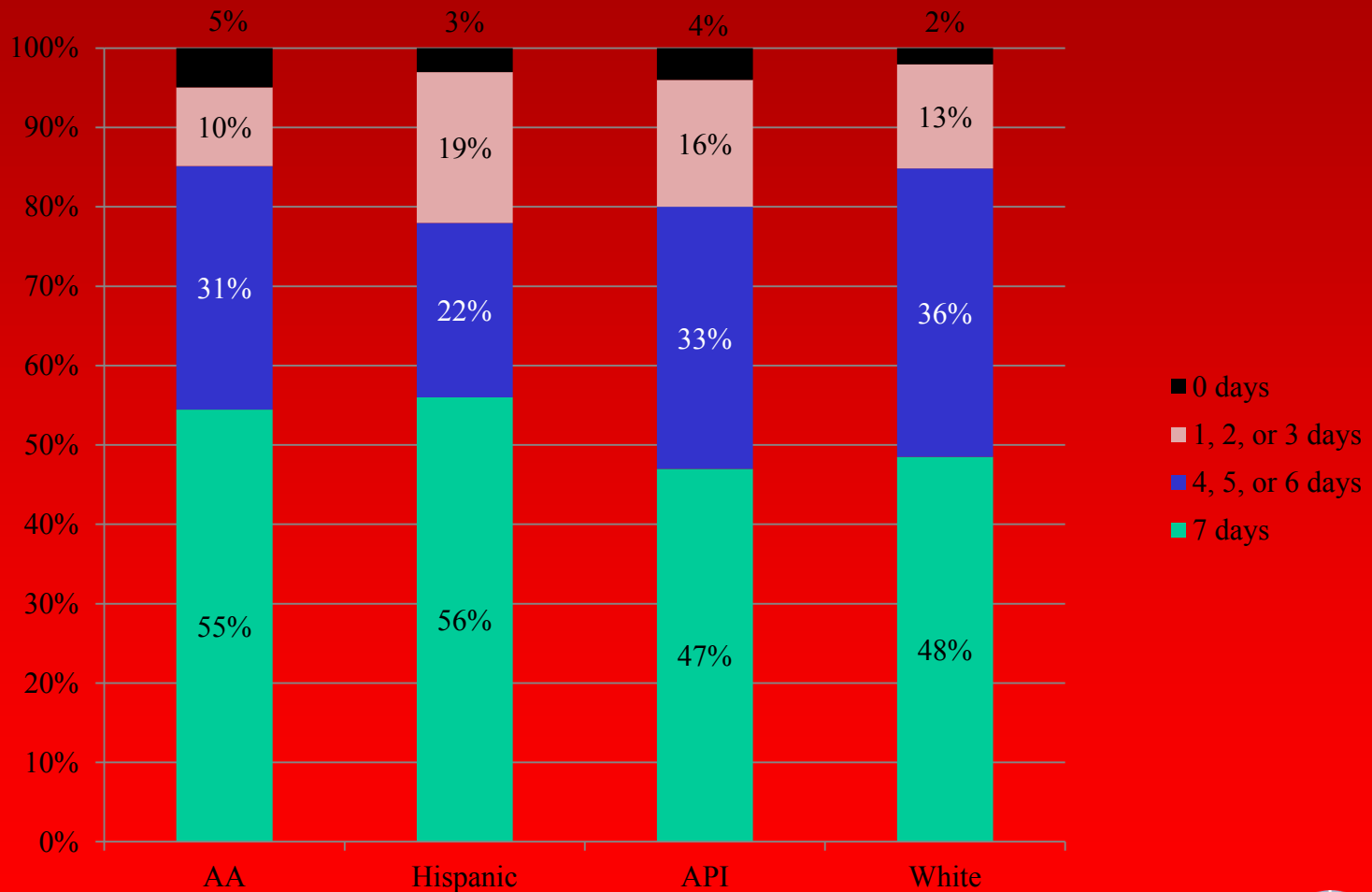
# Behavioral and Emotional Health Status: Child 12-17 years old



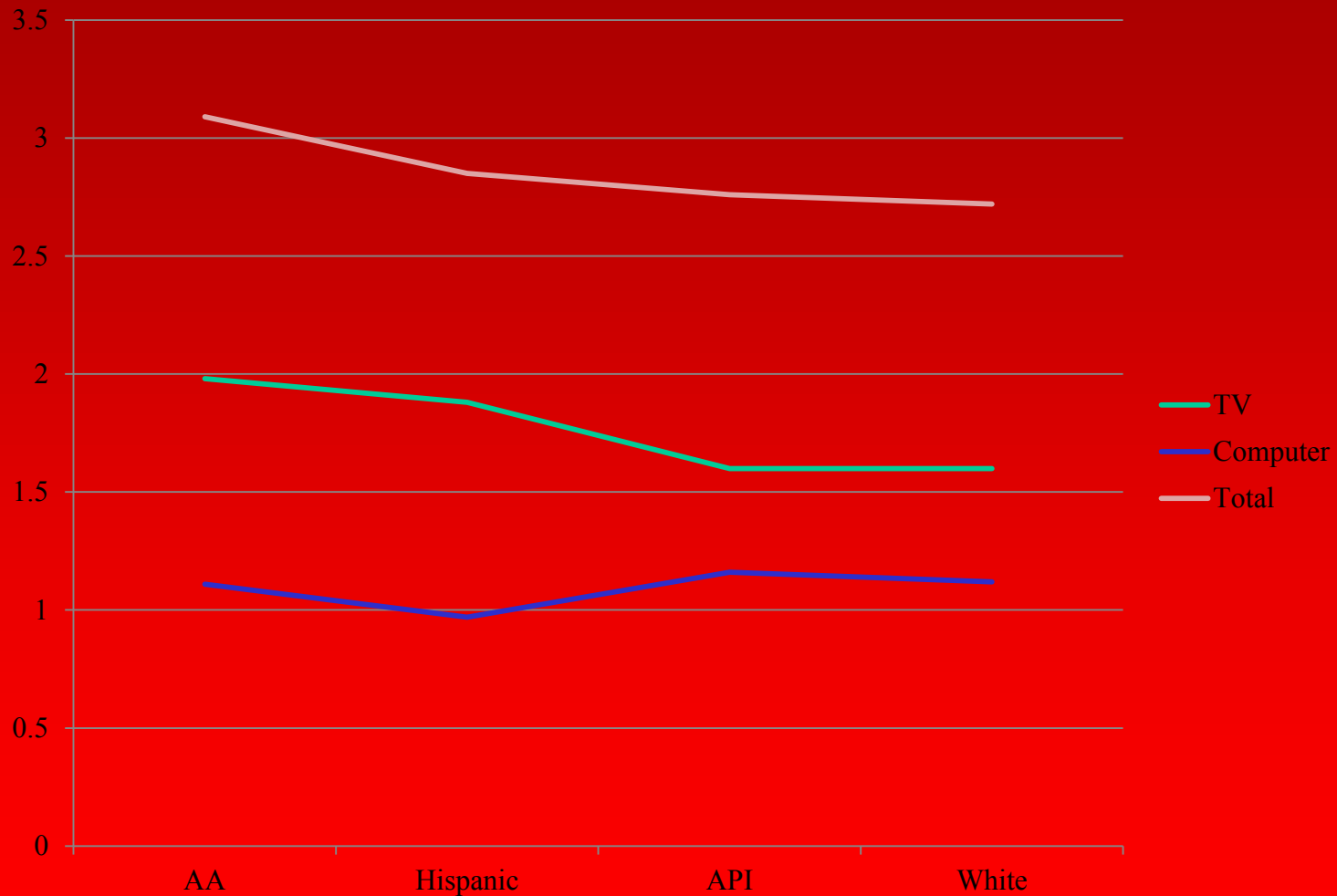
# Lifestyle and Behavior



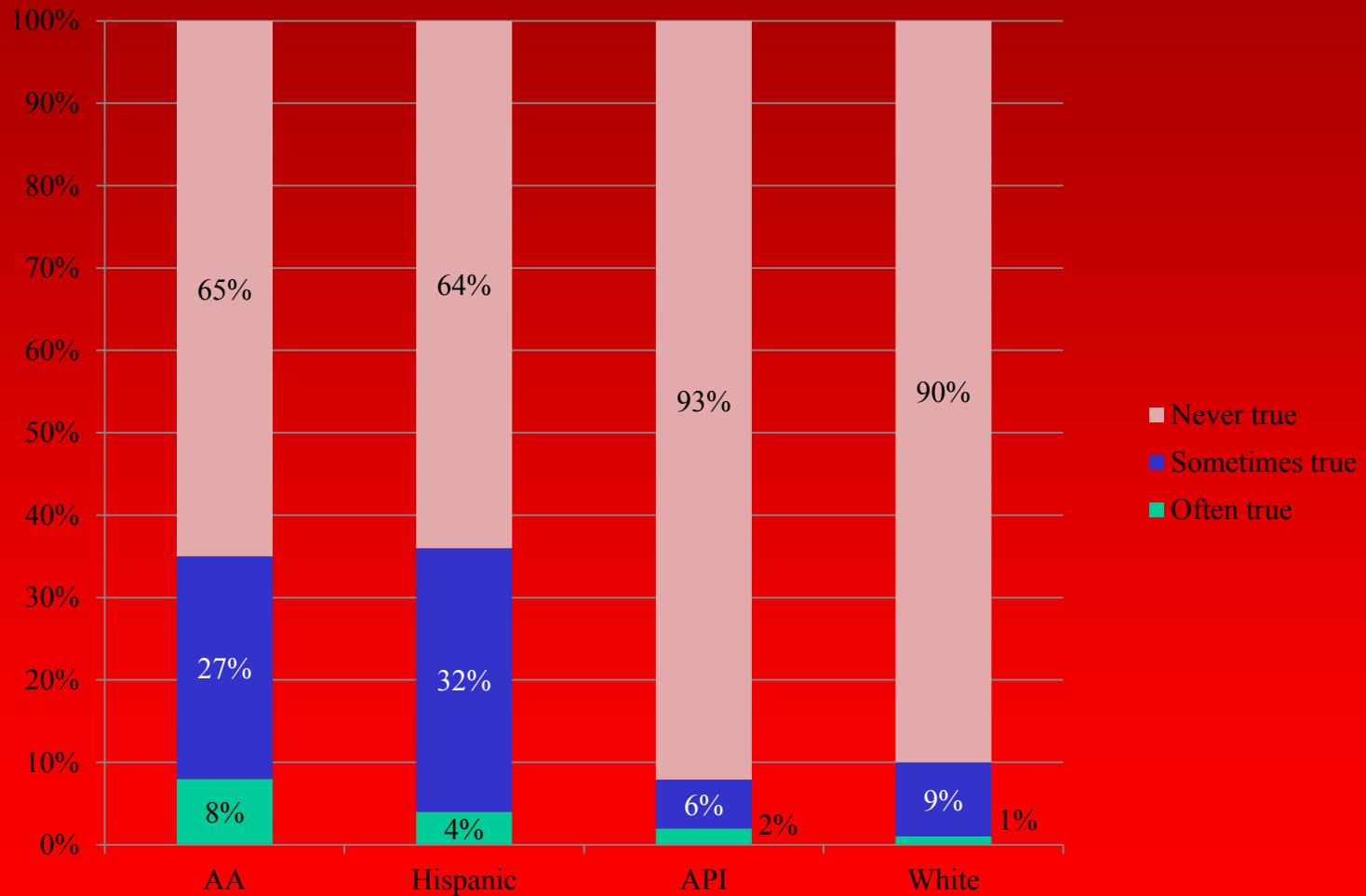
# Physical Activity past 7 days



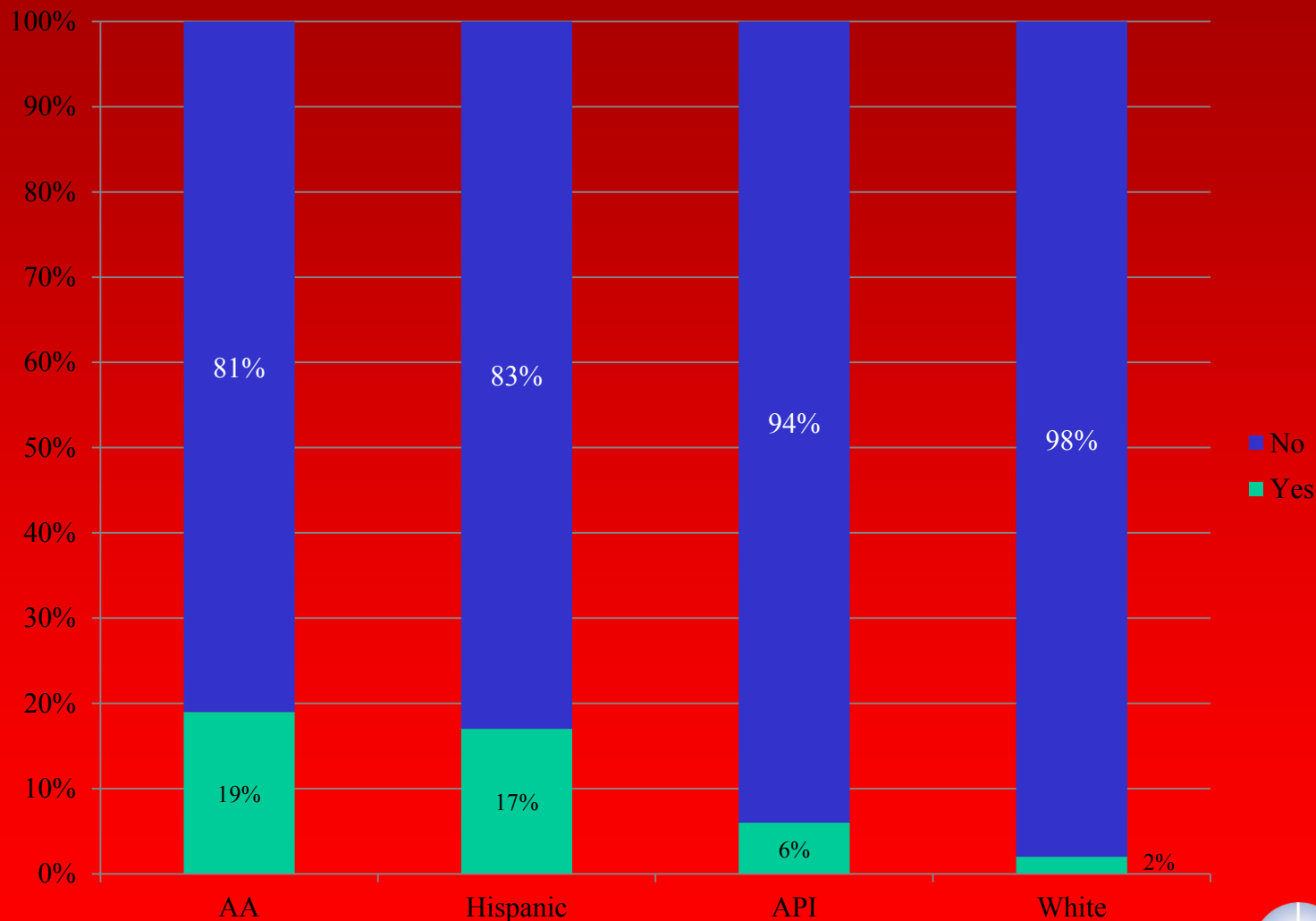
# Children 'screen time hrs per day'



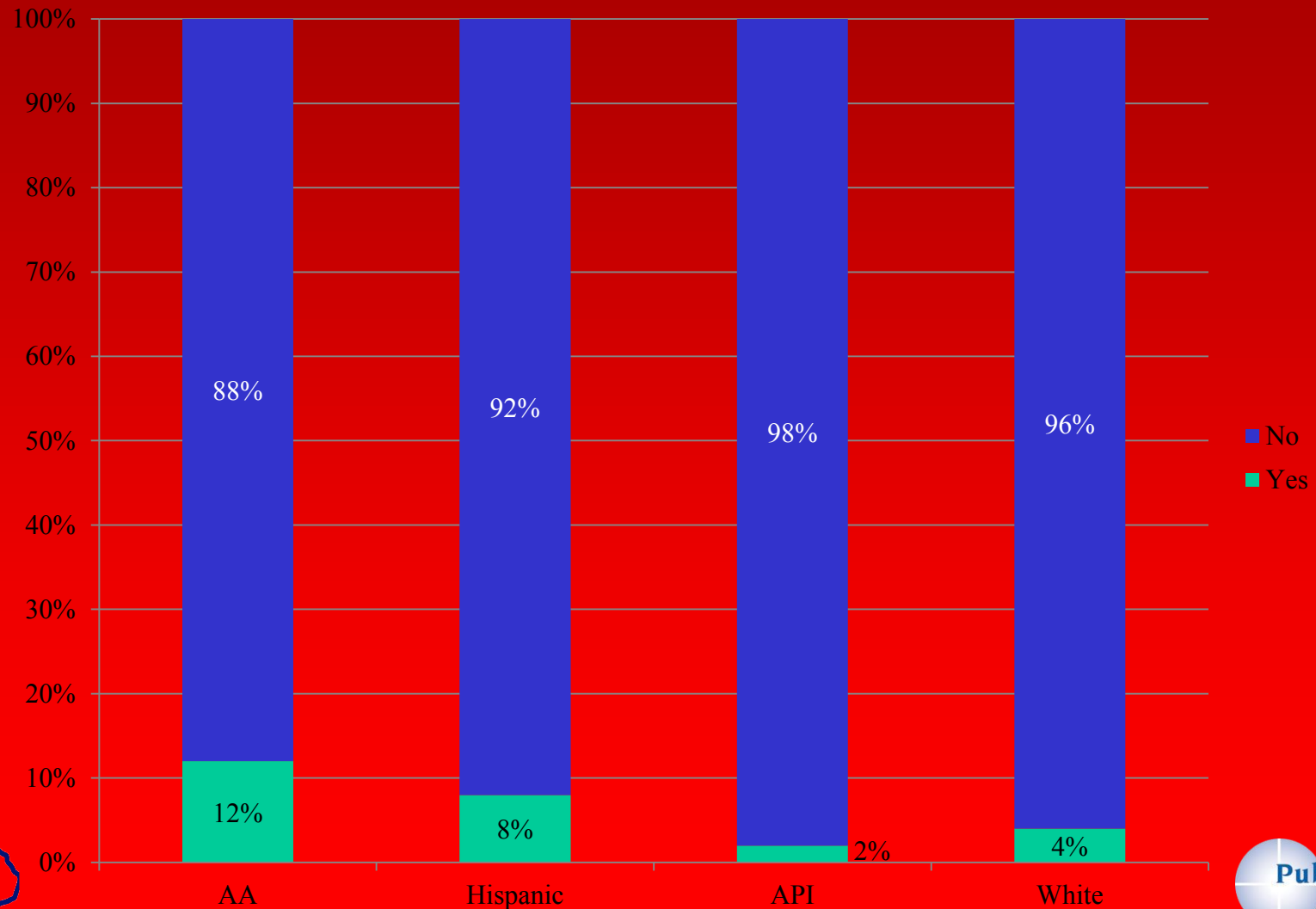
# Food Insecurity: Food did not last



# Food Insecurity: Parents cut meal size or skipped



# Food Insecurity: Parents sometime hungry but didn't eat because not enough money

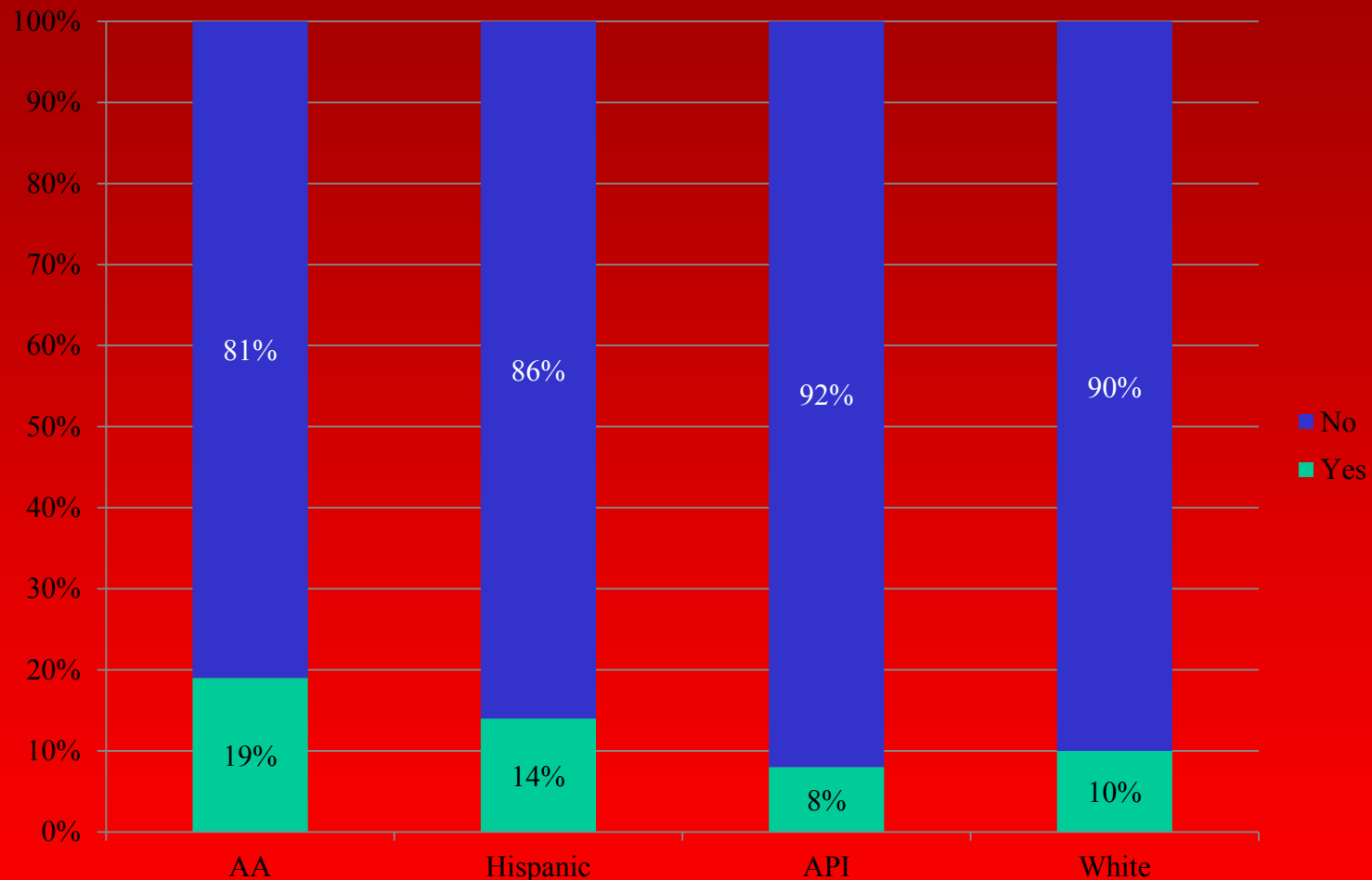


# Family and Social Environment





# Parent Poor Mental Health Status

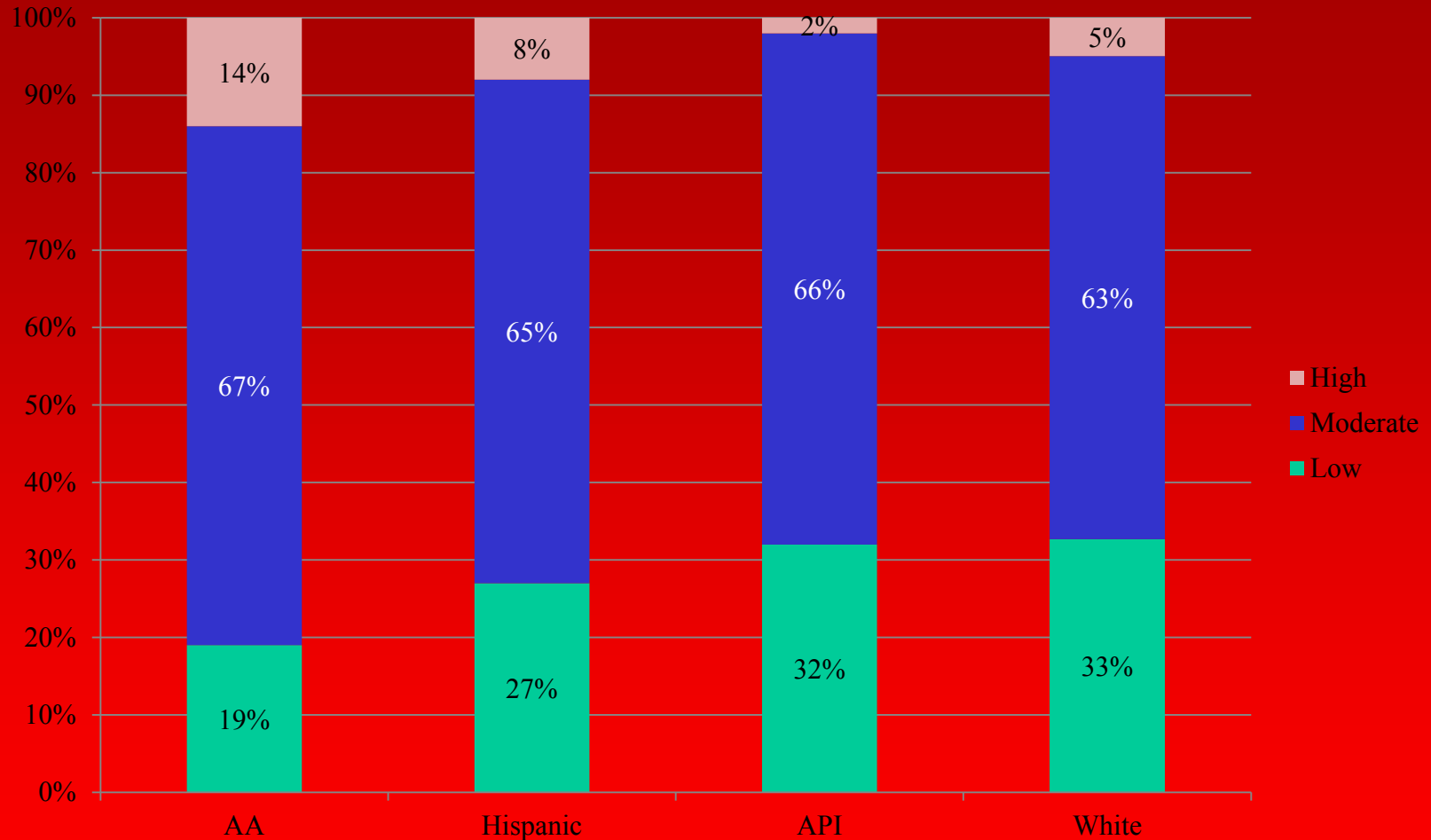


\*From 5 items

- 1) Been a very nervous person ,
- 2) Felt calm or peaceful,
- 3) Felt downhearted and blue,
- 4) Been a happy person, and
- 5) Felt so down in the dumps nothing could cheer you up



# Parenting stress\*

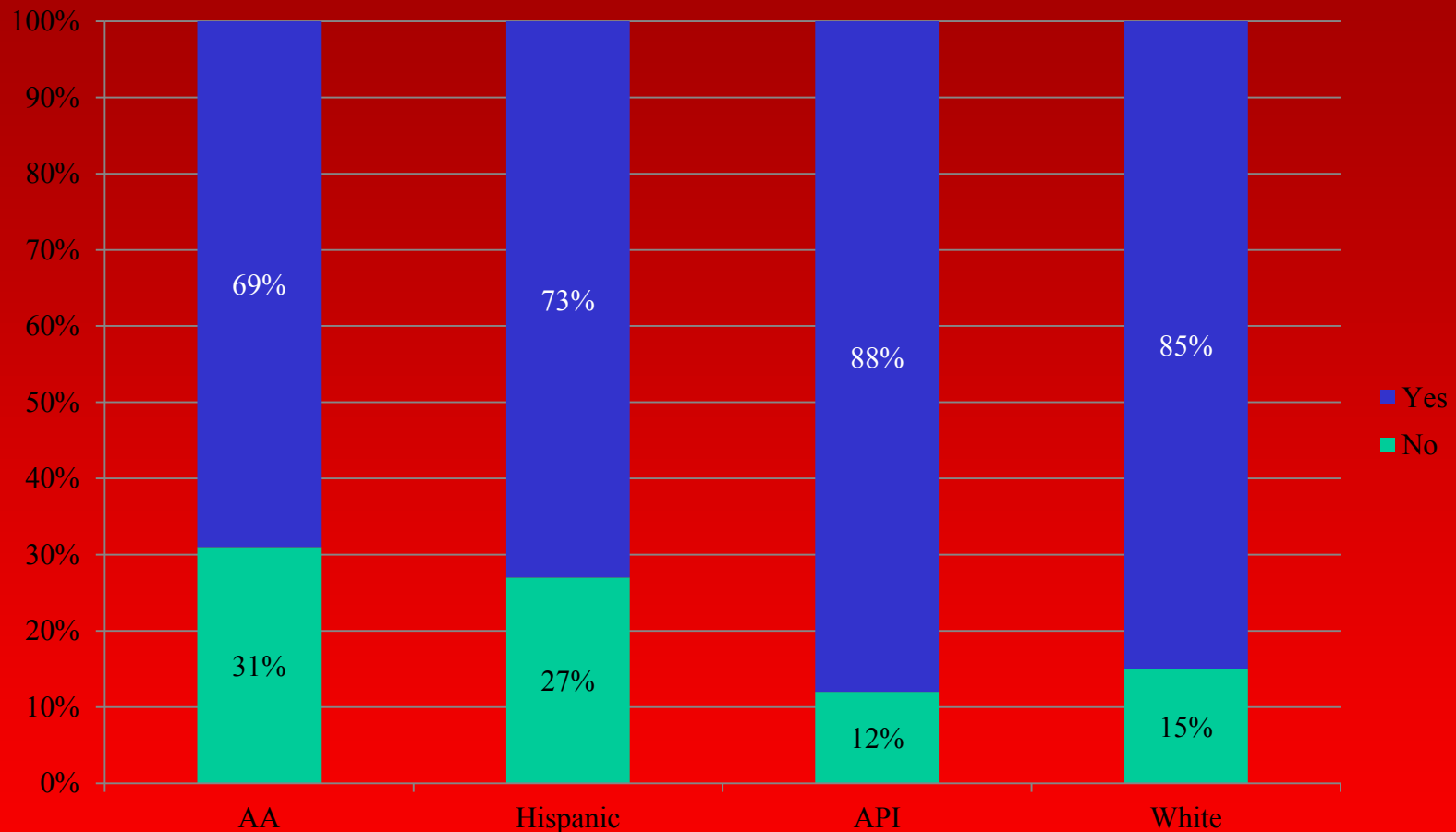


\*From 4 items

1) Your child is much harder to care for than most, 2) Your child does things that really bother you a lot, 3) You are giving up more of your life to meet your child's needs than you ever expected, and 4) You have felt angry with your child



# Supportive Neighborhood\*

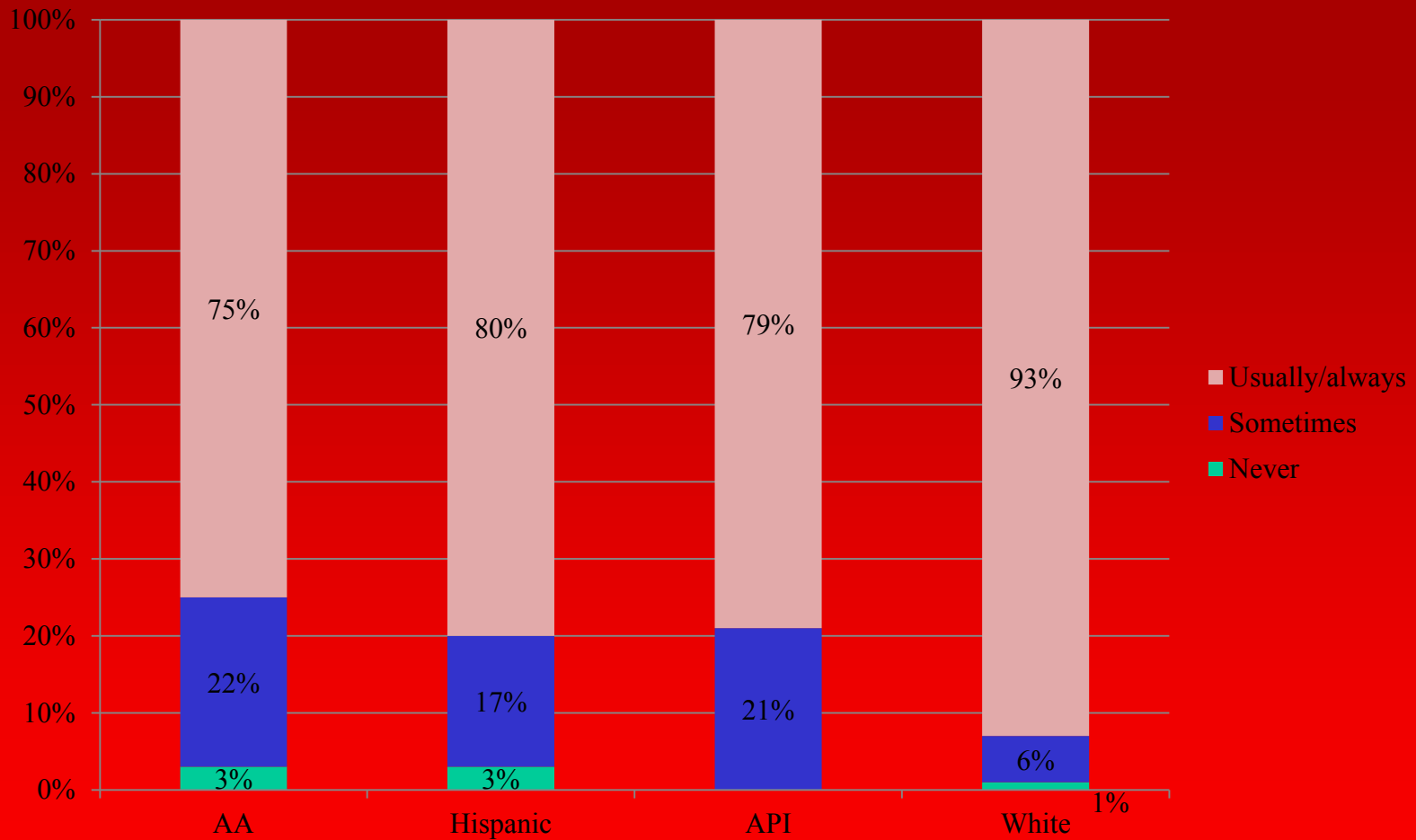


\*From 4 items

1) People in this neighborhood help each other, 2) We watch out for each other's children in this community, 3) There are people I can count on in this community, and 4) If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child



# Child is safe in community/school \*

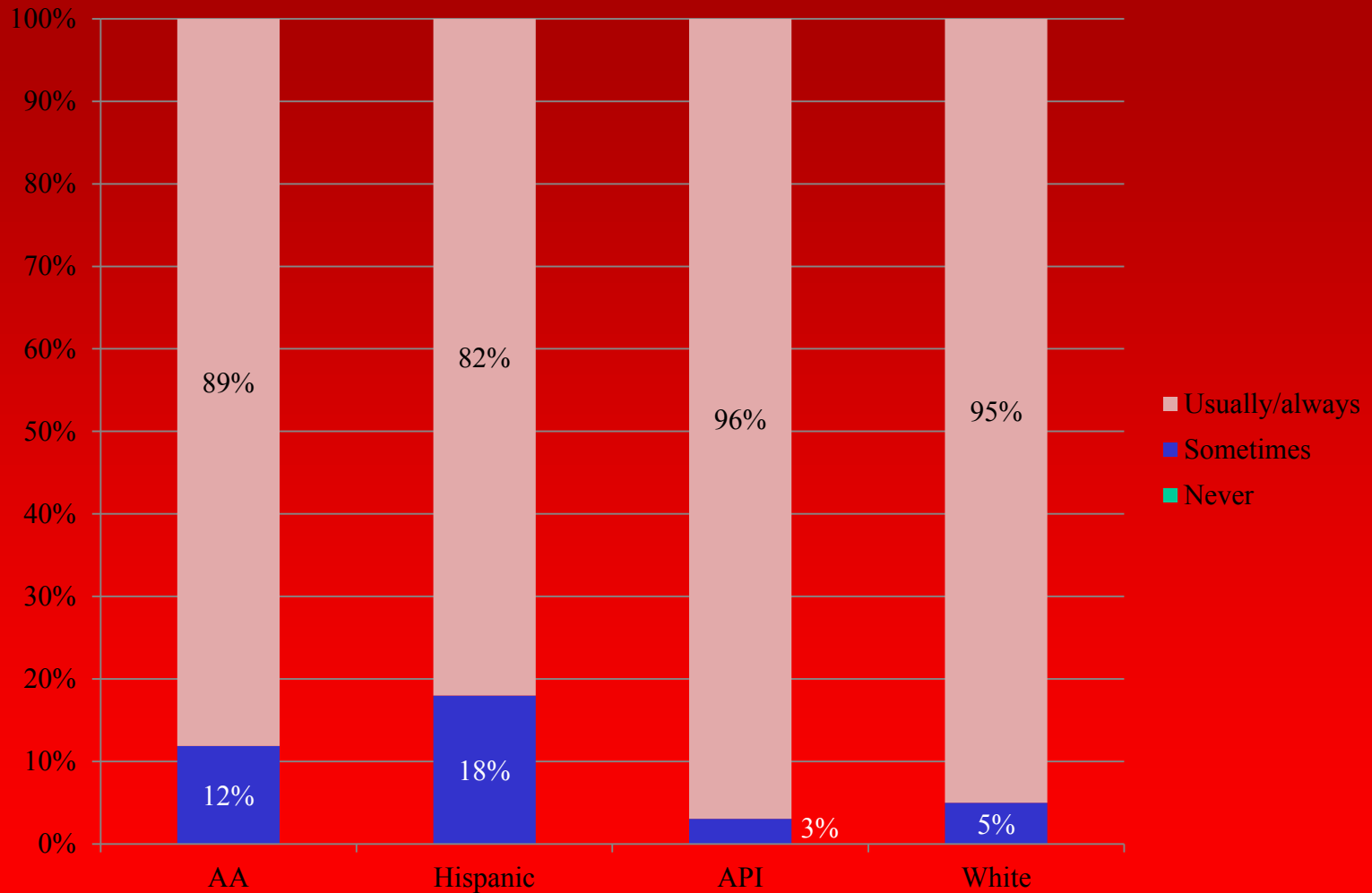


\*From 2 items

- 1) How often do you feel that your child is safe in your community or neighborhood?
- 2) How often do you feel your child is safe at school?



# Child is safe in their school \*



\*From 1 item



# Conclusions



# Conclusions

- In summary, there were significant health disparities by race/ethnicity
- Most significant differences were for Hispanic/Latino and African-American children
  - lower health status
  - lower quality of care
  - higher unmet need for care
  - more likely to seek care from a hospital emergency room
  - more food insecurity
  - less safe and supportive neighborhoods



# Conclusions

For African-American children:

- Most likely to have a special health care need (38%)
- Most likely to have public insurance (Medicaid/CHIP) and also more likely to have any type dental insurance
- More likely to have need for behavioral and emotional health care and lower behavioral/emotional health status for children ages 6-11
- More likely to have parents with lower mental health status and higher parenting stress





# Conclusions

For Hispanic/Latino children:

- Most likely to have a lower oral health status
- Least likely to have medical insurance (10% uninsured)
- Most likely to have inadequate insurance coverage
- Most likely to have uninsured parents (37%) and most likely to report the parent's insurance was inadequate
- Least likely to have a personal doctor and family-centered care
- Least likely to report need for care but least likely to receive urgent care when needed



# Conclusions

## API Children

- Least likely to have received preventive care

## White Children

- Least likely to have dental insurance

Issues are related to both health care system and determinants of health



# Full and Past Reports from IHHS

<http://ppc.uiowa.edu/IHHS>

- Statewide results
- Early childhood
- CYSHCN report
- Insurance coverage report
- Nutrition and physical activity
- Medical Home
- Health disparities report



# To get more information about 2010 study

**Betsy Richey, JD, PhD, MPH**  
Data Integration Coordinator  
Bureau of Family Health  
Iowa Dept of Public Health  
321 East 12th Street  
Des Moines, IA 50319  
(515) 725-2085  
[betsy.richey@idph.iowa.gov](mailto:betsy.richey@idph.iowa.gov)

