

Major health care challenges persist for D.C. children despite high rates of health insurance coverage, study finds

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Despite high rates of health insurance coverage among children in the District of Columbia, children's access to health care is inadequate and poses a significant health problem for the city's young residents, particularly those who are publicly insured, according to a RAND Corporation study issued today.

The study, conducted by RAND Health and funded by Children's National Medical Center, assesses health and [health care](#) among the more than 100,000 youth residing in Washington, D.C. Researchers suggest that health promotion efforts must focus on a partnership involving numerous private and public sector organizations that serve children, including schools, community-based organizations and child care centers.

The District of Columbia leads the nation in children with health coverage, with only 3.5 percent estimated to be uninsured in 2007. Nationally, an estimated 9.1 percent of children lack health insurance.

"But having health insurance in the District of Columbia does not automatically translate into access to health care," said Anita Chandra, the report's lead author and a behavioral scientist at RAND.

Access problems appear especially profound for children who have publicly funded insurance. The study finds that rates of well-child care

among publicly insured children are substantially below national norms and more than one in four publicly insured children in the District receives care at a hospital emergency department at least once a year.

The study is the first to comprehensively focus on children's health issues and examine not only the health service delivery system, but the communities in which children live in the District of Columbia.

Researchers aim to provide a foundation for District policymakers to examine children's health issues, as well as assist the Children's National Medical Center in allocating its community benefit resources.

The study finds that numerous barriers prevent residents from getting primary and specialty health care in non-hospital settings. One major factor is the uneven distribution of primary and specialty care providers across the District. Other barriers cited by District residents in the study include a perceived lack of provider understanding of cultural and neighborhood issues, as well as a limited availability of health care providers who speak languages other than English. The study also finds that particular health conditions and health behaviors require special attention because of their prevalence and potential severity. Although children are generally healthier than adults, researchers identified several chronic health conditions that are prevalent among District youth, including asthma, sickle cell anemia, HIV/AIDS and obesity.

"Children with asthma, in particular, are substantial users of hospital-based care," said Carole Roan Gresenz, a study co-author and senior economist at RAND. "District of Columbia leaders will want to focus on services that will help children manage their asthma and other chronic conditions before they end up in the emergency department or hospital."

Researchers find that socioeconomic, environment and safety conditions also are crucial issues facing District youth.

Though the rate of children in poverty in the District has declined in recent years, the percentage of children who live in poverty in the District remains higher than the national percentage (23 percent versus 18 percent).

Safety and violence are particularly important issues. The rate of dating violence in the District increased from 11 percent to 17 percent from 2005 to 2007, and rates of child abuse and neglect are twice the national average. As a result, far more children are in the District's foster care system than the national average.

The study includes a unique synthesis of information from previous research, including vital statistic reports and studies of school nursing and school mental health programs, along with original data analysis of existing survey and administrative information. The research also included information obtained from focus groups with parents, adolescents and health care providers.

The report's key recommendations include:

- Develop and apply strategies that will increase children's access to primary and specialty care. This includes increasing the network of providers through better and faster reimbursement, and incentives such as support for electronic health record implementation.
- Focus attention on children with the most prevalent chronic illnesses: asthma, sickle cell anemia, HIV/AIDS and obesity. Early preventive care will help [children](#) manage their conditions before they need the hospital or emergency department.
- Give more attention to prevention and wellness programs across

sectors. This would include violence prevention programs that address school safety issues, emotional wellness programs and sexual health interventions that combine discussions of risky sexual activity with life skills training.

"This report is an unprecedented review of pediatric-specific issues in the District," said Jacqueline D. Bowens, executive vice president at Children's National Medical Center. "Based on these findings, Children's National may take the lead on new issues, collaborate on others, and then play a supporting role on social and infrastructure development factors that ultimately affect children's health."

Source: RAND Corporation

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