

# Racial disparities in asthma exist even among children with equal access to health care

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Within a comprehensive health insurance system, black and Hispanic children appear more likely than white children to have asthma and their outcomes are often worse, according to a report posted online today that will appear in the August print issue of *Archives of Pediatrics & Adolescent Medicine*.

Many factors contribute to well-documented racial and ethnic disparities in children's health and [health care](#), according to background information in the article. Universal health care coverage is widely considered an essential component of strategies to reduce these disparities. "Because the Military Health System provides comprehensive [health insurance](#) to a racially and ethnically diverse population of beneficiaries, studying disparities in health care treatments and outcomes among this population could add significantly to our understanding of the potential effect of universal coverage on reducing disparities in health care," the authors write.

Kate A. Stewart, Ph.D., of Mathematica Policy Research, Inc., Chicago, and colleagues analyzed data from 822,900 children age 2 through 17 who were continuously enrolled throughout 2007 in a Department of Defense health maintenance organization-type plan. Asthma prevalence, treatment patterns and outcomes were assessed among children age 2 to 4, 5 to 10 and 11 to 17.

Racial and ethnic differences were apparent in several measures and age groups. Black and Hispanic children were more likely to be diagnosed

with asthma at all ages. Black children of all ages and [Hispanic children](#) age 5 to 10 were more likely to have potentially avoidable hospitalizations or emergency department visits related to asthma.

"Our findings with regard to treatment patterns were mixed," the authors write. "Black children, who at all ages were more likely to have a diagnosis of asthma and to have poorer outcomes than white children, were also more likely to receive recommended asthma medications, especially inhaled corticosteroids." However, this could be related to the higher rates of emergency department visits and potentially avoidable hospitalizations among these children, as medications could have been prescribed and filled during or after these visits.

Black children were also less likely to receive care from a specialist, who may be more likely to treat asthma according to guidelines, including appropriate use of controller medications. "Thus, even though black children filled more prescriptions for asthma medications, they may have been less likely than white children who visited specialists to control their [asthma](#) and use the medications appropriately," the authors write.

"Our findings suggest that eliminating racial and ethnic disparities in health care likely requires a multifaceted approach beyond universal health insurance coverage," they conclude.

**More information:** Arch Pediatr Adolesc Med. 2010;164[8], [doi:10.1001/archpediatrics.2010.100](https://doi.org/10.1001/archpediatrics.2010.100)

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