

Racial and ethnic disparities impact care for children with frequent ear infections

November 1 2010

Racial and ethnic disparities among children with frequent ear infections (FEI) significantly influence access to affordable healthcare, according to new research published in the November 2010 issue of *Otolaryngology – Head and Neck Surgery*.

Ear infections are one of the most common health problems for children, with most kids experiencing at least one by their third birthday. Annual costs in the United States alone are in the billions of dollars.

Despite changes that have occurred in healthcare to help low-income children, such as the Children's Health Insurance Program (CHIP), a large population of children still cannot afford prescription medication with black and Hispanic children more at risk

A new study by researchers at the David Geffen School of Medicine at UCLA and Harvard Medical School has found that racial and [ethnic disparities](#) among children with frequent ear infections can significantly influence access to healthcare resources.

The findings show that compared with white children, African American and Hispanic children are at increased odds of not being able to afford prescription medications, not having medical insurance, and not being able to see a specialist. The study also shows that they are more likely than white children to visit the emergency room for an [ear infection](#).

"Our goal was to provide an accurate demographic picture of the U.S. so

that we could identify disparities to target for intervention," said study co-author Dr. Nina Shapiro, director of pediatric otolaryngology at Mattel Children's Hospital UCLA and an associate professor of surgery at the Geffen School of Medicine. "Clearly, we found that children of certain ethnicities who suffer from frequent ear infections are more likely to face greater barriers to care. This information provides an opportunity for improvements in our current healthcare reform."

Researchers used data from a 10-year period (1997-2006), taken from the National Health Interview Survey, a large-scale, household-based survey of a statistically representative sample of the U.S. population.

Parents of children under the age of 18 were asked various questions, including whether their child had three or more ear infections over the previous 12 months. For those who answered yes, researchers pulled demographic data — including age, sex, race/ethnicity, income level and insurance status — to determine the influence of these variables on frequent ear infections.

The study found that each year, 4.6 million children reportedly had "frequent" ear infections —defined as more than three infections over a 12-month period.

Overall, 3.7 percent of children with frequent ear infections could not afford care, 5.6 percent could not afford prescriptions, and only 25.8 percent saw a specialist.

Among the study's other findings for children with frequent ear infections:

- A greater percentage of African American children (42.7 percent) and Hispanic children (34.5 percent) lived below the

poverty level than white children (12 percent) and those of "other ethnicity" (28 percent).

- A greater percentage of Hispanic children (18.2 percent) and "other ethnicity" children (16.6 percent) were uninsured, compared with whites (6.5 percent).
- A greater percentage of white children (29.2 percent) reported having access to specialty care than African American children (20 percent), Hispanic children (17.5 percent) and "other ethnicity" children (18.9 percent).
- A greater percentage of African American children (28.4 percent) and Hispanic children (19.8 percent) than white children (15.5 percent) visited the emergency room at least twice for ear infections over a 12-month period.

Researchers conducted the study by using the National Health Interview Survey (1997 - 2006) to identify children with FEI. Age, sex, race/ethnicity, income level, and insurance status were extracted. Access to care was measured by ability to afford medical care and prescription medications, specialist visitation, and emergency room visits.

Provided by American Academy of Otolaryngology -- Head and Neck Surgery

Citation: Racial and ethnic disparities impact care for children with frequent ear infections (2010, November 1) retrieved 30 April 2024 from <https://medicalxpress.com/news/2010-11-racial-ethnic-disparities-impact-children.html>

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