

Medical homes linked to better health, school performance

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Undocumented children who have access to health insurance are healthier and more engaged in school than those without insurance, according to researchers at the Keck School of Medicine of the University of Southern California (USC).

Their data is the first to show a direct [health benefit](#) to [children](#) from what primary care practitioners call a "[medical home](#)," which is [medical care](#) that is accessible, continuous, comprehensive, coordinated, family-centered, compassionate and culturally effective.

"If you can connect kids to medical homes, there are potentially big pay-offs," said Gregory D. Stevens, Ph.D., assistant professor of family medicine at the Keck School and lead author of two recently published studies about medical homes. "We found that there is a strong association between high-quality medical care and health improvement and school engagement."

A family-centered medical home, as defined by the American Academy of Pediatrics, is not a building or service, but an approach to provide patients with comprehensive primary care. Dubbed by some as the future of family medicine, the medical home and other patient care models are encouraged in the health reforms passed into law by the [Patient Protection](#) and [Affordable Care](#) Act of 2010.

While those health reforms do not apply to undocumented immigrants, co-authors Stevens and Michael R. Cousineau, Dr.P.H., associate

professor of research in the Keck School's Department of Family Medicine, were tasked with evaluating the efficacy of Healthy Kids, a decade-old county-led program that provides affordable [health insurance](#) for children of low-income families who don't qualify for state insurance programs like Medi-Cal and Healthy Families — namely, undocumented children. At the time of data collection in 2009, Healthy Kids was offered in 24 of 58 California counties, providing about 70,700 children statewide with comprehensive medical, dental and vision coverage.

The researchers surveyed 4,011 children from 21 of the 24 Healthy Kids programs (including the largest in Los Angeles). The sample consisted mostly of Latino children in low-income, undocumented and predominantly Spanish-speaking families. Nearly 95 percent of the 2,230 families actually reached cooperated. The sample was divided into three groups: established enrollees (in the program for one year or longer), new enrollees (less than one year) and children on a waitlist.

In a study that appears in the September issue of *Medical Care*, the researchers found that those enrolled in Healthy Kids were more likely to have a regular source of health care and reported better medical home experiences than the children on a wait list. Children who were enrolled in the program for more than a year reported the best medical home experiences among the three groups.

In a separate study that was published online by Health Services Research, the researchers found that children who reported better medical home experiences missed fewer days at school and performed better overall, in math and in reading. For example, for every one-point increase in the medical home total score, the odds of missing fewer than three school days due to illness or injury in the past school year increased by 12 percent. Among the measured indicators of medical home quality, access was most strongly associated with improved health and school engagement.

"It supports the argument to keep providing affordable health insurance for undocumented kids," said Stevens. "Since these children are going to be left out of health care reform, the studies show the unique value of these public-private programs — like Healthy Kids — that were created to give them coverage."

Public health officials agree.

"These families who have no other access to health insurance, they are so grateful to get their child into the health care system," says Kena Burke, former director of the Healthy Kids program in San Luis Obispo, Calif. "For the most part, children are well. But, if they contract an ear infection or common cold, and their parents don't have access to insurance and have to pay cash — economic choices have to be made: Should I pay rent or give medical care to my children? It's hard."

Due to reduced funding, the Healthy Kids program has shrunk in some counties. But Alison Lobb, an analyst with California Coverage & Health Initiatives (the state association of local organizations that connect low-income people with health insurance), says they are exploring alternatives to keep all kids — regardless of immigration status or income — connected to medical homes.

"We won't abandon these kids who can't take advantage of these health reforms," Lobb said. "We feel the ideal way is through insurance coverage, but when that's not possible, we are seeking other ways of connecting kids with care — and we feel the medical home is the ideal way to do it."

Provided by University of Southern California

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