

Hardships explain much of hospital asthma readmissions among black children and teens

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Black children are twice as likely as white children to be readmitted to the hospital for asthma – a disparity due in large part to a greater burden of financial and social hardships, according to a new study.

Researchers at Cincinnati Children's Hospital Medical Center found that 23 percent of <u>black children</u> were readmitted within a year, while 11 percent of other children in the study, most of whom were white, were readmitted within a year. Nearly 19 percent of all children were readmitted to the hospital within 12 months.

Financial and social hardships, such as lack of employment and not owning a car, accounted for about 40 percent of the increased likelihood of asthma readmissions among black children.

The study is published online in the eFirst pages of the journal *Pediatrics*.

"Readmission rates are a central focus of healthcare reform," says Andrew Beck, MD, a pediatrician at Cincinnati Children's and lead author of the study. "Reducing disparities in such outcomes will be critical, especially since payment reform will be based more on quality outcomes and less so on healthcare encounters.

"Our findings suggest a more intense patient- and population-level focus on the financial and social hardships that underlie <u>racial disparities</u> may provide one path for achieving better outcomes," adds Dr. Beck.



"Identifying hardships could prompt partnerships with individuals and agencies poised to provide added community support for families."

The researchers enrolled 774 patients from the Greater Cincinnati Asthma Risks Study (GCARS). The patients were between the ages of 1 and 16 and were admitted to Cincinnati Children's between Aug. 2010 and Oct. 2011. More than half of the children, 57 percent, were black. Caregivers of black children were significantly more likely than caregivers of white children to report financial and social hardships, which together with traditional measures of low socioeconomic status explained about half of the disparity in readmissions.

"There is tremendous potential for changes in clinical practice," says Robert Kahn, MD, a pediatrician at Cincinnati Children's and senior author of the study. "Transportation barriers might be addressed with home delivery of medications, job barriers with a connection to job training, and both helped by a community health worker. The goal would be upstream, community-based prevention, rather than paying for readmissions."

Dr. Beck expects that additional factors, such as pollution, tobacco exposure, and substandard housing quality, may explain "residual disparities and provide further targets for intervention," he says.

The study is the most recent to be published as part of the GCARS, which seeks to understand the causes of hospital readmission. As part of the GCARS, the researchers also are studying the association between exposure to traffic-related air pollution and hospital readmission for asthma. They hope to publish this study within the next year.

Provided by Cincinnati Children's Hospital Medical Center



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