

Rural kids face special challenges when seriously ill: study

April 11 2016, by Steven Reinberg, Healthday Reporter



(HealthDay)—Sick children from rural areas in the United States have

more complex medical problems and cost more to treat than urban or suburban kids, a new hospital study finds.

Researchers who analyzed admissions at 41 children's hospitals found significant differences between city kids and their country counterparts. Rural children, for instance, were more likely to require readmission, tended to be from poorer homes and traveled five times as far, on average, for specialized [health care](#).

"Children's hospitals and rural health care providers face challenges when coordinating services for rural children, particularly children with chronic conditions," said the study's lead researcher, Dr. Alon Peltz.

New, innovative approaches are needed to provide more health care supports to [rural areas](#), said Peltz, a postdoctoral fellow at the Yale University School of Medicine, in New Haven, Conn.

But, this problem isn't new, said Dr. Mario Reyes, who's with Nicklaus Children's Hospital in Miami, and wasn't involved in the study. Hospitals in poor rural areas are often ill-equipped to deal with complex medical problems in children, he said.

So, the sickest kids need to go to specialized children's hospitals, Reyes said. "And they have to travel an average of 68 miles to get there," he added. For city and suburban kids, the average distance to a children's [hospital](#) was 12 miles, the study found.

Complex medical conditions treated at children's hospitals include heart problems, congenital heart disease, cystic fibrosis, Down syndrome and various lifelong health challenges caused by prematurity, according to the Children's Hospital Association.

Peltz believes greater coordination of services provided by community

and pediatric hospitals would help.

"This may include better use of technologies, such as telemedicine, or policies that support better integration between children's hospitals and rural doctors and community hospitals," he said.

However, Reyes pointed out that many services that children's hospitals could offer to rural areas, such as telemedicine, are not covered by insurance.

The report was published April 11 online in the journal *Pediatrics*.

For the study, Peltz and his colleagues collected data on more than 672,000 hospital admissions to 41 children's hospitals in the United States in 2012.

They found that rural children made up 12 percent of admissions, and that 20 percent of country kids live in areas with few health professionals, compared to just 4 percent of kids in more populated areas.

Besides traveling 56 miles farther, on average, for needed care, the rural children were more than twice as likely to come from low-income communities—53 percent versus 24 percent.

The rural children were also more likely to have complex chronic medical conditions—44 percent compared to 37 percent of urban/suburban kids.

And, rural children cost an average of \$8,500 to care for, compared to about \$7,800 for their urban and suburban peers, Peltz's team found. Rural [kids](#) also were more likely to be readmitted to the hospital within 30 days.

The involvement of local doctors is critical, especially after a hospitalization, Reyes said. "We need to better connect children's hospitals with rural [health care providers](#)," he said.

A bill currently in Congress would provide funding to help link the two, Reyes said. The proposal—called the Advancing Care for Exceptional Kids Act—is designed to improve access and coordination of care to [children](#) with complex [medical conditions](#) on Medicaid, the publicly funded insurance program for the poor. The bill is also intended to reduce Medicaid costs, according to the Children's Hospital Association.

More information: The American Academy of Pediatrics can help you [prepare your child for a hospital stay](#).

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