

Teens mixed up with the law may fall through Medicaid cracks

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(HealthDay)—Teens on Medicaid who have been arrested at least once

are more likely to seek costly emergency room care and less apt to receive preventive primary care, a new study suggests.

For the study, researchers reviewed medical and criminal records of nearly 90,000 U.S. youths, aged 12 to 18, on Medicaid. The investigators found those involved with the justice system also had more and longer gaps in Medicaid coverage than peers without arrest records.

"As a psychologist that works with justice-involved youth, the part that didn't surprise me is [they] don't go to the doctor as often and go to the emergency department more than non-justice-involved youth. That's what folks in the field thought to be true for a long time," said study author Matthew Aalsma. He's a professor of pediatrics and psychology at Indiana University School of Medicine.

"What surprised me was ... they're still going to the doctor for an annual visit, just at lower rates," Aalsma added.

Primary care interventions are "really important for everyone to do," Aalsma said. And teens who've been in trouble have higher rates of mental [health](#), physical health, and drug and alcohol use disorders than their peers, the study noted—issues that could be addressed by a doctor.

"We want to do everything we can to get them to that doctor's visit so we can limit [co-existing health conditions], improve health outcomes and reduce emergency department visits," he added.

More than 900,000 U.S. youths under age 18 were arrested in 2015, according to a commentary accompanying the study. While that number is 68 percent lower than its 1996 peak, it still represents one in every 36 children between ages 10 and 17—one in 26 boys, and one in 16 black youths.

Aalsma and his team sought to analyze the relationship between juvenile justice involvement and use of [health care services](#). The term "justice-involved youth" includes a spectrum of teenagers, ranging from those arrested and sent home with a warning to those convicted of violent offenses.

The study examined data on about 88,600 teens enrolled in Medicaid in Marion County, Ind., from 2004 through 2011. About 23 percent of those youths had had a brush with the law.

Health care service use was identified using claims data for Medicaid, the publicly funded insurance program for the poor.

Teens outside the criminal justice system sought annual well-care health visits significantly more than teens in the legal system, the study found. Conversely, teens with a prior arrest had significantly higher annual rates of emergency department visits.

Dr. David Chen, a hospitalist with Christiana Care Hospitalist Partners in Wilmington, Del., has experience caring for kids and adults after incarceration. He praised the new study for focusing on a group typically left out of research efforts.

"What is notable," Chen said, "is the [youths'] decreased use of [primary care](#) even though they had Medicaid. It speaks to the importance of having continuity in insurance coverage as well as primary care."

Deena Chisolm is principal investigator at the Center for Innovation in Pediatric Practice at Nationwide Children's Hospital in Columbus, Ohio. Primary health care "is not just important for the health of such youth, but also for their further engagement with the justice system," she said.

"Primary care providers have the potential to identify and address [drug

and alcohol] use and behavior health problems that are often the underlying cause of contact with the justice system," added Chisolm, who wrote the commentary accompanying the new research.

Chisolm said the best way to improve the health and health care of justice-involved [youth](#) is to prevent them from getting in trouble with the law in the first place.

"The important change is to provide youths with nonjudgmental, integrated care in the settings where the youths feel safe," she said. "Schools, detention facilities and community centers with co-located primary care, behavioral health and social work have the potential to address both health and risk factors for further justice involvement into adulthood."

Aalsma said one "realistic outcome" of his research would be for states to increase efforts to enroll law-involved teens in Medicaid, helping prevent health services gaps.

Other measures to help this group could include increasing their access to school-based [health care](#), the study authors noted. School-based health centers typically offer immunizations, testing for pregnancy and sexually transmitted infections, asthma management and mental health counseling, among other services, which could lower these teens' [emergency department](#) use.

The study and accompanying editorial were released online Oct. 2 and will be published in the November print issue of the journal *Pediatrics*.

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David D. Chen, M.D., M.P.H, hospitalist, Christiana Care Hospitalist Partners, Wilmington, Del.; November 2017, *Pediatrics*

The U.S. Department of Education offers tips for [teens after incarceration](#).

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