

Technology-Enabled Innovations in Improving Children's Health: Children's Health Background Data

Children's Health Status

- Current Limitations
- National Trends
- High Cost Children

California Information

- Demographics
- Disparities
- Insurance Information and Trends
- Overweight and Obese Children



Limitations of Current Child Health System Overview (1 of 2)

- **Nearly 10 million children nationally and 700,000 children in California are uninsured.** More than half of these children are eligible for public health insurance programs.
- While access problems are particularly severe for uninsured children, children with coverage also experience **difficulties with timely access to recommended care.**
 - Children generally receive only 46.5% of care recommended for them and they are more likely to receive recommended acute care than recommended preventive care.
- **Adherence to recommended preventive care guidelines is poor,** particularly for adolescents and for certain domains such as developmental and behavioral assessment.
 - Only 38 percent of adolescents nationally had a preventive care visit in the last twelve months.
 - Fewer than 50 percent of children nationally receive appropriate childhood development or behavioral health assessments during pediatric office visits.

Sources: healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf, Liptak et al, Pediatrics 2006; 118; 1001-1009, Rita Mangione-Smith, et al., Quality of Ambulatory Care Delivered to Children in the United States, New England Journal of Medicine, Vol. 357, No. 15 (October 2007): 1515-1523., Charles E. Irwin et al., Preventive Care for Adolescents: Few Get Visits and Fewer Get Services. Pediatrics, Vol. 123, (2009): e565-e572., David Bergman, Transforming Well-Child Care: A Panel Discussion, National Initiative for Children's Healthcare Quality Workshop: Transforming Well-Child Care for the 21st Century May 10, 200.



Limitations of Current Child Health System Overview (2 of 2)

- **Children experience significant disparities in access, quality, and outcomes.**
 - Nearly 25% of children between the ages of 3 and 6 enrolled in Medi-Cal (California's Medicaid program) managed care did not receive all recommended well-child visits.
 - More than 60% of adolescents enrolled in Medi-Cal managed care did not receive recommended well-care visits.
- There is **insufficient coordination across the continuum of medical and non-medical services needed by children**, particularly those with chronic or complex conditions.
- **Parents are not well informed** about their children's health or health care options and are not supported as active participants in their children's care. Adolescents face similar challenges with respect to their own care.
- **Children are increasingly burdened with chronic conditions**, many of which are preventable.

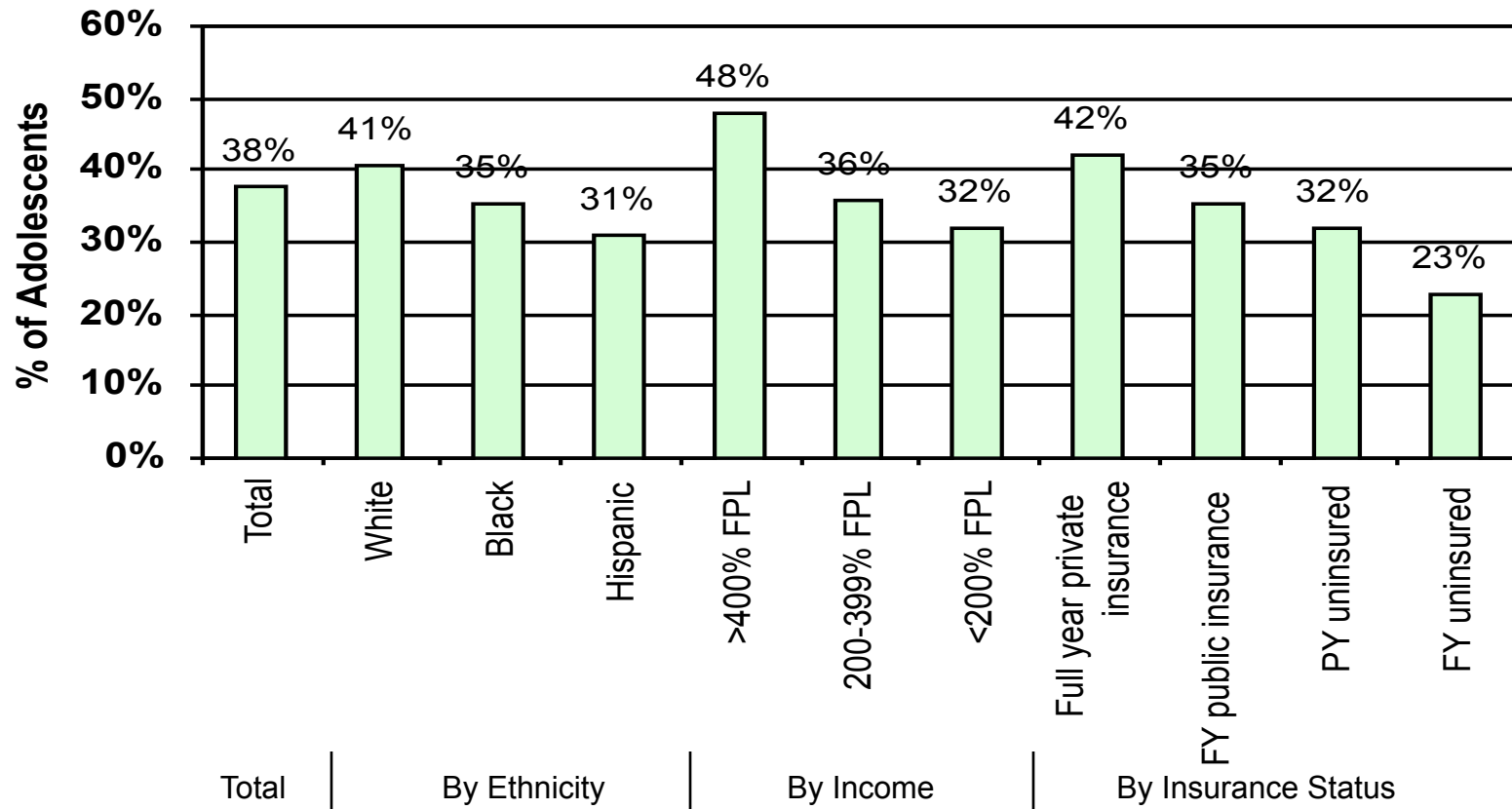
Sources: Delmarva Foundation for Medi-Cal Managed Care External quality Review Organization; National Survey of Children with Special Healthcare Needs. (<http://cshncdata.org>); David Bergman, Transforming Well-Child Care: A Panel Discussion, National Initiative for Children's Healthcare Quality Workshop: Transforming Well-Child Care for the 21st Century, May 10, 2007; Federated Interagency Forum on Child and Family Statistics, Americas Children in Brief: Key National Indicators of Well-Being, 6 June 2009, Washington, DC. (<http://childstats.gov/americaschildren/health.asp>); Francine Ratner Kaufman, Type 2 Diabetes in Children and Young Adults: A New Epidemic. Clinical Diabetes, Vol. 20, No. 4 (2002): 217.



Prevalence and Disparities in Adolescent Preventive Care

Only 38% of adolescents attended preventive care visit in past 12 months; rates are lower among minority poor, or uninsured/under-insured adolescents

Percentage Attending a Preventive Care Visit in Past 12 Months



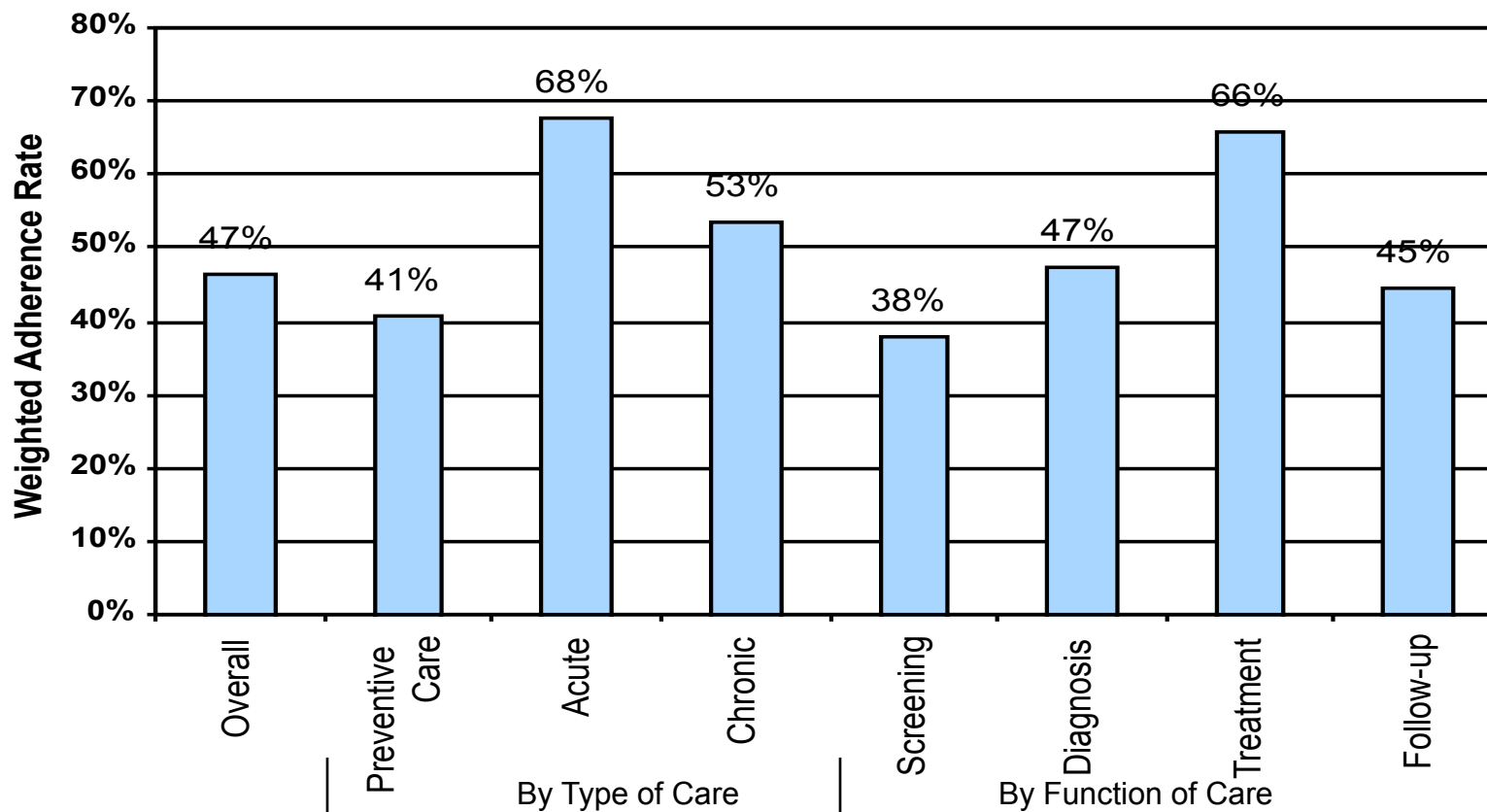
Source: Charles E. Irwin et al., Preventive Care for Adolescents: Few Get Visits and Fewer Get Services, Pediatrics, Vol. 123, (2009): e565-e572



Adherence to Quality Indicators Vary (Overall, Type, and Function of Care)

Adherence to quality indicators vary widely among different types and functions of care; adherence is particularly low for preventive care, screening, and follow-up visits

Adherence to Quality Indicators

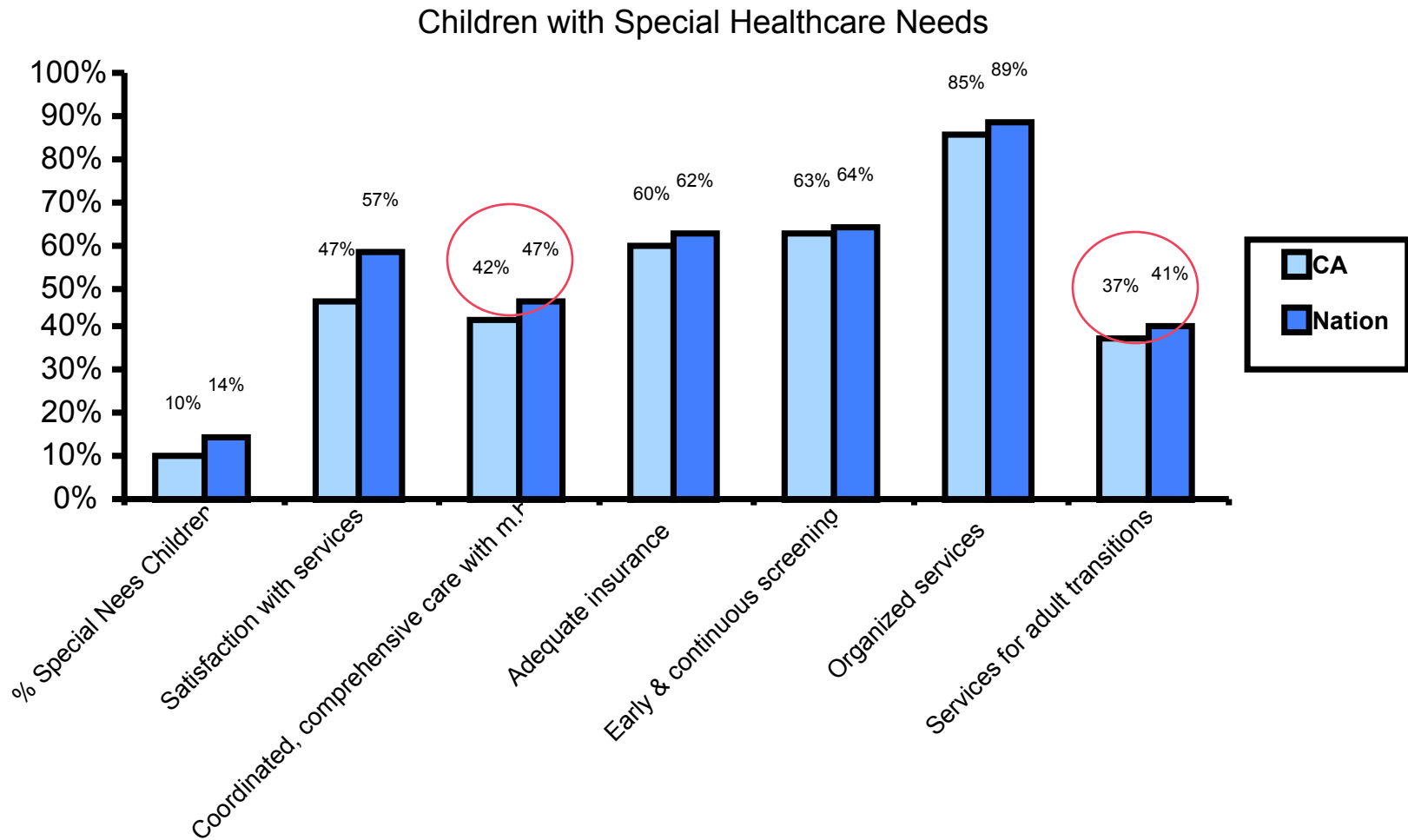


Rita Mangione-Smith, et al., Quality of Ambulatory Care Delivered to Children in the United States, New England Journal of Medicine, Vol. 357, No. 15 (October 2007): 1515-1523.



Children with Special Needs (California and Nation)

Fewer than 50% of children with special needs report receiving coordinated care or having appropriate services for adult transitions; CA slightly lags nation on measures



Sources: CSHCNdata.org



Health Status: National Trends

- **Decline in early mortality, but problems remain**
 - 60% of all child deaths occur in first year of life; 40% in first 28 days
 - Falling mortality among premature infants
 - Persistent disparities in neonatal mortality
- **Little change in incidence of acute illness**
- **Increase in prevalence of chronic conditions**
 - Obesity: 5.7% in 1980; 15.3% in 2000
 - Asthma: 3.7% in 1980; 12.7% in 2000
- **Fewer hospitalizations, shorter length of stay**
 - Slower decline among children with chronic condition(s)

Source: Wise, Health Affairs, vol 23, No. 5, 2004



Health Status: High Cost Children

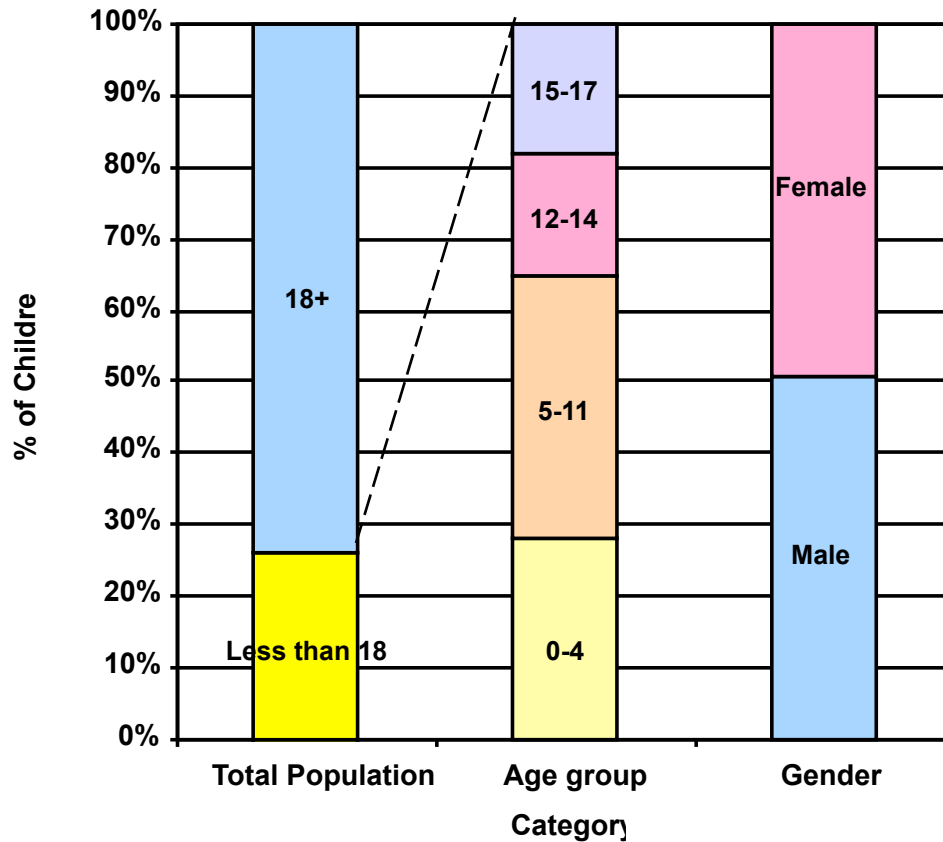
- **10%** of children account for **70%** of all expenditures
- About half of the children in the top 10% during one year remain in the top 10% the following year
- Most common reason for hospital visits for the top 10%: upper resp. infection, GI infection, otitis media, allergic rhinitis, HIV
- Top 10% more likely to be older, have special health care needs and functional limitations, be insured

Source: Liptak et al, Pediatrics 2006; 118; 1001-1009



California Children Demographics Overview (1 of 2)

2007 California General Child Health Statistics



Quick CA facts

- 10,035,692 children in CA in 2006-2007 (~13% of US children)

Focus on poverty (2007 CA data)

- 35% of children live in families where no parent has full-time employment (especially high among African Americans, Hispanics, and Native Americans)
- 7% of children below 50% of FPL; 30% below 150% of FPL; 41% below 200% of FPL; 50% of children below 250% FPL

Focus on immigration (2007 CA data)

- 21% of children in immigrant families live below the poverty threshold, compared with 14% for US-born families
- 20% of children in immigrant families have difficulty speaking English, compared with 2% in US-born families

Sources: Annie E. Casey Foundation Kids Count; Kaiser Family Foundation



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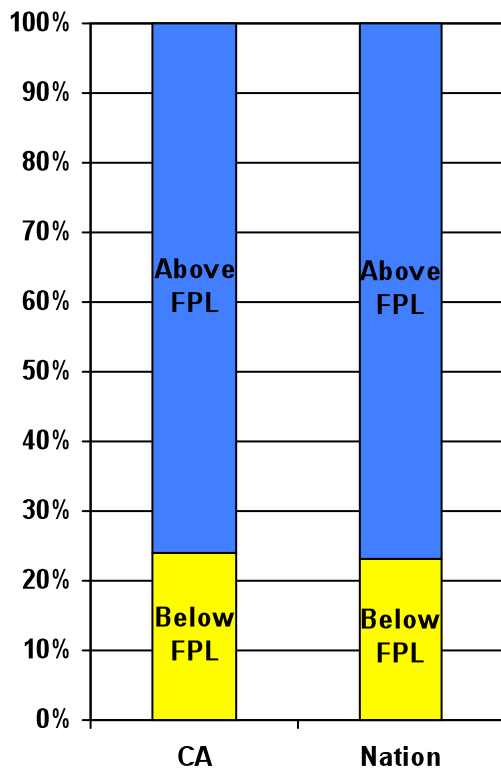
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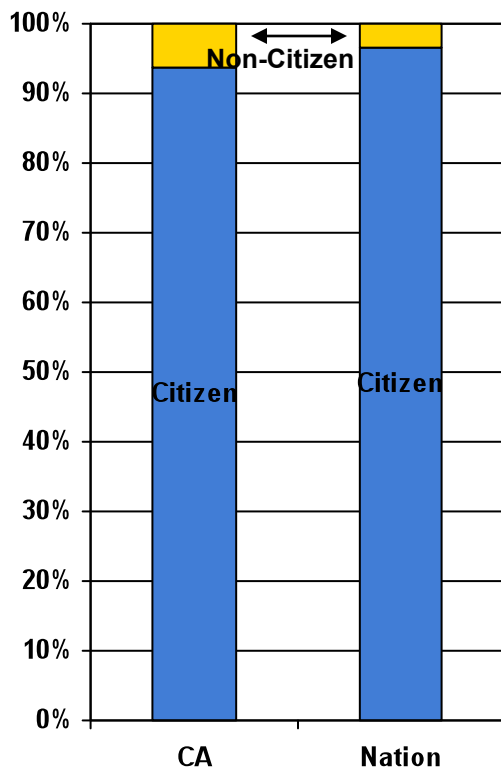
California Children Demographics Overview (2 of 2)

CA is similar to national child profile for Poverty and Citizenship, but very different for Race/Ethnicity with a much higher Hispanic population

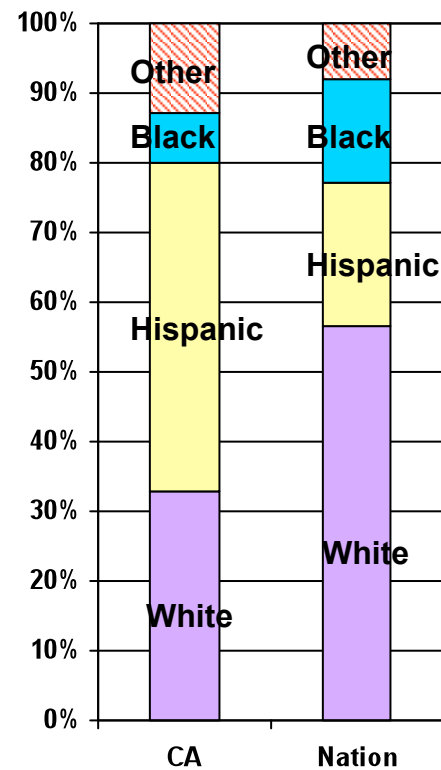
Poverty (2006-2007)



Citizenship (2006-2007)



Race/Ethnicity (2006-2007)



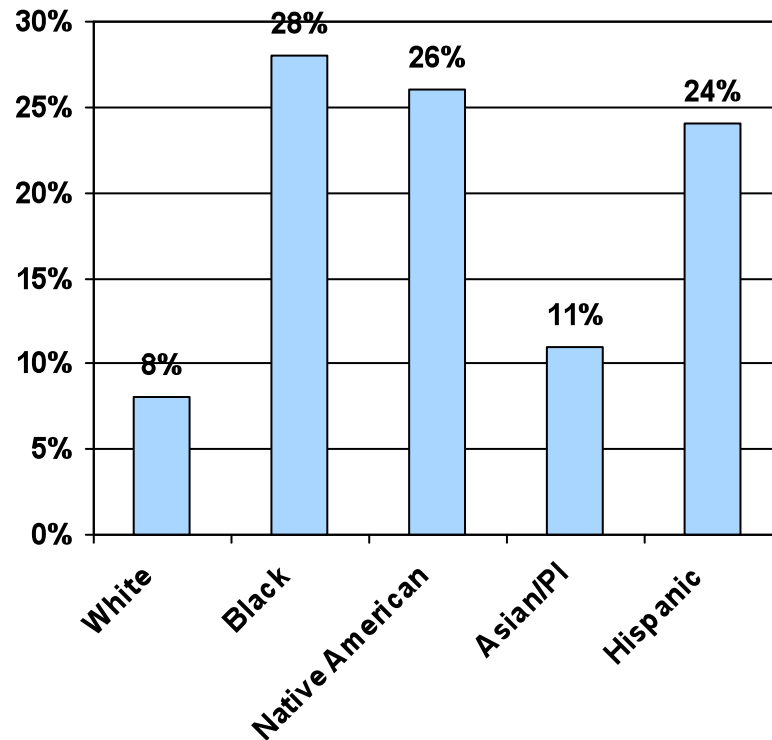
Sources: Kaiser Family Foundation



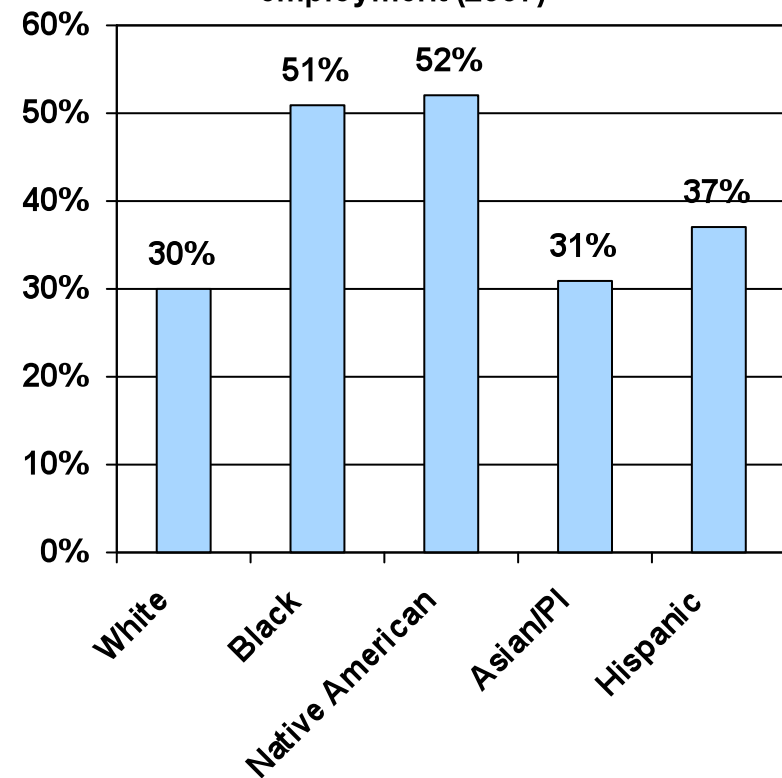
Disparities in California's Children

Poverty and parental unemployment are much higher among minority children (particularly black, Native American, and Hispanic children)

Percentage of CA Children in poverty by race/ethnicity (2007)



Percentage of CA Children in families where no parent has full-time, year-round employment (2007)



Sources: Annie E. Casey Foundation Kids Count

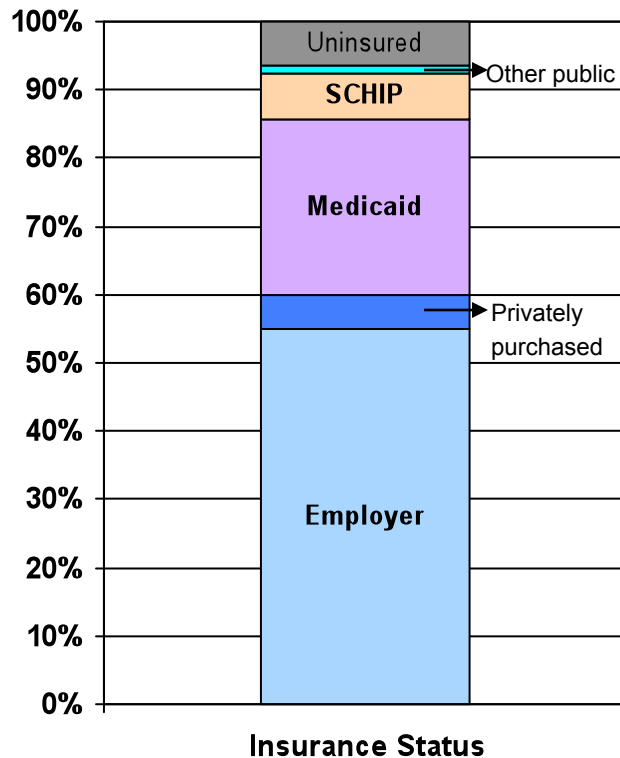


California Children Insurance Profile

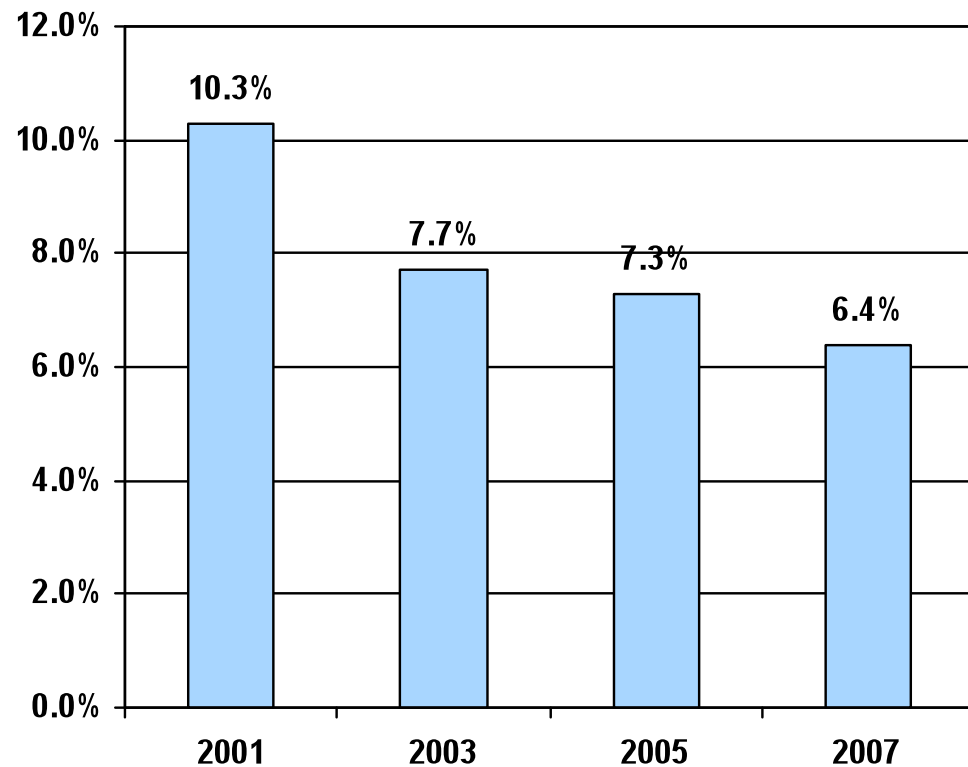
~40% of CA children rely on public insurance or are uninsured

Overall coverage for children has been steadily increasing in CA

Distribution of CA Children by Insurance Status, 2007



Uninsured Children in CA



Sources: CHIS 2007

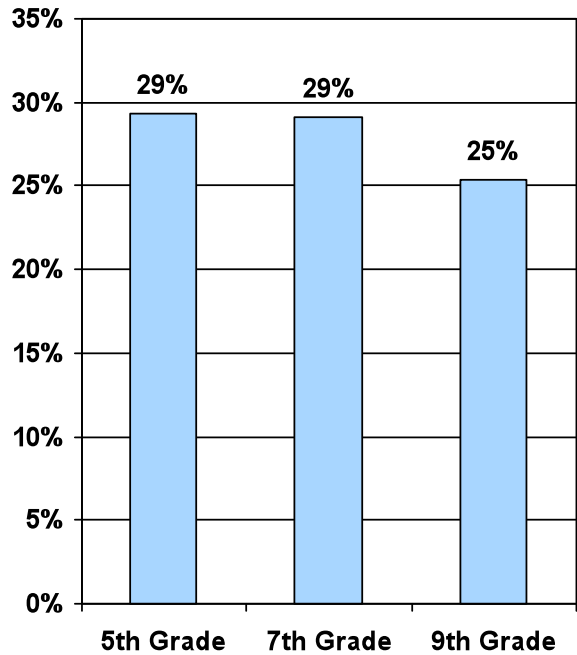


Overweight and Obese Children in California

Obesity rates show wide variations by age, gender, and ethnicity; obesity issue most severe among younger, male, and minority children

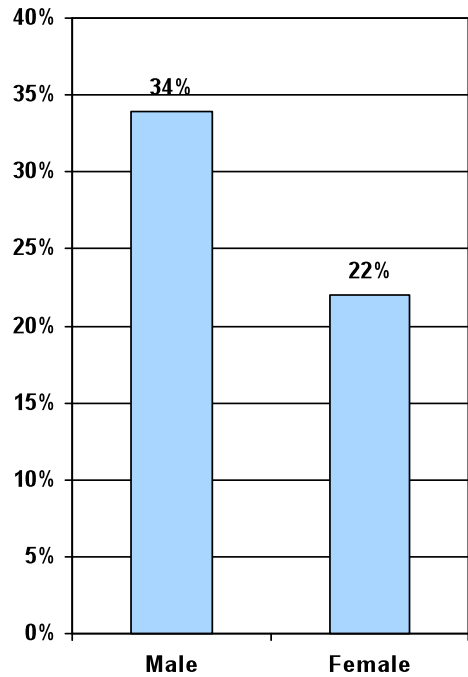
Grade Level

Percent CA Children Obese (2005)



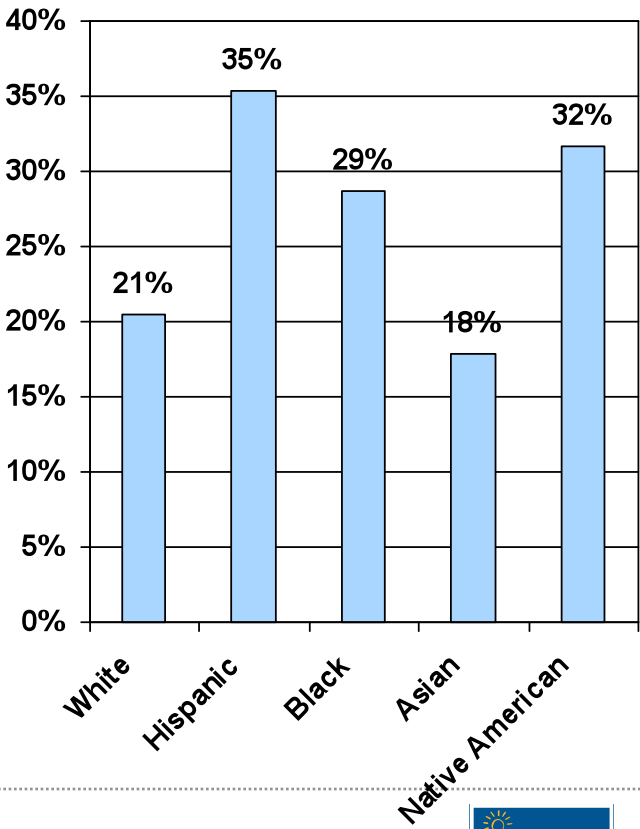
Gender (Grades 5, 7, 9)

Percent CA Children Obese (2005)



Ethnicity (Grades 5, 7, 9)

Percent CA Children Obese (2005)



Sources: CDC; California Center for Public Health Advocacy; CHIS 2005

