



Child and Adolescent Health Care:



Selected Findings From the 2010 National Healthcare Quality and Disparities Reports



Introduction to the NHQR and NHDR

Since 2003, the Agency for Healthcare Research and Quality (AHRQ) has produced two annual sister reports that present status, trends, and opportunities for improving quality and reducing disparities in health care. As mandated by the U.S. Congress, the National Healthcare Quality Report (NHQR) focuses on “national trends in the quality of health care provided to the American people” while the National Healthcare Disparities Report (NHDR) focuses on “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.” Priority populations include racial and ethnic minorities, low-income groups, women, children, older adults, residents of rural areas and inner cities, and individuals with disabilities and special health care needs.

Children’s Health Care Quality and Disparities

Children and adolescents ages 0-17 comprise 25% of the U.S. population (see box). Health care

quality and disparities measures for children, primarily children and adolescents ages 0-17, are presented throughout the NHQR and NHDR. The reports describe health along the following components:

- Effectiveness
- Patient Safety
- Timeliness
- Patient Centeredness
- Care Coordination
- Efficiency
- Health System Infrastructure
- Access to Care

This document highlights several measures, using selected NHQR and NHDR components of quality. Many more measures reported in the NHQR and NHDR include information on children; the data can be identified in the NHQR and NHDR appendix tables. For some measures, an achievable benchmark is noted, which is the performance attained by the top 10% of States with available data.



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care • www.ahrq.gov

Priority Populations

Child and Adolescent Health	
Number of children ages 0-17 (2007)	73,590,423
Number of babies born in the United States (2007)	4,316,233
Percentage of children in a racial or ethnic minority group (2008)	44%
Youth ages 12-17 with a major depressive episode during the past year (2008)	2.0 million (8.3%)
Children under age 18 with current asthma (2009)	7.1 million
Total cost of health care for children (2002 estimate)	\$79 billion

Effectiveness of Health Care

- **Receipt of recommended immunizations by young children (ages 19-35 months)**
 - Between 2000 and 2008, a pattern of rising and then falling rates was observed among all racial, ethnic, and income groups.
 - Since 2004, the overall rate has been moving away from the achievable benchmark rate of 84%.
 - All racial, ethnic, and income groups are moving away from the benchmark.
- **Children's preventive vision care**
 - From 2002 to 2007, the percentage of children ages 3-6 who ever had their vision checked by a health provider increased.
 - Children in large central metropolitan areas tended to be less likely to receive vision checks.
 - Children with special health care needs tended to be more likely to receive vision checks.
- **Weight monitoring of overweight children (ages 2-19)**
 - In 2005-2008, overweight non-Hispanic Blacks were more likely than overweight non-Hispanic Whites to report being told by a health provider that they were overweight.
- **Mental health and substance abuse**
 - In 2008, 37.7% of children ages 12-17 with a major depressive episode in the last

12 months received treatment for depression in the last 12 months.

- **Dental services**
 - Poor children were less likely than high-income children to have had a dental visit in the most recent calendar year.
 - Trends for poor children having a dental visit in the most recent calendar year are improving.

Timeliness of Health Care

- **Children who sometimes or never got care for an illness, injury, or condition as soon as wanted**
 - In 2007, for children who needed care for an illness, injury, or condition in the past 12 months, 8% sometimes or never got care for an illness, injury, or condition as soon as wanted.
 - There were no statistically significant differences by race, ethnicity (Hispanic versus non-Hispanic White), or family income.

Patient Centeredness

- **Children who had a doctor's office or clinic visit in the last 12 months whose parents reported poor communication with health providers**
 - Overall, the percentage of children whose parents or guardians reported poor communication with their health providers significantly decreased, from 6.7% in 2002 to 4.9% in 2007.

- From 2002 to 2007, the percentage of children whose parents or guardians reported poor communication with their health providers remained significantly higher for Hispanics than for non-Hispanic Whites.
- From 2002 to 2007, the percentage of children from poor families whose parents or guardians reported poor communication with their health provider was significantly higher than children from high-income families.
- Among poor parents, Hispanics were as likely as non-Hispanic Whites to report poor communication with their health providers.

Care Coordination

● Potentially avoidable emergency department encounters for asthma among children

- Overall, the rate of emergency department (ED) visits for asthma was 876 per 100,000 population among children ages 2-17, considerably higher than the adult rate (498 per 100,000).
- Only about 11% of ED visits for asthma among children led to hospitalization, while 20% of ED visits for asthma among adults led to hospitalization.
- There were few significant differences in ED visits for asthma among children across urban-rural locations.

● Effective care coordination for families who needed extra help arranging or coordinating care

- Overall, among families who needed extra help arranging or coordinating a child's health care with two or more providers, only 69% reported receiving effective care coordination.
- Children living in metropolitan areas were less likely than children living outside

metropolitan areas and uninsured children were less likely than insured children to receive effective care coordination.

- Black, Asian, and Hispanic children were less likely than White children and Hispanic children who speak Spanish at home were less likely than Hispanic children who speak English at home to receive effective care coordination.

● Medical home

- Overall, 58% of children had a medical home.
- Black, Asian, and Hispanic children were less likely than White children to have a medical home. Hispanic children who speak Spanish at home were less likely than Hispanic children who speak English at home to have a medical home.
- Children ages 0-5 were more likely than children ages 12-17 to have a medical home.
- Uninsured children were less likely than insured children to have a medical home.

Health System Infrastructure

● Electronic management of medication in hospitals by hospital type, 2008

- In 2008, 50.5% of hospitals had an electronic system that supports medication list systems.
- Nearly 70% of children's general hospitals had an electronic system that supports medication list systems.

● Fully implemented electronic system for drug decision support

- In 2008, 25.1% of hospitals had a fully implemented electronic system for drug decision support.
- Nearly 30% of children's general hospitals had a fully implemented electronic system for drug decision support.

- **Fully implemented computerized physician order entry (CPOE) system**

- In 2008, 18.4% of hospitals had a fully implemented CPOE system.
- More than 35% of children's general hospitals had a fully implemented CPOE system.

Access to Care

- From 1999 to 2008, the percentage of children ages 0-17 who had health insurance increased.
- In 2007, 15.6% of 0-17 year-olds were members of families whose out-of-pocket health insurance premiums and medical expenditures were more than 10% of total family income.

Additional Information

The *2010 National Healthcare Quality Report* and *National Healthcare Disparities Report* are available online at www.ahrq.gov/qual/qdr10.htm.

Information about children's health care quality measurement under the Children's Health Insurance Program Reauthorization Act is available at www.ahrq.gov/CHIPRA.

Additional information on programs and activities related to child health at AHRQ is available at www.ahrq.gov/child/ or by contacting:

Denise Dougherty, Ph.D.
Senior Advisor, Child Health and Quality Improvement
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850
Denise.dougherty@ahrq.hhs.gov

Suggested Citation

Child and Adolescent Health Care: Selected Findings From the 2010 National Healthcare Quality and Disparities Reports. Agency for Healthcare Research and Quality, Rockville, MD. Pub. No. 11-0005-2-EF.
<http://www.ahrq.gov/qual/nhqdr10/nhqdrchild10.htm>.

