

# An Unfair Shot at a Good Start - Disparities in Early Childhood Health and Development



**Presenter Name**

**Meeting Date**

*This presentation was prepared with assistance from Docs For Tots, [www.docsfortots.org](http://www.docsfortots.org).*

## DEFINING DISPARITY

"The condition or fact of being unequal, as in age, rank, or degree."

Synonyms = "inequality, unlikeness, disproportion, and difference"

## DISPARITIES ON THE NATIONAL STAGE

- In the last few years, research has drawn more attention to disparities in healthcare for members of racial and ethnic minorities, and individuals living in poverty.
- Disparities for minority children will become even more critical as estimates indicate that by the year 2030, among 0-5 yr olds, minorities will outnumber non-Hispanic Whites by 1.1 million.

# WHY EXAMINE DISPARITIES IN EARLY CHILDHOOD?

- Disparities in early childhood may predict and, in essence, pave the way for, disparities in adolescence & adulthood. These include higher prevalence rates among minorities of:
  - School dropout
  - Substance abuse
  - Obesity
  - Poor nutrition
  - Violent behavior
  - Unintentional injuries
  - Poverty

Source: Flores, G., Tomany-Korman, S.C., & Olson, L. (in press). Does disadvantage start at home? Racial and ethnic disparities in health-related early childhood home routines and safety. *Archives of Pediatric & Adolescent Medicine*.

# FRAMEWORK FOR EXAMINING DISPARITY

- Healthy People 2010 uses the notion of “Leading Health Indicators”:
  - Indicators demonstrate “...individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities”.
  - Indicators clearly demonstrate the existence of disparities for specific populations.
- This presentation uses 3 main categories of indicators:
  - Indicators of health status
  - Indicators of access to health services
  - Indicators of developmental risk/promotion

## INDICATORS OF HEALTH STATUS

Disparities in indicators of health status:

- Infant/child mortality
- Overall health
- Rates of illness
- Obesity

## INDICATOR OF HEALTH STATUS: Infant/Child Mortality

- The national infant mortality rate in 2001 was 6.8 (deaths/1000 live births).
  - 5.7 for Whites
  - 5.4 for Latinos
  - 9.7 for American Indians
  - 13.5 for African Americans
- The national child death rate in 2001 was 22 (deaths per 100,000 children ages 1-14)
  - 20 for Whites
  - 19 for Latinos
  - 29 for American Indians
  - 31 for African Americans

## INDICATOR OF HEALTH STATUS: Overall health



- Black and Hispanic parents are significantly less likely than White parents to report that their children are in excellent or very good health.

## INDICATOR OF HEALTH STATUS: Rates of illness (for example, Asthma)

- "Although asthma affects Americans of all ages, races, and ethnic groups, low-income and minority populations experience substantially higher rates of fatalities, hospital admissions, and emergency room visits due to asthma."<sup>1</sup>
- Asthma is 26% more prevalent in African American children than White children.<sup>2</sup>
- African American children 0-4 years old are six times more likely to die from an asthma attack than White children of the same age.<sup>2</sup>
- Black and Latino children are less likely than White children to use preventative, daily, inhaled, anti-inflammatory medications.<sup>3</sup>

Source <sup>1</sup>US Department of Health and Human Services. (2000). *Action against asthma: A strategic plan for the Department of Health and Human Services*. Washington, DC: Author. <http://aspe.hhs.gov/sp/asthma/overview.htm#es>. <sup>2</sup>Docs For Tots. (nd). *What docs should know about...How indoor environment effects childhood asthma*. Washington, DC.: Author. <http://www.docsfortots.org>. <sup>3</sup>Lieu, T.A., Lozano, P., Finkelstein, J.A., Chi, F.W., Jensvold, N.G., Capra, A.M., Quesenberry, C.P., Selby, J.V., & Farber, H.J. (2002). Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics*, 109, 857-865.

# INDICATOR OF HEALTH STATUS: Obesity

- Highest rates of overweight/obesity are typically found among minority and economically disadvantaged children.<sup>1</sup>
- According to national nutritional surveys on the prevalence of childhood obesity and overweight:
  - White children have the lowest prevalence.
  - Black children have an intermediate prevalence.
  - Hispanic children have the highest prevalence.<sup>2</sup>

Source <sup>1</sup>American Academy of Pediatrics, Committee on Nutrition. (2003). Policy statement: Prevention of pediatric overweight and obesity. *Pediatrics*, 112, 424-430. <sup>2</sup>Ogden, C.L., Troiano, R.P., Briefel, R.R., Kuczmarski, R.J., Flegal, K.M., Johnson, C.L. (1997). Prevalence of overweight among preschool children in the United States, 1971 through 1994. *Pediatrics* 99(4).

## INDICATORS OF ACCESS TO HEALTH SERVICES:



Disparities in indicators of access to health services:

- Unmet health needs
- Insurance
- Presence of a primary care provider
- Immunization rates
- Prenatal care

## INDICATOR OF ACCESS TO HEALTH SERVICES: Unmet health needs

- Children from poor and near-poor families are 3 times as likely to have an unmet health need as their higher income peers.<sup>1</sup>
- Non-White children are almost twice as likely to not be referred to specialists by health care providers, even after adjustment for insurance coverage, and health status.<sup>2</sup>

Source <sup>1</sup>Newacheck, P.W., Hughes, D.C., Hung, Y., Wong, S., & Stoddard, J.J. (2000). The unmet health needs of America's children. *Pediatrics*, 105, 989-997. <sup>2</sup>Flores, G., Olson, L., & Tomany-Korman, S.C. (2005). Racial and ethnic disparities in early childhood health and healthcare. *Pediatrics*.

# INDICATOR OF ACCESS TO HEALTH SERVICES: Insurance

- Black children are uninsured by 2.4% more than uninsured White children.<sup>1</sup>
- Hispanic children are 3 times as likely to be uninsured as White children and more than 2 times as likely to be uninsured as Black children.<sup>1</sup>
- Low-income children are almost 3 times as likely as higher-income children to be uninsured.<sup>1</sup>
- Positive developments:
  - Between 1997 and 2002, uninsurance decreased 6 percentage points for Black and White low-income children and 5 percentage points for Hispanic low-income children.<sup>2</sup>

Source <sup>1</sup>Kenney, G., Haley, J., & Tebay, A. (2003). Children's insurance coverage and service use improve. *Snapshots of America's Families III*, 1. Retrieved December 8, 2004 from [http://www.urban.org/UploadedPDF/310816\\_snapshots3\\_no1.pdf](http://www.urban.org/UploadedPDF/310816_snapshots3_no1.pdf). <sup>2</sup>Finegold, K., & Wherry, L. (2004). Race, ethnicity, and health. *Snapshots of America's Families III*, 20. Retrieved December 8, 2004 from <http://www.urban.org/Template.cfm?Section=ByTopic&NavMenuID=62&template=/TaggedContent/ViewPublication.cfm&PublicationID=8791>

## INDICATOR OF ACCESS TO HEALTH SERVICES: Presence of a primary care provider

- A strong primary care infrastructure has been linked with more positive health outcomes for children.<sup>1</sup>
- Black and Hispanic children are less likely than their White peers to make office visits.<sup>2</sup>
- Black and Hispanic children are more likely to receive care in community health centers and public clinics, while White children are more likely to receive care in private or group practices.<sup>3</sup>

Source <sup>1</sup>Starfield, B. (2004). U.S. child health: What's amiss, and what should be done about it? *Health Affairs*, 23,165-170. <sup>2</sup>Dovey, S., Weitzman, M., Fryer, G., Green, L., Yawn, B., Lanier, D., & Phillips, R. (2003). The ecology of medical care for children in the United States. *Pediatrics*, 111, 1024-1029. <sup>3</sup>Flores, G., Olson, L., & Tomany-Korman, S.C (in press). Racial and ethnic disparities in early childhood health and healthcare. *Pediatrics*.

## INDICATOR OF ACCESS TO HEALTH SERVICES: Immunization rates

- From 1996 to 2001, the gap in immunization coverage rates between White and Black children AND White and Hispanic children increased.
  - Between White and Black children, gap increased an average of 1.1% each year
  - Between White and Hispanic children, gap increased an average of .5% each year
- Black and Hispanic children are less likely to be up-to-date on their vaccines than their White peers.<sup>2</sup>

Source <sup>1</sup>Cho, S.Y., Barker, L.E., & Smith, P.J. (2004). Racial/ethnic disparities in preschool immunizations: United States, 1996-2001. *American Journal of Public Health, 94*, 973-977. <sup>2</sup>Santoli, J.M., Huet, N.J., Smith, P.J., Barker, L.E., Rodewald, L.E., Inkelas, M., Olson, L.M., & Halfon, N. (2004). Insurance status and vaccination coverage among US preschool children. *Pediatrics, 113*, 1959-1964.

# INDICATOR OF ACCESS TO HEALTH SERVICES: Prenatal care

- White women are more likely to receive prenatal care in their first trimester of pregnancy than Black women and Hispanic women:
  - Overall: 83.8%
  - White: 88.7%
  - Black: 75.2%
  - Hispanic: 76.8%
- The good news:
  - This represents a 24% increase for Black women between 1990 and 2002 and a 28% increase for Hispanic women.

## INDICATORS OF DEVELOPMENTAL RISK/PROMOTION

We can see disparities in these indicators that either promote positive health and development or are risk factors for poor developmental and health outcomes:

- Poverty status
- Home environment (family mealtime, literacy activities, television watching, daily routines, safety practices)
- Maternal depression
- Neighborhood environment
- Family structure

# INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Poverty status

- Poverty status is an important indicator of developmental risk/promotion because:
  - Children are especially vulnerable to the effects of poverty.
  - Poverty status is associated with a host of negative outcomes:
    - low birth weight
    - lower scores on measures of cognitive ability
    - increased internalizing and externalizing behavior problems.

## INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Poverty status (cont'd)

- Poverty rates by race:

	POOR	LOW-INCOME
OVERALL	15%	33%
WHITE	10%	26%
ASIAN	14%	29%
BLACK	27%	49%
HISPANIC	30%	61%
NATIVE AMERICAN	31%	54%

Source Stateveig, S., & Wigton, A. (2000). *Racial and ethnic disparities: Key findings from the National Survey of America's Families*. Washington, D.C.: Urban Institute.

# INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Home Environment

- Family mealtime:
  - Minority children are less likely than their White peers to have meals at the same time daily and to have lunch or dinner with their families.
- Literacy activities:
  - Minority children are less likely to be read to daily by their parents and less likely to have books in the home.
- Television watching:
  - Black children watch an average of .82 hours/day more of television than White children.
- Daily routines:
  - Minority children are less likely than their White peers to go to bed at the same time each day.
- Safety practices:
  - Minority parents are less likely to engage in safety practices such as installing safety latches, locks on cabinets and plugs in electrical outlets and putting up stair gates.

Source: Flores, G., Tomany-Korman, S.C., & Olson, L. (in press). Does disadvantage start at home? Racial and ethnic disparities in health-related early childhood home routines and safety. *Archives of Pediatric & Adolescent Medicine*.

## INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Maternal depression

- Maternal depression is an indicator of developmental risk/promotion because it is associated with more negative parenting styles and, in turn, more negative child outcomes for children as young as three months of age.
- Rates of depression among women are 1.5 to 3 times that of men.
- Rates of depression among low-income individuals may be twice that of individuals in higher-income groups.
- Rates of depression among women receiving welfare have been found to be as high as 50% in some studies.

# INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Neighborhood environment

- Children who grow up in “severely distressed neighborhoods” are less likely to perform well in school, more likely to experience teen pregnancy, and less likely to transition smoothly to work.
- Minority children are much more likely to live in severely distressed neighborhoods:
  - Of 5.6 million children living in severely distressed neighborhoods, 29% are Hispanic and 55% are Black.
  - Percentages of children by race living in severely distressed neighborhoods:
    - 1% of all White children live in severely distressed neighborhoods
    - 13% of all Hispanic children live in severely distressed neighborhoods
    - 28% of all Black children live in severely distressed neighborhoods

## INDICATOR OF DEVELOPMENTAL RISK/PROMOTION: Family structure

- One-parent families are four times as likely to live in poverty as two-parent families.
- Percentages of children living with two parents:
  - Overall: 62%
  - White 71%
  - Asian: 77%
  - Hispanic: 58%
  - Native American: 50 %
  - Black: 29%

## POLICIES THAT HELP COMBAT DISPARITIES

Numerous policies are in place that help combat disparities, including:

- Early Head Start and Head Start
- Early childhood programs
- Safety net programs
- Increased research specifically related to disparities

## RESOURCES/PROJECTS

- AETNA Foundation/Children's Defense Fund Effort to Eliminate Disparities in Children's Health

<http://www.childrensdefense.org/pressreleases/040406.asp>

- Closing the Health Gap

<http://www.healthgap.omhrc.gov/index.htm>

# Acknowledgements



A Nationwide Network of Doctors  
Advocating for Young Children

For more information about this presentation or for additional resources, please contact Docs For Tots:

**Docs For Tots**

1522 K Street NW, Suite 600

Washington, DC 20005

[www.docsfortots.org](http://www.docsfortots.org)

Dft@docsfortots.org