DISPARITIES AND PREDICTORS OF EMERGENCY DEPARTMENT USE AMONG CALIFORNIA’S AFRICAN AMERICAN, LATINO, AND WHITE CHILDREN, AGED 1–11 YEARS, WITH ASTHMA

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Objectives: The purpose of this study was to determine factors associated with use of emergency departments by African American, Latino, and White children aged 1–11 years in California.

Methods: I conducted a secondary analysis of parental reports of emergency department use by children with asthma (defined as doctor’s diagnosis of asthma). An overall sample of 1313 children with asthma was identified from the California Health Interview Survey, 2001.

Results: African American children were 1.82 times (95% CI 1.23–1.25) and Latino children were 1.23 times (95% CI 1.21–1.25) more likely than White children to visit the ED for asthma symptoms. Severity of symptoms, having private health insurance, being from a single-family home, and childhood disability factors were also associated with emergency department use.

Conclusions: Health insurance type, being from a single-parent home, and asthma severity and disability predict the use of emergency department use for African American, Latino, and White children with asthma in California. (Ethn Dis. 2009;19:71–77)

Key Words: African American, Latino, Asthma, Disparities, Emergency Department

INTRODUCTION

Asthma is the most common chronic condition among US children. Asthma-related morbidity and mortality among children are rising, particularly among African Americans, the poor, and those residing in urban environments. Among children from lower socioeconomic status backgrounds, worsening outcomes relate to lack of access to appropriate outpatient care. Poor and minority children are more likely to use the emergency department (ED) for acute asthma care and are less likely to make preventive visits to office- or clinic-based practitioners. Surveys of healthcare use in several major US cities indicate that children with asthma make frequent visits to pediatric EDs for asthma, and this finding is especially true for low-income families who rely on the ED as a primary source of care for this disease. These visits represent considerable direct and indirect costs for families and the healthcare system.

Adverse outcomes such as hospitalization and ED visits account for almost three-fourths of the direct costs of asthma. For some children, lack of adequate health insurance precludes optimal care and contributes to adverse outcomes. Even among insured children, the rates of hospitalization and ED visits vary widely.

In examining the racial/ethnic and socioeconomic disparities in ED use among a population of African American, Latino, and White children aged 1–11 years, with asthma, in the state of California, I attempted to answer two research questions: 1) What are the predisposing, enabling, and need factors that predict the use of the ED by race and ethnicity among children aged 1–11 years? and 2) Does income serve as a main deterrent in the use of the ED by race and ethnicity in children aged 1–11 years?

METHODS

Research Design

This was a secondary analysis of a larger primary data set to determine the prevalence of asthma and the use of medication to control asthma among African American, Latino, and White children with asthma, aged 1–11 years, living in California. The larger primary data set was from the California Health Interview Survey (CHIS), 2001. The CHIS 2001 included 12,592 households from every geographically stratified county in California by a random-digit–dialed, cross-sectional, multistage telephone survey, conducted from November 2000 through September 2001. During the initial screening interview for the child questionnaire (59% response rate), the parent or adult guardian who knew the most about the health care of the sampled child was selected for an extended interview (87% response rate). The overall response rate was 33% (the product of the overall rate for the adult survey [38%] multiplied by the appropriate child response rate [87%]). Benchmarking of the CHIS 2001 sample characteristics against other known reliable data sources (ie, Behavioral Risk Factor Survei-