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National survey shows minority children experience multiple disparities in health care

DALLAS – Feb. 6, 2008 – There is a lack of equity in health care for minority children in America, according to data gathered in a nationwide survey and analyzed by a UT Southwestern Medical Center researcher.

The UT Southwestern analysis, available online and published as an abstract in the February issue of the journal *Pediatrics*, suggests certain disparities are particularly pronounced for specific racial and ethnic groups. Awareness of these disparities may be useful for clinicians, health systems and policymakers to address the needs of diverse populations, said Dr. Glenn Flores, professor of pediatrics at UT Southwestern and lead author of the study.

“Greater attention needs to be paid to disparities in minority children, not just because of their striking frequency and magnitude, but also because of their potential to become disparities in adults,” said Dr. Flores. “Conservative estimates indicate that minorities will comprise half of U.S. children by 2040. In Texas, more than 62 percent of children currently are non-white. Although increasing attention is being paid to racial and ethnic disparities in health care, very little attention is directed toward children.”

Results were drawn from the National Survey of Children’s Health (NSCH). Conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics, the NSCH was a national telephone survey of 102,353 interviews completed between January 2003 and July 2004. One child under the age of 18 was randomly selected in each household as the subject of the survey. The parent or guardian who knew the most about the child’s health and health care served as the respondent. Interviews were administered in English and Spanish.

Based on responses, a child’s race/ethnicity was classified as white, Latino, African-American, Asian/Pacific Islander, Native American or multiracial. Other demographic variables analyzed included the child’s age, insurance coverage, number of children and adults in the household, highest educational attainment in the household, household employment status and combined annual family income.

Dr. Flores, who also serves as director of the division of general pediatrics at Children’s Medical Center Dallas, said children in all five minority groups were significantly less likely than whites to have visited a physician or been given a medical prescription in the past year. Additionally, Latino and Native

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Pediatric health-care disparities – 2

American children were more likely to be uninsured than African-American, multiracial, white and Asian/Pacific Islander children.

Many disparities between whites and minorities were observed for specific childhood conditions, including asthma, hearing and vision problems, diabetes, behavior problems, allergies and dental care. Among the findings:

- Asthma was significantly more prevalent among African-American, Native Americans and multiracial children;
- Native American children had a higher prevalence of hearing and vision problems and diabetes;
- Behavior problems were especially prevalent in African-American and multiracial children;
- Digestive allergies were significantly more likely in multiracial children, while skin allergies were more frequent in African-American children; and
- Multiracial, Native American and African-American children also had higher odds of not receiving all needed dental care.

“A main strength of this study was that analyses were performed for all five of the major U.S. racial and ethnic groups,” Dr. Flores said. “Reduction and elimination of health-care disparities in children may require more comprehensive data collection, analyses and monitoring of disparities, as well as improvements in access to care, reducing unmet needs and targeted community-based interventions.”

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