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Title: Health Status, Access to Care and Social Stressors across Immigrant Generation in Medically Complex Children Living in Poverty

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Introduction: Children with special healthcare needs (CSHCN) account for the majority of pediatric healthcare expenditures in the United States (US). Children in immigrant families experience high levels of poverty and health inequities. Limited data exist on how healthcare needs and resource use differ by immigrant generation (gen) among CSHCN. We aimed to 1) describe health status, access to care, and social stressors in CSHCN from low-income households by gen 2) determine whether gen is associated with emergency room (ER) visits and hospitalizations.

Methods: This was a retrospective cross-sectional study using weighted data from the National Survey of Children's Health. We included CSHCN <18 years with household income <200% of the federal poverty level from 2018-2020. Primary exposure variable was gen. 1st gen children are foreign-born. 2nd gen children have 1 or more foreign-born parent, and 3rd gen children and their parents were born in the USA. Outcome variables were ≥1 ER visit in the past year and ≥1 hospitalization in the past year. Additional exposure variables included demographics, social stressors, and healthcare factors. Adjusted Wald Chi-square tests compared demographics, social stressors, and healthcare access across gen. Logistic regression generated adjusted odds ratios (OR) with 95% confidence intervals (CI) assessing factors associated with outcomes.

Results: 117 1st gen, 756 2nd gen, and 5692 3rd gen children were included. Table 1 compares demographics and Table 2 compares social stressors across gen. Figure 1 describes healthcare factors across gen. More 1st gen children were uninsured (12%) compared to 2nd (4%) and 3rd gen children (5%). More 1st gen children lacked a medical home (85%) compared to 2nd gen (71%) and 3rd gen children (64%). There were no differences in ER visits or hospitalizations across gen. Factors associated with ER visits included fair or poor health status (OR 2.86; CI 1.1-7.45), having working-poor parents (OR 2.07; CI 1.1-3.8), and lacking a medical home (OR 4.1; CI 1.1-1.15). Factors associated with hospitalizations included Hispanic ethnicity (OR 4.1; CI 1.2-2.14).

Conclusion: 1st gen CSHCN children living in poverty have higher healthcare needs and are less connected to healthcare resources, including insurance and medical home. Gen was not associated with ER visits, but lack of medical home was. This emphasizes the importance of connecting all CSHCN with a medical home. Hispanic ethnicity was associated with hospitalizations. Further work is needed to understand whether bias, mistrust, or communication may contribute to worse outcomes in this group.