

2021 Edition — Quality of Care: Children’s Health

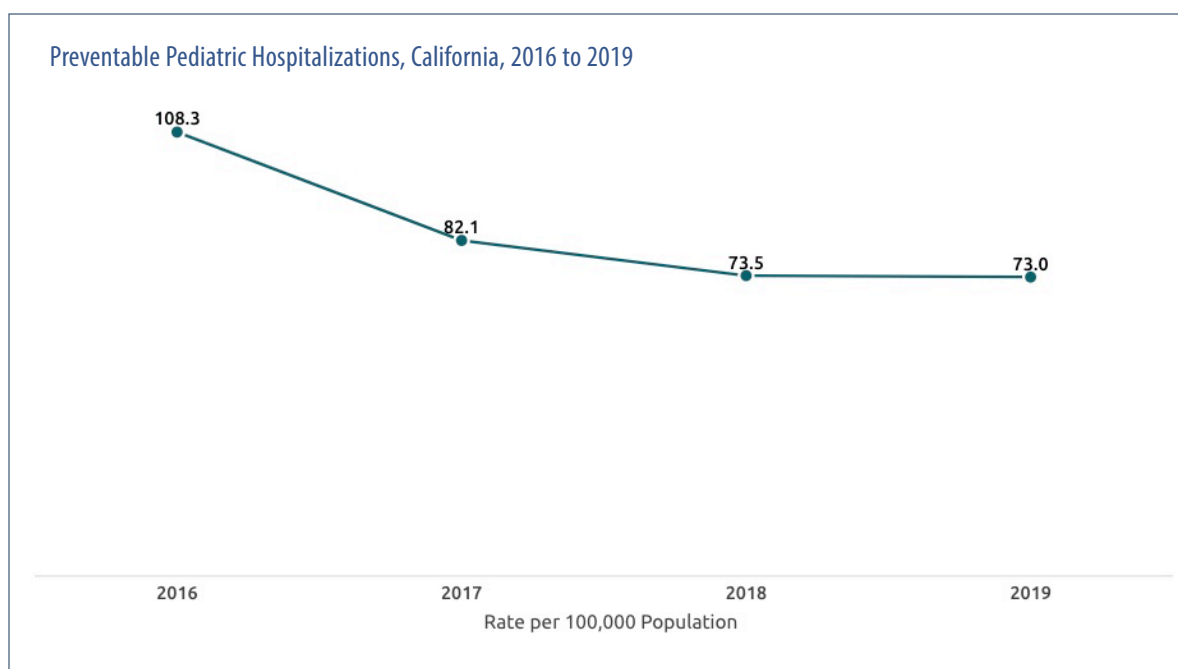
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Over the last few decades, the measurement and reporting of health care quality outcomes has grown significantly. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures CHCF is publishing on the quality of care in the state. Topics range from maternal to end-of-life care, and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on children’s health and reports the most recently available data.

Pediatric hospital admission rates for ambulatory care–sensitive conditions declined between 2016 and 2019.

Based on a composite measure for four conditions, 73 hospitalizations per 100,000 children (age 6–17) in 2019 were potentially preventable through effective chronic care management and access to high-quality primary care. The preventable hospitalization rate declined by 33% between 2016 and 2019.

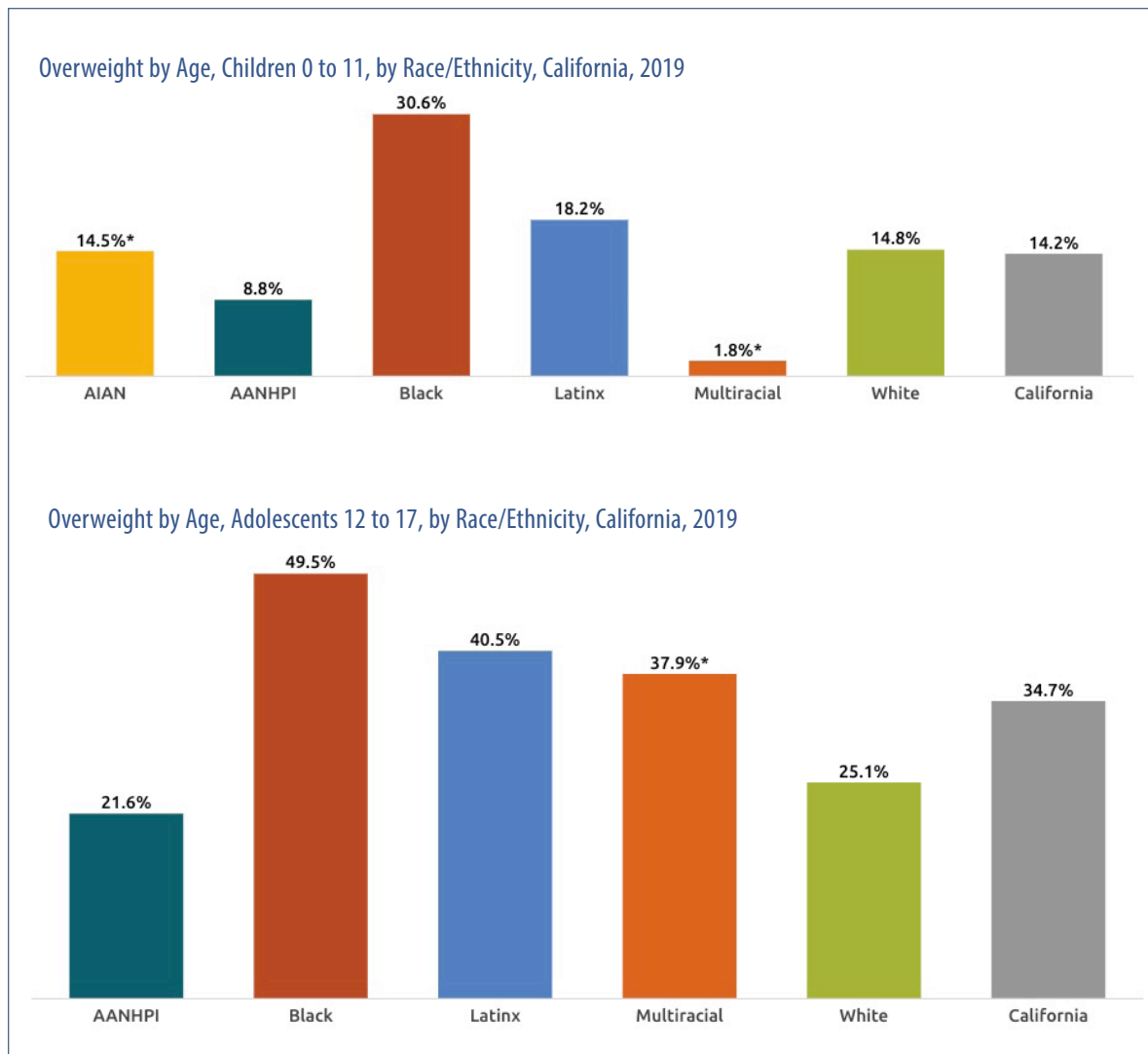


Note: Composite measure of child (age 6 to 17) hospitalization rate (observed) per 100,000 population for four ambulatory care–sensitive conditions: asthma, diabetes short-term complications, gastroenteritis, and urinary tract infection.

Source: OSHPD Pediatric Quality Measures.

Black and Latinx children and adolescents are more likely to be overweight than those of other races/ethnicities.

Compared to adolescents of the same age and sex, 50% of Black adolescents and 41% of Latinx adolescents were overweight or obese, more than double the Let’s Get Healthy California target of 19% (not shown). Thirty-one percent of Black children and 18% of Latinx children were overweight for their age. Being overweight or obese increases the risk of various health problems, including diabetes, high blood pressure, and asthma.



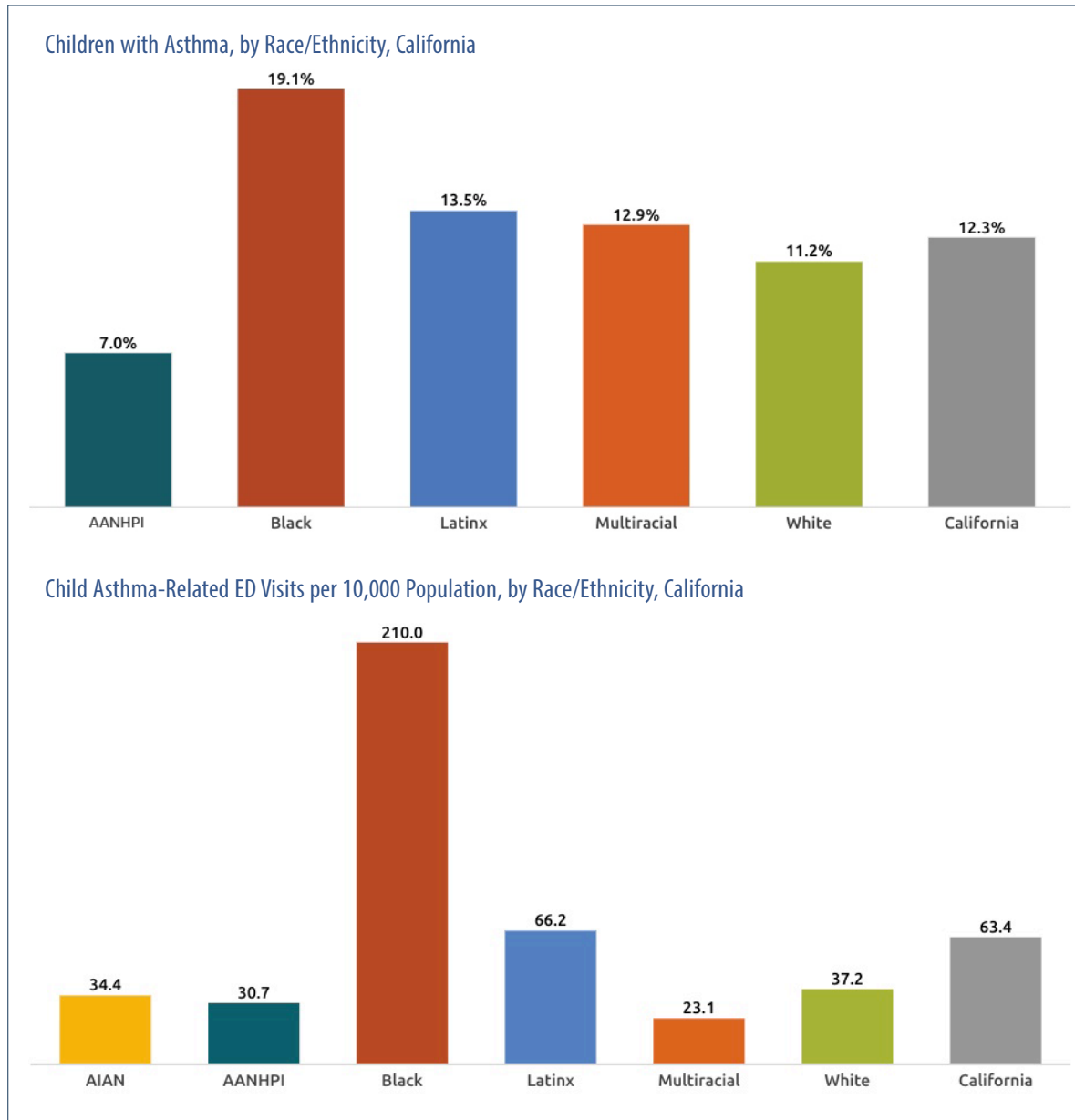
* Estimate is statistically unstable.

Notes: Children age 0 to 11 who are overweight for their age based on sex, age in months, and weight. Adolescents age 12 to 17 who are overweight or obese based on BMI equal to or greater than the 85th percentile of teens of the same age and sex. AIAN is American Indian / Alaska Native. AANHPI is Asian American / Native Hawaiian and Pacific Islander. Source uses African American.

Sources: California Health Interview Survey.

Black children are more likely to have asthma and have much higher asthma-related ED visits than children of other races/ethnicities.

In 2019, 19% of Black children, 14% of Latinx children, 13% of multiracial children, 11% of White children, and 7% of Asian children had been told by a doctor that they had asthma. Black children were also much more likely to visit an emergency room for asthma symptoms than children of other races/ethnicities. Asthma can have many negative impacts on a child’s health and well-being, including making it difficult to exercise, play, and attend school.



Notes: Children age 1 to 17 who were ever told by a doctor that they have asthma. ED visits with asthma as the primary diagnosis among children age 0 to 17. *AIAN* is American Indian / Alaska Native. *AANHPI* is Asian American / Native Hawaiian and Pacific Islander. California Health Interview Survey uses *African American*. Let’s Get Healthy California uses *African American* and *Hispanic*.

Sources: California Health Interview Survey; and Let’s Get Healthy California.

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The companion Excel data file, which provides these data and more, is available for download at www.chcf.org/publication/2021-edition-quality-care-childrens-health. These materials are part of CHCF’s California Health Care Almanac, an online clearinghouse for key data and analyses describing the state’s health care landscape. See our entire collection of current and past editions of Quality of Care at www.chcf.org/collection/quality-care-almanac.