

Child's home address can help guide health care

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A child's home address may be enough information to identify children and families at risk for more severe cases of asthma due to social and economic hardships. In fact, the home address could guide risk assessment starting the moment a family arrives and registers in the hospital or at the doctor's office.

While socioeconomic hardship is common in children hospitalized with asthma, a new Cincinnati Children's Hospital Medical Center study indicates that the patient's address is a reliable addition to or substitute for universal screening in identifying at-risk children and allocating resources more efficiently.

The study is published online in the journal *Academic Pediatrics*.

"Inequalities in pediatric asthma-related illness are largely driven by socioeconomic hardships and other social determinants of health, and children hospitalized with asthma are disproportionately from disadvantaged backgrounds and neighborhoods," says Katherine Auger, MD, a physician in the division of Hospital Medicine at Cincinnati Children's and lead author of the study. "Universal implementation of social support interventions may be cost prohibitive, but bringing this information to the clinical team could be beneficial in targeting and allocating resources more effectively."

The researchers studied 774 children hospitalized with [asthma](#) whose caregivers answered questions regarding income, financial strain and access to primary care as part of the Greater Cincinnati Asthma Risks Study. Addresses were geocoded or mapped and linked to zip code, census tract and census block group data - statistical divisions of census tracts. Area-level measures of income were significantly associated with caregiver-reported income, poverty was significantly associated with financial strain, and vehicle availability was

significantly associated with access to care.

The study population was 57 percent African American and 73 percent publicly insured. Sixty-three percent reported income of less than \$30,000 annually, 32 percent indicated significant financial strain and 38 percent reported less than adequate [primary care](#) access.

Provided by Cincinnati Children's Hospital Medical Center

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