

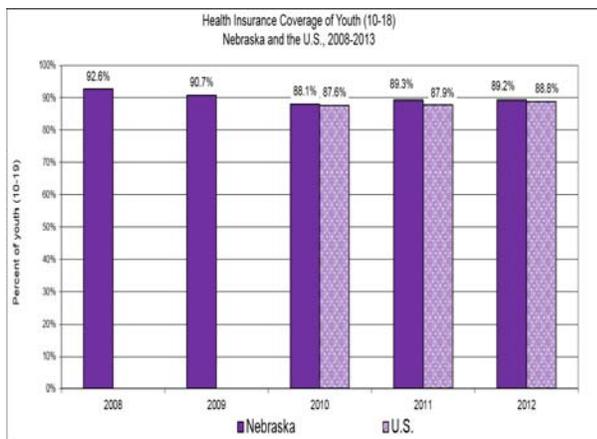
## Under Utilization of Health Care Services Activity among Nebraska Youth

Neglecting health care for youth is costly. Whether caused by lack of insurance, lack of access to providers, or simply not going to the doctor, missing out on health care means missing out on opportunities to find existing health problems and prevent future ones. Underutilization of care translates into higher health care costs, poorer health, and lost productivity, possibly over the lifetime of the child.

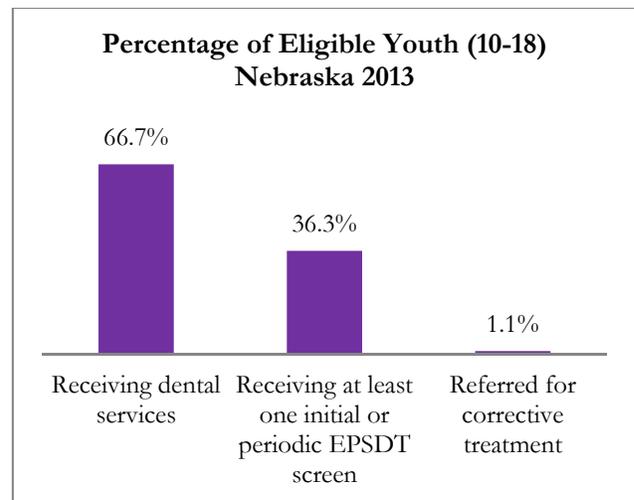
According to the 2012 US Census, 89.2% of Nebraska youth have health insurance, and according to the 2012 Survey of Children and Youth, 92.1% have a personal doctor or nurse, and so have “access” to care. These rates are comparable to national rates, but below the Healthy People 2020 objective of 100%. Racial and ethnic disparities exist, with American Indian, Asian/Pacific Islander, and Hispanic children less likely to have coverage.

However, low utilization of health care by Nebraska youth indicates that access does not necessarily lead to good care. In 2013, only 36.3% of Medicaid-enrolled youth age 10-18 received one or more initial or periodic (EPSDT) screening, only 66.7% received dental services, and only 1.1 % were referred for corrective treatment. The National Survey of Children’s Health (2012), which represents uninsured and privately insured youth as well as those on Medicaid, found that only 61% of Nebraska youth obtain medical care that meets American Academy of Pediatrics (AAP) criteria for a “Medical Home”. Low utilization rates among adolescents and low rates of remediated referrals can lead to high incidence of preventable and treatable illnesses/behaviors.

### Criterion 1: *The Problem is Worse than the Benchmark or Increasing*



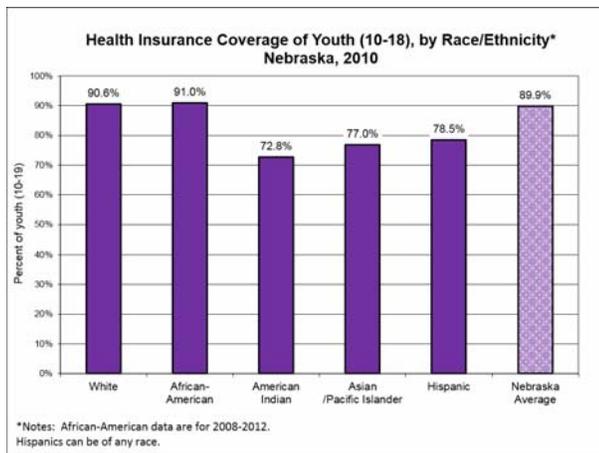
Only 36.3% of eligible youth age 10-18 received at least one initial or periodic health screening, and this percentage has been decreasing significantly over time. The percentage receiving dental services has decreased slightly, but not significantly, to 66.7% in 2013. The percentage being referred for treatment has steadily and significantly decreased from 4.3% in 2009 to 1.1 % in 2013 (Medicaid/EPSDT)



According to the National Survey of Children’s Health, 83.4% of Nebraska youth who needed it received mental health care in the past year, which is higher than the US percentage. However, 16.6 % of Nebraska youth did *not* receive needed mental health care and therefore remain at risk. According to YRBS data, 6% of students age 10 to 19 attempted suicide one or more times in the last year, which points to the critical need for expanded mental health services.

### ***Criterion 2: Disparities Exist Related to Health Outcomes***

Significant racial/ethnic disparities exist in access to care. American Indian, Asian/Pacific Islander, and Hispanic youth are significantly less likely to have health insurance coverage than White and Black youth. Black and Hispanic youth are significantly less likely than White youth to have excellent or very good oral health, while Hispanic youth are significantly less likely than White youth to have a personal doctor or nurse or a Medical Home.



### ***Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available***

Evidence and expert recommendations support the practice of yearly exams and screening and referral (Bright Futures/AAP). Evidence supports routinely screening for obesity and depression, and screening for sexually transmitted infections in some adolescents (Am Fam Physician). Nebraska's youth are experiencing identifiable and modifiable rates of depression and high risk behaviors that, if screened and treated would significantly improve the health of Nebraska youth. Serious health problems, risky behavior, and poor health habits persist among adolescents despite access to medical care. Most adolescents do not seek advice about preventing leading causes of

morbidity and mortality in their age group. Although helping adolescents prevent unintended pregnancy, sexually transmitted infections, unintentional injuries, depression, suicide, and other problems is a community-wide effort, primary care providers are well situated to provide screening, discuss risks, offer interventions and refer youth to appropriate follow-up services.

While many adolescents in Nebraska receive sports physicals or school screenings the DHHS guidelines require screenings only for hearing, vision, oral health, height, and weight. AAP guidelines for annual screenings, in comparison, require a detailed history, blood pressure and hemoglobin measurement, psychosocial, alcohol, and drug use assessments, depression screening, immunization, STI/HIV screening, and risk factor identification. Failure to utilize real preventive health care causes missed opportunities to identify and address important adolescent health issues and risks.

### ***Criterion 4: Societal Capacity to Address the Problem***

The requirements of the Affordable Care Act are scheduled to be phased in over a period of several years. If successful, the law will result in an increase of 32 million additional insured individuals in the United States, many of whom will be adolescents and young adults. In addition to the expansion of health insurance coverage, the potential for young people to access comprehensive benefits, especially preventive services, is a key aspect of the new law. The law also provides for significant new protections for individuals covered by private health insurance, for extensive investments in prevention and wellness, and for measures designed to meet the needs of some of the most vulnerable young people, such as those aging out of foster care and young adults living in poverty (NAHIC).

### ***Criterion 5: Severity of Consequences***

The behavioral patterns established during the second decade of life help influence not only the current health status of adolescents, but their risk for developing chronic diseases into adulthood. More than 75% of health care costs are due to chronic conditions. Chronic diseases are the most common and costly of all health problems and the most preventable. Four common, health-damaging, but modifiable behaviors—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are responsible for much of the illness, disability, and premature death related to chronic diseases (CDC, 2009).

Adolescents who adopt an unhealthy or risky life style tend to carry these into adulthood. Long term costs of underutilization of health care and accessing care lead to increased health care costs and decreased quality of life. Average total preventive care costs for the first 22 years of life, including all recommended well visits, screenings and immunizations (per person, from age 0 through 21), are estimated at \$5,944 for males and \$6,461 for females for 2011. In comparison, a single hospitalization due to diabetes, pneumonia or anemia is estimated to cost over \$7,000, \$10,000 and \$20,000, respectively, for the same year (AAP).

## *References*

AAP <http://www.aap.org/en-us/professional-resources/practice-support/practice-management/Documents/Bright-Futures-Cost-Estimates.pdf>

AHRQ Child and Adolescent Health Care; Selected Findings From the 2010 National Healthcare Quality and Disparities Reports <http://www.ahrq.gov/research/findings/nhqrd10/nhqrd10/children.pdf>

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<https://www.aap.org/en-us/professional->

[resources/practice-support/periodicity/periodicity%20schedule\\_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/periodicity/periodicity%20schedule_FINAL.pdf)

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<http://www.cdc.gov/chronicdisease/resources/publications/AAG/pdf/chronic.pdf>

U.S. Census / Current Populations Survey.

DHHS Nebraska website: Screening Schedule:  
[http://dhhs.ne.gov/publichealth/Documents/06\\_2012\\_screening%20schedule%20draft%20required.pdf](http://dhhs.ne.gov/publichealth/Documents/06_2012_screening%20schedule%20draft%20required.pdf)

National Adult Youth and Health Information Center: <http://nahic.ucsf.edu/download/the-patient-protection-and-affordable-care-act-how-does-it-help-adolescents-and-young-adults/>.