

# Recommendations for Preventive Pediatric Health Care

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## Description

The objective of this study was to compare the receipt of preventive health services for children with and without special health care needs and to identify predictors of these health services for children with special health care needs using nationally representative data. Data from the 2002 and 2003 Medical Expenditure Panel Surveys were analyzed. A total of 18 279 children aged 3 to 17 years were included in our study. The Child Preventive Health Supplement was used to identify caregiver recall of specific health screening measures and anticipatory guidance during the previous 12 months. Odds ratios were calculated for predictive factors of preventive services for children with special health care needs.

The prevalence of special health care needs in children aged 3 to 17 years was 21.6%. Based on caregiver reports, 87.5% of children with special health care needs had  $\geq 1$  health screening measure checked in the past year compared with 73.1% of children without special health care needs. Receipt of  $\geq 1$  topic of anticipatory guidance was reported for 69.8% of children with special health care needs compared with 55.2% of children without special health care needs. Black and Hispanic caregivers of children with special health care needs were more likely than others to report receipt of all 6 categories of anticipatory guidance measured in this study.

ALONG WITH IMMUNIZATIONS, anticipatory guidance and health monitoring are the cornerstones of well-child care for both healthy children and children with special health care needs (CSHCN). The American Academy of Pediatrics (AAP) provides recommendations for pediatric health supervision visits through their Guidelines for Health Supervision III. In addition, the Maternal and Child Health Bureau (MCHB) launched a major initiative to improve the quality of health promotion and preventive services for infants, children, and adolescents through the sponsorship of Bright Futures. These recommendations call for periodic monitoring, screening, and guidance for all children. Furthermore, preventive care is an essential part of the AAP's Medical Home policy statement. Specifically, the AAP states that primary care services should include "growth and developmental assessments, appropriate screening, health care supervision, and patient and parent counseling about health, nutrition, and safety." Many recent studies have focused on access to and use of preventive health care and anticipatory guidance for children in general, but there is a paucity of such data for CSHCN. Instead, most previous research for CSHCN focused on

access to selected components of the medical home, excluding preventive care. At this point, there is little research regarding general health care maintenance and the quality of these services for CSHCN.

A recent study that was presented as an abstract at the Pediatric Academic Society Meeting 2006 found no difference between children with and without special health care needs in terms of preventive health topics discussed. Unpublished data from the 2000 Iowa Child and Family Household Health Survey indicated that CSHCN received more anticipatory guidance than their healthy age-matched peers. Specifically, that survey found that 39% of families with CSHCN reported anticipatory guidance about seat belts, car seats, bicycle safety, or nutritional counseling compared with 26% of families with healthy children. We found no other studies that addressed receipt of anticipatory guidance or health screening for CSHCN.

The MCHB defines CSHCN as children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or an amount beyond that required by children generally. Excluding children who are at risk for developing a special health care need, CSHCN make up 13% to 18% of the pediatric population, depending on the data source. These children tend to use more health care services than other children and have higher health care expenditures. Anecdotal evidence suggests that CSHCN receive less preventive health care than their healthy peers, because their special health care needs dominate clinical encounters. Care for these children is dynamic, and many health care providers find their energies consumed by time-intensive chronic condition- or disability-related issues.

The purpose of this study was to determine how frequently children with and without special health care needs are receiving some of the preventive health screening and anticipatory guidance that are recommended by the AAP. Our study is the first to evaluate preventive health care and identify predictors for the receipt of these services for CSHCN using nationally representative data: the 2002 and 2003 Medical Expenditure Panel Surveys (MEPS).

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