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# Disparities in the Reporting and Treatment of Health Conditions in Children: An Analysis of the Medical Expenditure Panel Survey

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**OBJECTIVES:** To determine whether racial and ethnic disparities in health care use differ for physical and behavioral health conditions.

**DATA SOURCES:** Secondary analysis of the 1996–1997 Medical Expenditure Panel Survey.

**STUDY DESIGN:** Retrospective cohort study of children aged 2–18 years old who were members of participating households. Children were categorized as Hispanic, black, or white. Differences in caregiver-reported behavioral and physical health conditions and services use were compared, and estimates were weighted to reflect the complex sampling scheme.

**PRINCIPLE FINDINGS:** Of eligible children weighted to represent over 44 million in each year, 13–15 percent were Hispanic, 14 percent black, and 68–70 percent white. After adjusting for potential confounding, Hispanic and black children were less likely to report externalizing behavioral conditions than white children. Black but not Hispanic children were more likely than white children to report asthma. In addition, Hispanic and black children were less likely to report ambulatory visits, and black children were less likely to report receiving a prescription medication than white children. There were no differences in reported emergency room visits or hospitalizations. Interactions between race and various health conditions, health status, insurance, and income were not significant.

**CONCLUSIONS:** In this nationally representative sample, we identified racial and ethnic disparities in the reporting of health conditions and the use of discretionary health services. Disparities differed between those with behavioral conditions and those with physical conditions. These disparities were not explained by traditional measures including the presence of health conditions, health status, insurance, and family income, and suggest that national surveys such as Medical Expenditure Panel Survey may benefit from the inclusion of additional explanatory measures.

## Journal:

[Health Services Research](#)

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