

INTRODUCTION

1. The Child Opportunity Index (COI) is comprised of measures related to access to education, health, and socio-economic resources¹
2. Lower COI is associated with poor health outcomes/less access to care²⁻⁴
3. HRSA-supported health centers serve the most vulnerable populations living in low COI areas
4. We hypothesize greater health center presence in low COI areas improves access to care and health outcomes

OBJECTIVE

1. Explore the impact of health center presence (measured as low-income penetration) on access to care and health outcomes in low child opportunity index (COI) areas

METHODS

1. Used HRSA Uniform Data System (UDS) Mapper ZIP Code to ZCTA crosswalk⁴ to create COI scores for each ZIP Code Tabulation Area (ZCTA) in the U.S.
2. Stratified the COI by quintile and designated the lowest quintile as Very Low Child Opportunity Areas
3. Stratified Very Low Child Opportunity Area ZCTAs by low-income penetration rate tertiles, defined as the number of health center patients divided by the total low-income population (FPG<200%) in the Uniform Data System (UDS)
4. Using data from the American Community Survey and UDS Mapper, explored demographic, access to care, and health outcome measures across the low-income penetration tertiles

Health Resources and Services Administration (HRSA)-supported health centers may reduce barriers to care for children in the lowest opportunity areas

Opportunities exist to increase health center support in areas with higher percentages of minority children

RESULTS

1. Very Low Child Opportunity ZCTAs with the highest health center presence (i.e., highest low-income penetration rates) are concentrated within Alaska, central Appalachia, New Mexico, the southeastern U.S., and Maine
2. Compared to Very Low Child Opportunity ZCTAs with the lowest health center presence, ZCTAs with the highest health center presence have:
 - lower rates of no usual source of care
 - lower rates of delaying care due to cost
 - lower rates of low birth weight
 - higher age-adjusted mortality per 100K
 - lower percentages of non-White populations under the age of 18

| | T1 (Li Pen < 18.6%) | T2 (Li Pen 18.6 – 45.3%) | T3 (Li Pen >= 45.4%) |
|------------------------------------|---------------------|--------------------------|----------------------|
| # ZCTAs | 2,104 | 2,104 | 2,104 |
| Avg # of HC Patients* | 534 | 2,068 | 2,815 |
| % Non-White (< age 18)* | 52 | 55 | 49 |
| % Black (< age 18)* | 22 | 27 | 17 |
| % Hispanic (< age 18)* | 17 | 20 | 21 |
| Social Deprivation (SDI)* | 67.7 | 73.3 | 66.9 |
| % No Usual Source of Care* | 22.9 | 22.6 | 20.6 |
| % Delay/Forgo Due to Cost Barrier* | 15.5 | 15.6 | 14.2 |
| % Low Birth Weight* | 8.4 | 8.4 | 7.5 |
| Age-Adjusted Mortality per 100K | 853 | 841 | 861 |

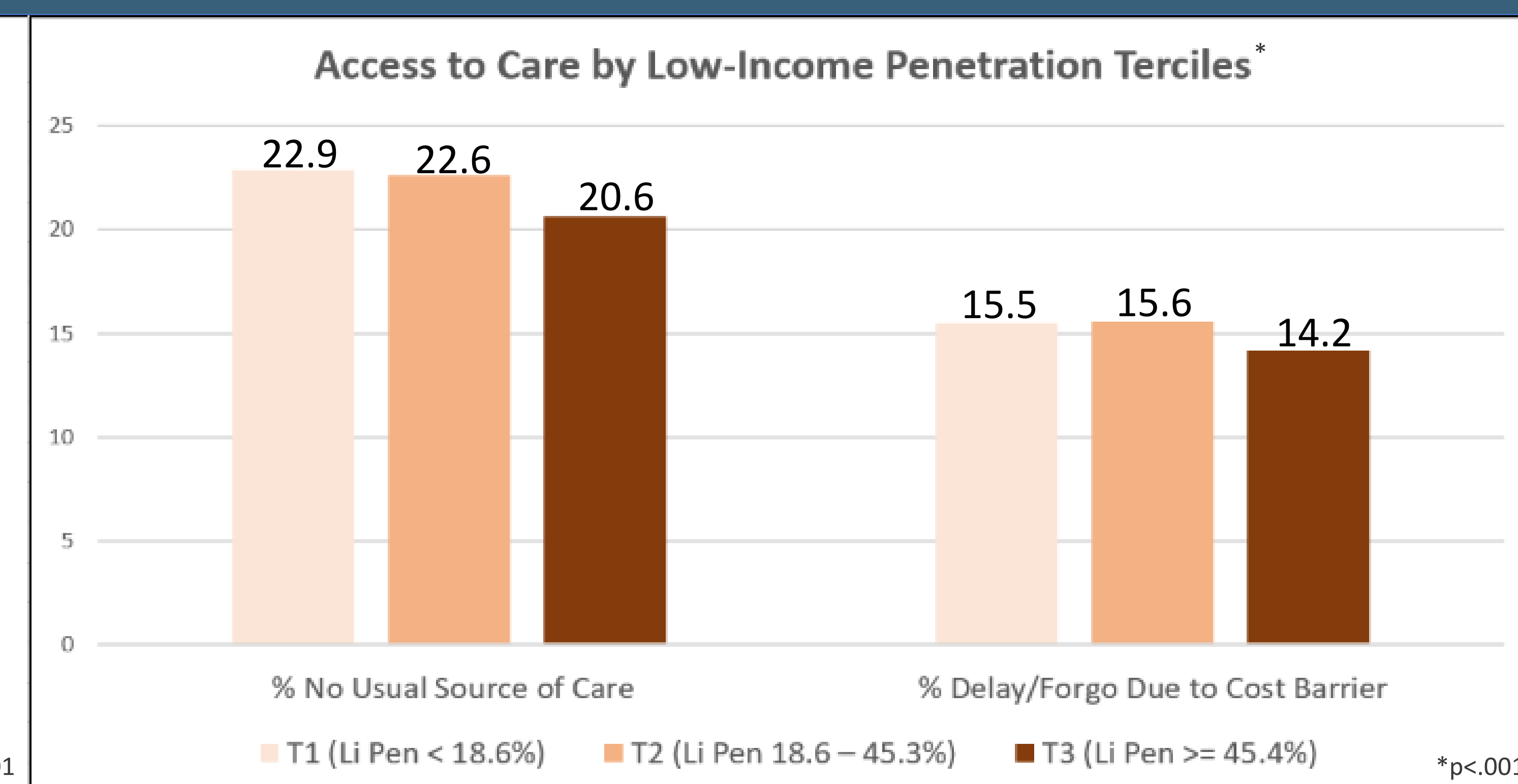
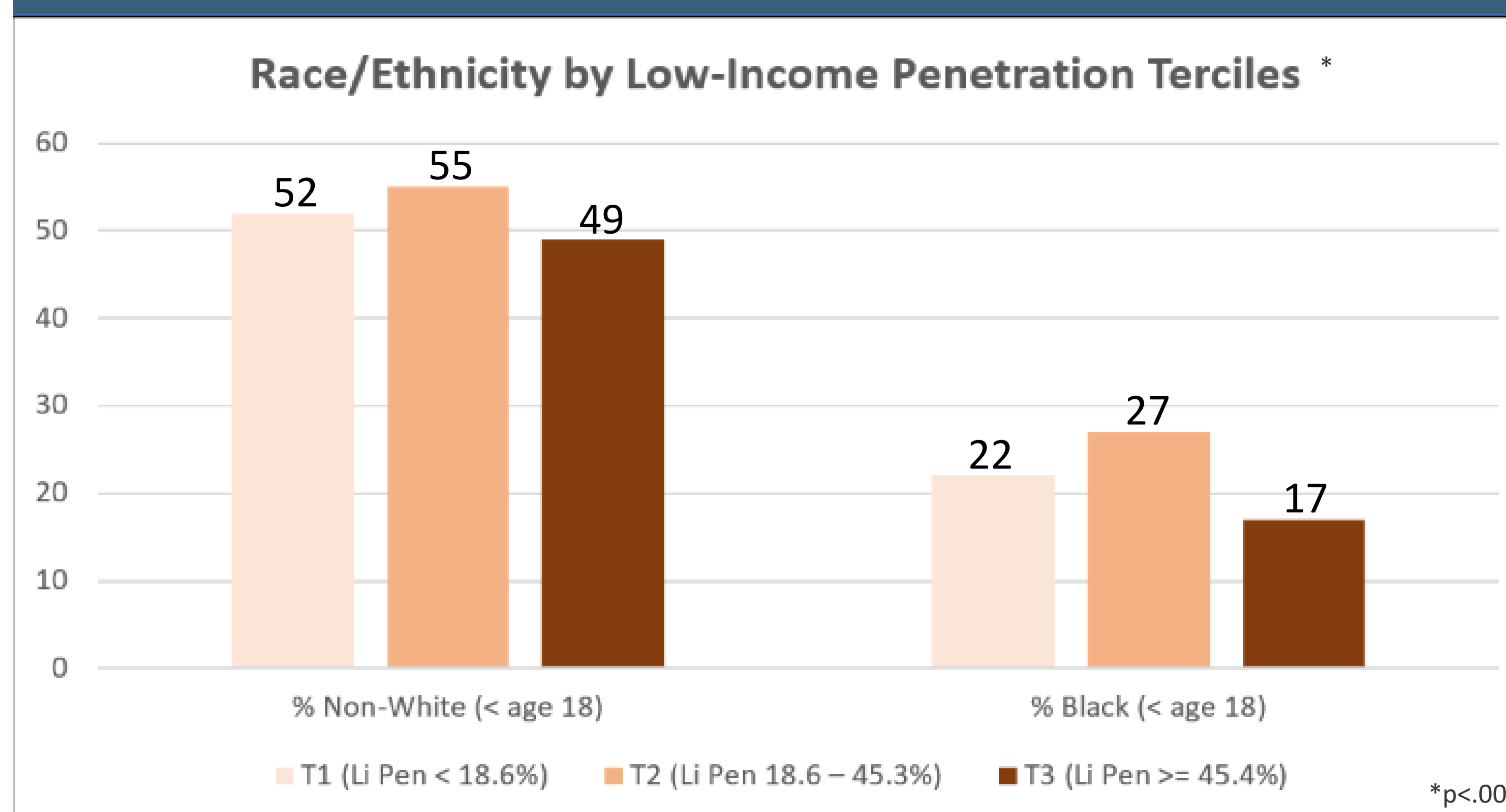
*p<.001

IMPLICATIONS FOR POLICY

1. HRSA-supported health centers may improve access to care and certain health outcomes for children and their families living in the lowest opportunity areas. However, outcomes such as age-adjusted mortality were worse, which may reflect health outcome disparities within minority populations
2. This research suggests need for additional attention in targeted HRSA support in low opportunity areas with larger percentages of non-White children

References

1. Diversitydatakids.org. 2022. "Child Opportunity Index 2.0" <https://www.diversitydatakids.org/>
2. Fritz, CO et al. 2022. Child Opportunity Index and Changes in Pediatric Acute Care Utilization in the COVID-19 Pandemic. *Pediatrics* PrePublication Release <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2021-053706/185223/Child-Opportunity-Index-and-Changes-in-Pediatric>
3. Bouchard, ME et al. 2022. Association Between Neighborhood Level Social Determinants and Access to Pediatric Appendicitis Care. *JAMA Netw Open* 5(2):e2148865. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789080>
4. Uniform Data System (UDS), 2020. <https://udsmapper.org/zip-code-to-zcta-crosswalk/>



Data Sources



COI



UDS

Financial Disclaimer & Disclosure

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