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Title

Parental preventive care is associated with well-child care in community health centers

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Parental health insurance and health status are associated with their children's health insurance and receipt of healthcare. Little is known about whether or not parental preventive service receipt impacts a child's timely receipt of well-child care. Objective: Utilizing our validated algorithm linking children to their parents in a large population of community health center (CHC) patients, we assessed whether the odds of a child meeting well-child guidelines differ if their parents received preventive care during the observation period. Study Design: Longitudinal. Setting: OCHIN (not an acronym) network of CHCs that share a single instance of the Epic® EHR across 17 U.S. States. Population Studied: Family-units consisting of children ages 3-17 and their linked parents, each having at least one visit at a CHC providing both adult preventive care and well-child care, 2015-2018. Outcome Measures: Child having ≥ 1 well-child visit in an observation year analyzed using GEE logistic regression for children who could be linked to both a mother and a father. Model was adjusted for child's age, U.S. region, and parent covariates for age, race/ethnicity, language, poverty level, insurance type, and number of chronic conditions. Results: We included 2,890 families consisting of a child linked to a mother and a father. The families were 36% Hispanic, 49% did not prefer English as their language of choice, 71% had at least one parent that was always insured during the study period, and nearly a third of both mothers and fathers had three or more unresolved chronic conditions. In 54% of families neither parent had a preventive care visit during the observation period and in only 10% of families did both parents have a preventive care visit. Children of the parents that had a preventive care visit had higher odds of receiving yearly well-child care compared to parents that lacked preventive care. If one parent had preventive care, the odds the child had a yearly well-child visit were 22% higher [Adjusted Odds Ratio (AOR)=1.22, 95% Confidence Interval (CI): 1.10-1.34] and if two parents had preventive care, the odds were 56% higher (AOR=1.56, 95% CI: 1.33-1.82) than if no preventive care was received by either parent. Conclusions: When a family is seen in the same CHC network, parental preventive care is associated with recommended well-child care. To optimize child healthcare, CHCs should consider trying to increase preventive service receipt for their parents.