

Does participation in preventive child health care minimize social differences in the use of specialized care?

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Preventive child health care

The primary purpose of preventive child health care in Denmark is to help ensure a healthy childhood and create preconditions for a healthy adult life.

(Danish Health legislation 36)

7 visits free of charge at the GP

– three in the first year of life and one at the age of 2, 3, 4 and 5.

The visits focus on the individual child's physical, mental and social development and the interaction between parent, child and GP

National evaluation from 2007: Children in socially disadvantage families participate less.

Specialized care in Denmark

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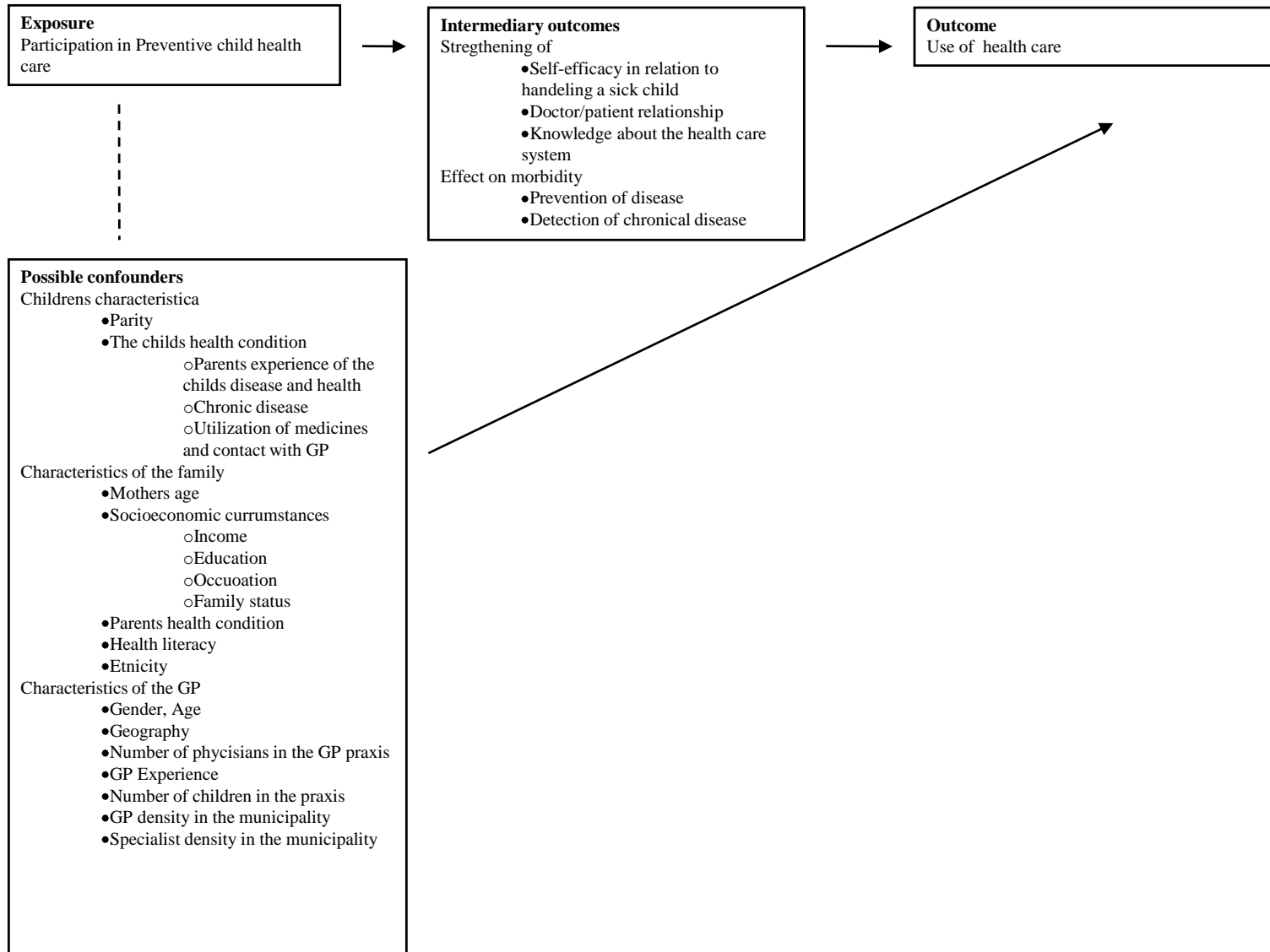
- Children in disadvantaged families (low income and less educated) have fewer contacts with specialized health care
- Inequality in utilization of specialized health care among adults – persistent after control for need for health care (Van Doorslaer et al 2002)
- Privately practicing specialists – especially within the fields of dermatology, ENT, eye-care and pediatrics
- Specialized care is free of charge but in most cases requires a referral from the GP

Primary aim

To examine if participation in preventive child health care at the GP influences later use of specialized care.

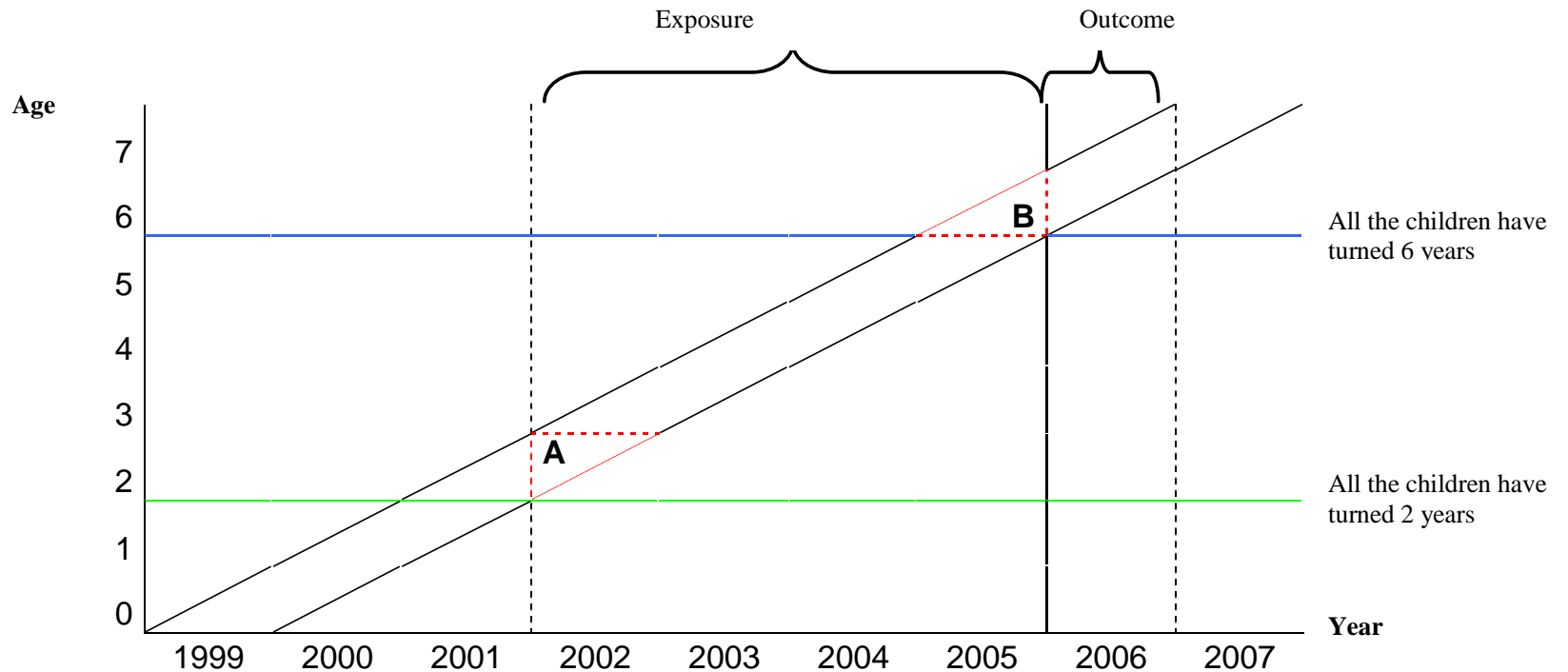
And to examine whether this association vary by social-economic group

Conceptual model

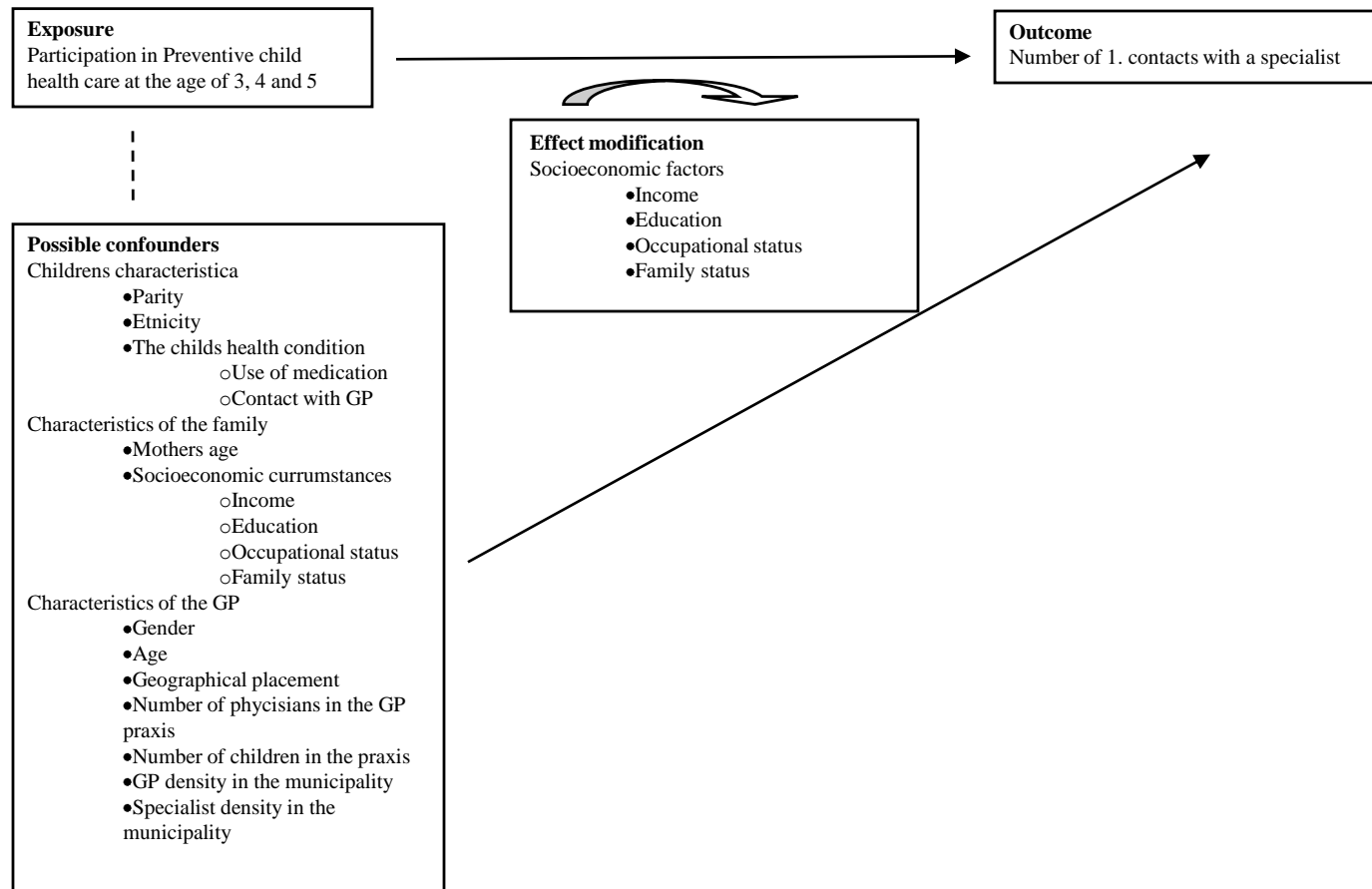


Study design

- Children born in 1999 n= 68,366
- After exclusions n=63,214



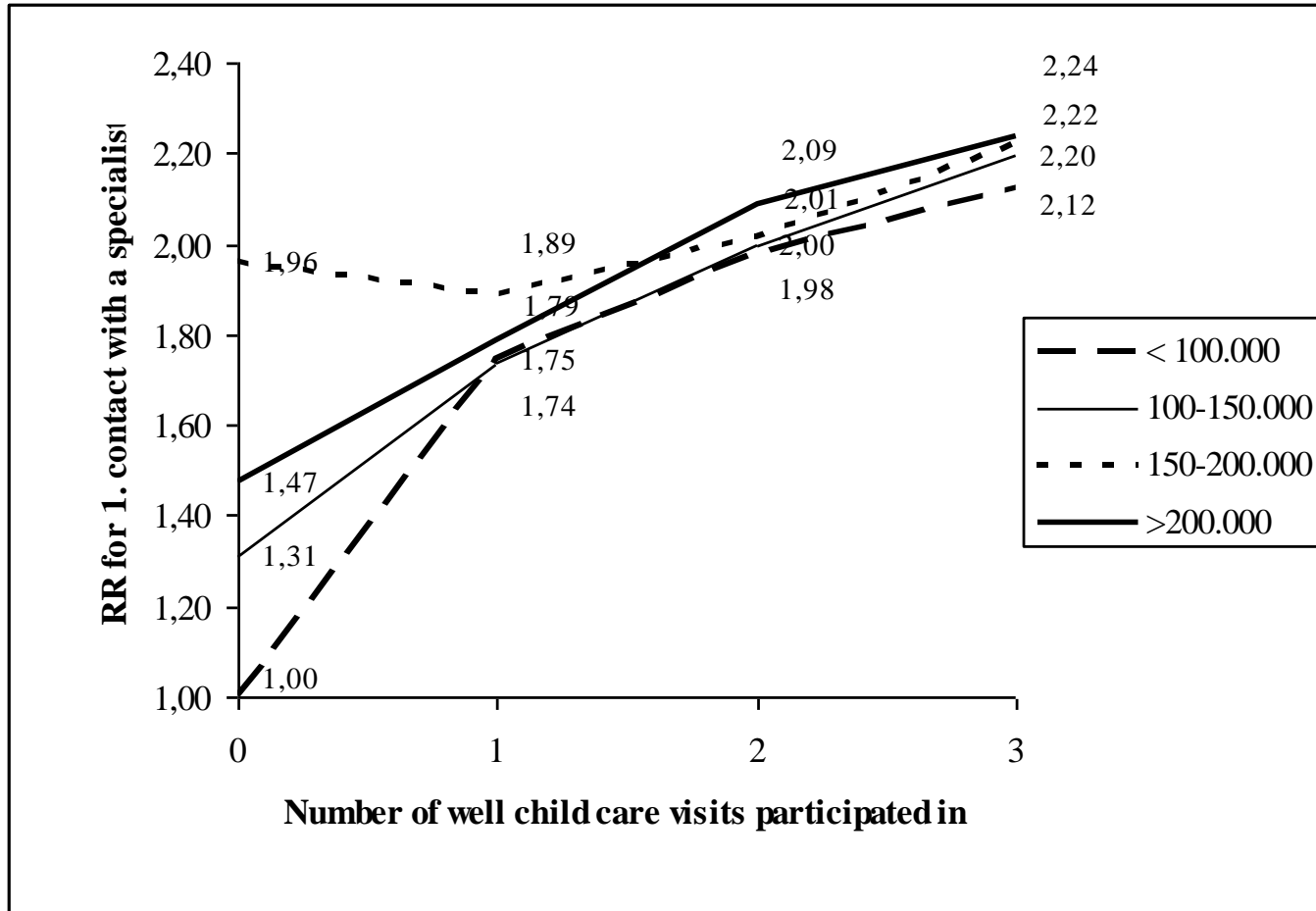
Key variables



Results – Number of contacts with specialist by participation in preventive child health care at GP

Variables (n = 63.214)	Number	Percent	Average number of first contacts with specialist	95 % confidens interval
Combined number of well child care visits participated in				
0	3.797	6,01	0,237	[0,218; 0,255]
1	7.797	12,33	0,300	[0,286; 0,315]
2	14.782	23,38	0,338	[0,327; 0,349]
3	36.838	58,28	0,368	[0,360; 0,375]
3 year well child visit				
No participation	13.499	21,35	0,299	[0,288-0,310]
Participation	49.715	78,65	0,357	[0,351; 0,363]
4 year well child visit				
No participation	18.211	28,81	0,302	[0,293; 0,312]
Participation	45.003	71,19	0,361	[0,355; 0,368]
5 year well child visit				
No participation	10.057	15,91	0,281	[0,269; 0,293]
Participation	53.159	84,09	0,356	[0,350; 0,362]
	Number	Percent	Average number of well child care visits participated in	95 % confidens interval
Number of 1. contacts with specialist				
0	47.461	75,08	2,313	[2,304; 2,321]
1	11.168	17,67	2,403	[2,387; 2,419]
2	3.533	5,59	2,461	[2,434; 2,488]
3	783	1,24	2,446	[2,388; 2,504]
4	199	0,31	2,548	[2,446; 2,650]
5	49	0,08	2,367	[2,082; 2,653]
6	12	0,02	-	-
7	2	0,00	-	-
8	3	0,00	-	-
9	4	0,01	-	-

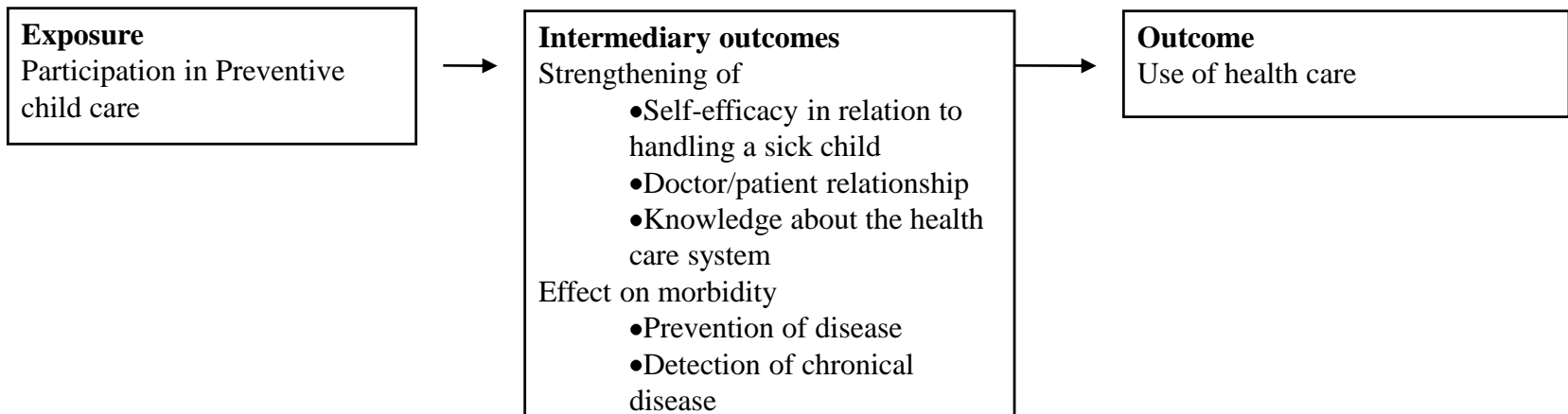
Results



Multilevel Poisson regression model, 5 % level of significans

Key discussion points

Why should participation in preventive child care affect utilization of specialized care?



Why should participation in preventive child care especially affect utilization of specialized care by children in disadvantaged families?

Perspectives

- We need to ensure that disadvantaged children attend preventive child care

It has a potential to reduce inequality in specialized care – and most likely inequality in other outcomes as well.

- But how?
 - Voluntary vs. mandatory
 - Invitation letter