

# Connecticut Medicaid HUSKY Youth Race & Ethnicity Data Brief

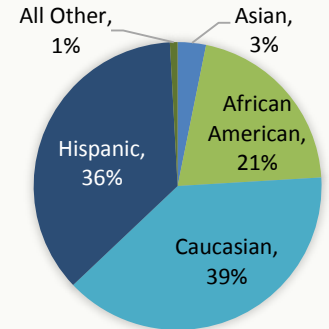
Review of Medicaid Claims and Service Data from 2011-2012

Racial and ethnic groups appear to use health care differently. For example, some groups are more likely to go to their doctor or the emergency department than others. It is important to identify the various factors influencing patterns of behavioral healthcare use by each group and determine if there is an impact on overall health. Therefore, the intent is to use this report, and the discussion that it generates, as a first step to better understand and address health disparities. The data below summarizes findings of behavioral health use of Inpatient and Emergency Department services for Medicaid HUSKY youth.



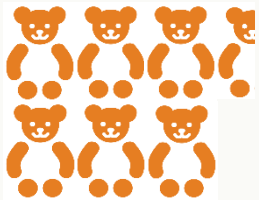
## Total HUSKY Youth Population by Race

In order to assess how different races/ethnicities use behavioral health Inpatient and Emergency Department (ED) services, we compared each race/ethnic group's portion of the total use of services to their overall portion of the youth Medicaid HUSKY population (pie chart right). By doing this we were able to assess if possible disparities in behavioral health service use exist. All analyses in this report are of youth ages 3-17.



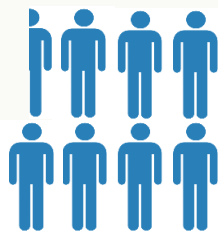
## Inpatient Use by Age

Although children ages 3-12 make up the majority of the Medicaid HUSKY youth population (66%), they were not the majority of the youth who used behavioral health Inpatient services. Adolescents ages 13-17 make up the remaining 34% of the population; however, they accounted for over 75% of all behavioral health Inpatient stays. This was also the case for adolescents visiting Emergency Departments. As children age, they become more likely to participate in any kind of behavioral health service, particularly Inpatient or Emergency Department care. Given this information, consideration should be given for making behavioral health prevention and early intervention programs more available.



For every 10 youth, ages 3-17 on HUSKY, almost 7 will be young children ages 3-12.

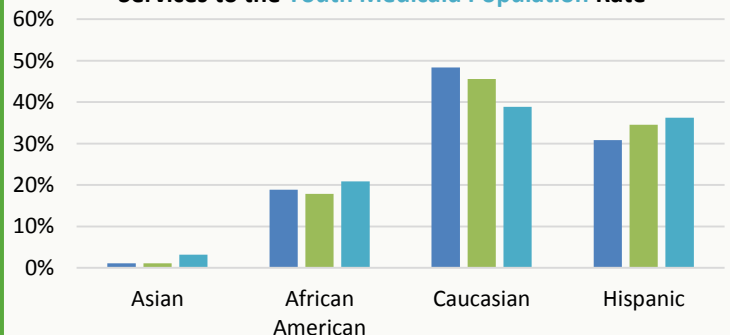
However, for every 10 youth on HUSKY who use behavioral health Inpatient services, almost 8 will be adolescents ages 13-17.



## Demographic Differences in Inpatient Behavioral Health Services

In this study we compared two groups of behavioral health users, youth who used community behavioral health services but not the hospital and those who used mental health inpatient services, to determine if there were variances in how different races/ethnicities used behavioral health services. The chart below shows that Caucasian youth made up a larger portion of both groups than would have been expected based on their percentage of the population. Conversely, Hispanic, African American and Asian youth used mental health inpatient care to a lesser degree than their portion of the total youth Medicaid population. Hispanic youth used inpatient care the least.

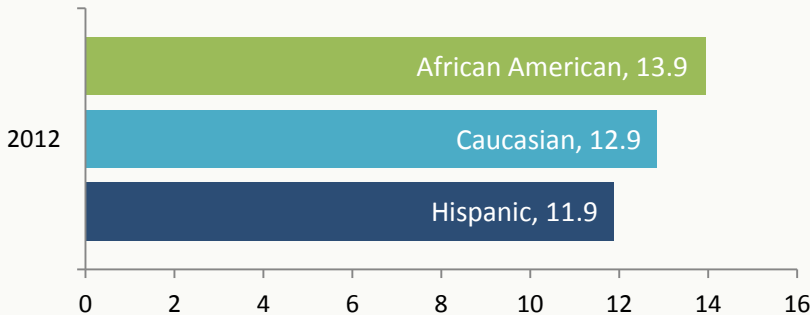
Comparison of Behavioral Health Inpatient Users and Non-Inpatient Users of Behavioral Health Services to the Youth Medicaid Population Rate



## Other Inpatient Use Findings: Language and Length of Stay

Another finding of interest was that Spanish-speaking Medicaid youth were less likely to use mental health services, particularly inpatient levels of care, than would be predicted compared to their presence in the Medicaid population. When hospitalized for behavioral health reasons, Hispanic youth stayed on average the fewest days in 2012, while African American youth stayed the longest (see graph below).

**Inpatient Average Length of Stay (in days)**

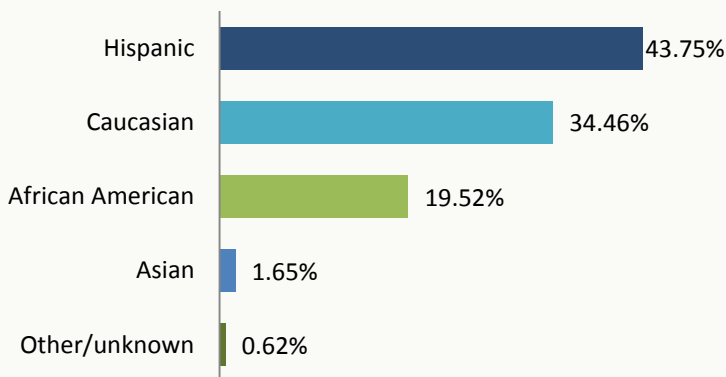


## Comparison of Emergency Department Use and Diagnosis by Race

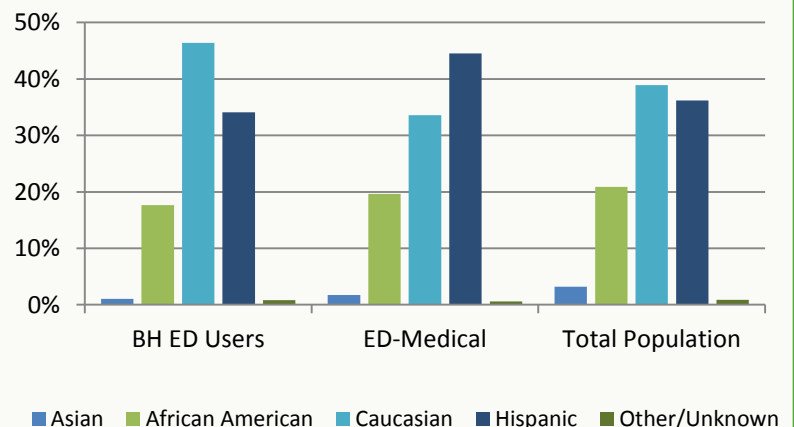
When we looked at all Emergency Department use (behavioral health and medical combined) by race, we found that Hispanic youth used the Emergency Department the most (see below chart left). However, when broken out into separate categories, it was clear that Caucasian youth used the Emergency Department for behavioral health needs more while all other groups used it less in relation to their percentage of the population (see below chart right).

Of those who visited the Emergency Department, Caucasian youth who used any behavioral health service were more likely to visit an Emergency Department for behavioral health needs (and less for medical), than their portion of the total youth Medicaid population. Comparatively, Hispanic youth visited the Emergency Department more for medical than behavioral concerns. Youth from both African American and Asian groups visited Emergency Departments less overall than their portion of the total youth Medicaid population, and even less for behavioral health reasons than medical ones. This raised questions regarding why minority groups are not using the Emergency Departments as might be expected, and also why Caucasian children are using it to a much greater degree.

**Medicaid HUSKY Youth Use of All Emergency Department Visits**  
(Behavioral Health and Medical)



**Emergency Department (ED) Use Compared to Total Youth Medicaid HUSKY Population**



This report summarizes the key points of a more extensive report and was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. Multiple data sets and statistical analyses were used to provide a comprehensive summary of how youth with Medicaid use mental and behavioral health inpatient and ED services with a specific focus on race and ethnicity. If you are interested in further information on this topic or are interested in a presentation to your group, committee, or agency, please contact Dr. Bert Plant, Ph.D at [Robert.Plant@beaconhealthoptions.com](mailto:Robert.Plant@beaconhealthoptions.com).