Health Briefs

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Child employment's effect on families

Employed children from two-parent families are not working out of economic necessity, according to an article in the 1992 Family Economic Review. Instead, they may be working for social or psychological reasons.

Four categories of two-parent families with their oldest child aged 14 to 19 years and living at home were examined: those with one parent working and child not working; with one parent working and child working; with two parents working and child working; and with two parents working and child not working. Among both one-working parent and two-working parent families, children's contribution to the family income was about 5 percent.

Among two-parent earner families, the percentage of expenditures remains constant regardless of whether the child works. The only real difference is a 4 percent increase in transportation expenses for those whose children work.

Although children with one working parent averaged only $2,704 in income during 1990, one-parent earner families with working children averaged far higher before-tax incomes ($50,444) than those whose children did not work ($37,645). Higher expenditure percentages for retirement, entertainment, and miscellaneous expenses among the former group may be attributed to its greater affluence.

North Carolina plan retains rural obstetricians

Soaring malpractice premiums caused a pronounced decrease in North Carolina rural obstetricians during the 1980s. The Journal of Health Care for the Poor and Under nourished (1993) reports on this decline, which appears successful in stemming this reduction.

The Rural Obstetrical Case Initiative (ROCI), established in 1988, provides up to $6,500 annually to physicians who provide obstetric care to the rural poor in connection with a local health department. The bonus, in effect, pays for the increase in insurance premiums.

Results of a 1992 study show an increase in satisfaction among ROCI physicians with the prenatal care available in the local health department; higher percentage of Medicaid deliveries among rural physicians, particularly those affiliated with ROCI; and decrease in the number of women receiving inadequate prenatal care (described as those who paid no visits to the physician during the first trimester of pregnancy) in ROCI counties, while the incidence of inadequate care increased in non-ROCI counties.

Despite design limitations, the study on ROCI indicates the program is inexpensive and a reasonable investment; it makes implementation easy by using existing structures rather than building new bureaucracies; and it utilizes existing physicians, thus avoiding time-consuming searches for new obstetric care providers.

Black children most likely to develop hypertension

Although black children have less body fat than white children, they are heavier and have higher blood pressure numbers—variables that may contribute to greater hypertension among blacks, according to a study described in the January/February 1993 American Journal of Preventive Medicine.

The study examined 675 black and white 9- and 12-year-olds for body composition and BP differences based on age, race and sex. It showed that while nine-year-olds showed no blood pressure differences based on race or sex, the 12-year-old black children exhibited higher BP levels than their white counterparts. This reinforces the results of a 1976 study which found that black children had significantly higher BP values than white children starting at 10 years of age.

Since the black children tested were slightly larger and had more fat-free weight than the whites, the data suggest that some aspects of fat-free weight may be responsible for greater elevated blood pressure among blacks (than whites).

Universal hepatitis B vaccination found cost-effective

A program of universal vaccination of infants with hepatitis B virus (HBV) would be cost-effective, according to a study appearing in the January-March issue of Medical Decision Making.

The study, funded by HBV manufacturer SmithKline Beecham, Canada, compared two strategies. The first (selective) followed the current U.S. and Canada policy of immunizations to children of carrier mothers. The second (universal) involved vaccinations of children born to non-carrier mothers.

Incremental cost to achieve one extra life-year amounted to $30,347 under universal vaccination, as opposed to $34,462 under the current selective vaccination. Lower vaccine prices, added to increasing costs of health care, would make such a program more attractive. The study recommends implementation of a universal vaccination program and monitoring of the program to confirm the long-term efficiency of the vaccine.

Research in Pediatrics

Editor's note: The full texts of the following research reports appear in the March 1993 Pediatrics.

Pediatricians support adolescents access to abortions

Most pediatricians believe that adolescents should have access to abortions at least under some circumstances, according to a recent AAP membership survey.

Based on 785 AAP members responses, the survey found that 56.7 percent of pediatricians favored unrestricted access to abortion for adolescents; 35.4 percent clearly felt abortion should be restricted in some circumstances, and 7 percent believed the adolescents should not have access to abortion under any circumstances.

According to researchers, adolescent pregnancy is one of the most prevalent health concerns for pediatricians. More than 1 million adolescents a year between the ages of 15 and 19 have become pregnant since 1973; four of 10 adolescent women become pregnant at least once during their teens.

The authors of the study are from the Academy's Department of Research.