Reducing Non-emergent Visits to the Emergency Room for Low-Income and Latino Children

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**Introduction**

“Urgent care centers and retail clinics have emerged as alternatives to the emergency department for nonemergency care. We estimate that 13.7–27.1 percent of all emergency department visits could take place at one of these alternative sites (Weinick, Burns, Mehrotra, 2010). Some say that we could save approximately $4.4 billion annually (Weinick, Burns, Mehrotra, 2010), while others estimate as much as $18 billion with other considerations (Fay, 2011). In attempts to contribute to this potential cost savings, a 4-minute video was produced in English and Spanish to help low-income and Latino parents receive health literacy about the cold and flu. The video is designed to deter parents from going to the emergency room for non-urgent symptoms concerning the cold and flu.

**The Need For Health Literacy Among Latino and Young Parents**

Improving and maintaining health among low-income and Latino families does not just benefit the quality of life for individuals and families, but it benefits healthcare costs, the community, and society. There are many young, low income American and Latino parents in our community that do not have the knowledge of what to do if their children get sick with minor illnesses. Parents get worried and take them straight to the emergency room because many don't have insurance or don’t have the skills to take care of them at home.

In a study titled “Seeking care for non urgent medical conditions in the emergency department: Through the eyes of the patient” the researchers wanted to find the main reason people go to the emergency room for non-emergent symptoms. The authors concluded, “typically, patients did not perceive themselves as having an urgent problem, had been unsuccessful in gaining access to alternative non-ED [emergency department] healthcare
settings, and found the emergency department to be a convenient and quality source of health care” (Koziol-McLain, Price, Weiss, Quinn, Honigman, 2000 p. 554).

This is a significant amount of money for the healthcare system and the impacted families; especially, those who are uninsured. According to the American College of Emergency Physicians (2016), many low-income parents are uninsured with almost 1 in 4 Hispanics in the United States uninsured. This is the highest percentage of any ethnic group in the country. Without insurance, going to the emergency room is very expensive (Fay, 2011).

According to Dr. Franz Ritucci (2011), President of the American Academy of Urgent Care Medicine average emergency room costs differ a lot based on treatment, but a 2013 National Institute of Health study put the median cost at $1,233. Other estimates push it to as high as $2,168. The average urgent care visits range from $50 to $150, depending on the patient’s co-pay and level of treatment. In fact, as briefly mentioned before, “it is estimated that more than $18 billion could be saved annually if those patients whose medical problems are considered “avoidable” or “non-urgent” were to take advantage of primary or preventive healthcare and not rely on ERs for their medical needs” (Fay, 2011 p. 1).

Although many conditions are non-emergent, hospital Emergency Rooms are required by the federal law to provide care to all patients, regardless of their ability to pay. This is called the Emergency Medical Treatment and Labor Act (EMTALA) which is, “a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay, but since its enactment in 1986 has remained an unfunded mandate” (“EMTALA,” 2016 p. 1). Since, by law, parents can’t be turned away, patients without
insurance, or the funds to pay upfront costs consistently take advantage of emergency rooms as the main source for healthcare services.

With a few simple skills and minimal knowledge, many of these parents will find that they have the capability to treat their children’s non-emergent symptoms saving them, our healthcare system and taxpayers a significant amount of money. Parents will also feel confident in knowing when it is necessary to take their child to the hospital with a cold or flu. In addition, they will feel more confident in communicating with health care professionals.

**Facts About Each Concentration as it Pertains to the Subject**

**Health Administration.** “Health administration or healthcare administration is the field relating to leadership, management, and administration of hospitals, hospital networks, health care systems, and public health systems” (Richard M. Fairbanks School of Public Health at IUPUI, 2016). Health Administration is implemented in this project through health management, organization, leadership, and health marketing.

Health management was demonstrated as the project was thoroughly researched, outlined and executed. It was also demonstrated through delegation, recruiting and goal setting. Organization was implemented as deadlines were met and requirements were satisfied. Leadership was implemented through taking initiative in directing the video and delegating responsibilities. Finally, health marketing was demonstrated through advertising the video at the Davis County Health Department and making it easily accessible to low-income and Latino parents.

According to the Centers for Medicare and Medicaid Services (1965), in 2013 our Nation spent $3 trillion dollars or $9,523 per person on healthcare expenses. As stated previously, 13.7–27.1 percent of all emergency department visits could be treated at home or in a clinic facility
By using healthcare administrative techniques to educate parents and families about how to treat these non-urgent conditions, we could save up to $44 billion out of the $3 trillion. Along with this, less people in emergency rooms means more resources and better healthcare quality for emergent patients.

In order to deter non-urgent patients from going to the Emergency room, healthcare communication and healthcare marketing needs to be distributed in a format that is compatible with the knowledge the audience understands and is comfortable with. For example, instead of saying influenza, micturate, or sternutation, people relate to more common words: flu, pee, and sneezing as demonstrated in the video.

With technology on the rise, healthcare communication is changing. “It is said that one third of adults use social media to access health information, and nearly 80% of physicians who consult with patients online use social media channels to create or share medical content” (cms.gov, 2016). For this reason, social media was utilized as a healthcare marketing technique in attempts to reach the most people, make the health information easily accessible and also convenient, to low-income and Latino parents.

**Health Promotion.** The World Health Organization or WHO describes Health Promotion as, “The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.” The video was social intervention promoting and raising awareness in health education, taking care of your body, and health literacy. In addition, the video was meant to reduce parental stress through the empowering nature of education, self-reliance in non-emergent situations and knowing what is emergent with first responder responses.
In order to improve and promote health, educating parents in the most effective way is very important. According to several different studies, approximately 65% of people learn visually (Mind Tools, 1998). So along with the research, everything in the project piece was presented visually.

Photography and videography was produced through the iPhone 6 with editing from iPhoto and iMovie. The video in English and Spanish was exported and posted on the Davis County Health Department YouTube and Facebook pages along with several other Facebook pages.

As the Internet and more specifically, social media is becoming a main source of information, creating short video seemed suitable for responding to the thesis. Many scholars and researchers in Health Promotion are starting to see the value in posting health information to social media.

An academic journal titled, “Use of Social Media in Health Promotion Purposes, Key Performance Indicators, and Evaluation Metrics” stated, “use of social media in health promotion should be valued for its potential to engage with audiences for enhanced communication and improved capacity to promote programs, products, and services (Thackeray, Hanson, West, Barnes, Fagen, 2012, p.159). Another concluded their research with “As the popularity and capabilities of social media continue to expand, the potential to use social technologies for health promotion will likewise increase” (Alber, Paige, Stellefson, Bernhardt, 2016).

Currently, there are 1.23 billion monthly active Facebook users with 757 million daily users according to Facebook and the Huffington Post reported 1 billion users on YouTube as well (Protalinski, 2014). To say social media in Health Promotion is powerful is an
understatement. This video containing health information was able to reach thousands of people in just a few days on Facebook and YouTube. It would almost be impossible to distribute this information to that many people any other way in that amount of time. This video will continue to reach even more people through the Women Infant Children (WIC) Center as they have requested to continuously loop the video in their lobby during cold and flu season.

As more low-income and Latino parents continue to watch and utilize this health promoting video, they will be less likely to take their child to the Emergency Room for non-emergent cold and flu symptoms.

**Child and family studies.** Parents can be defined as, “individuals who nourish, protect, and guide new life to maturity” (Brooks, 2013, p. 6). Parents have the responsibility to care for and treat their child when they are sick. For this reason, teaching parents basic health literacy can help them achieve their roles and responsibilities as parents as well as empower them with education.

According to The Process of Parenting, “Children do not have clear conceptions of their bodies and illness, and so they may not understand what is happening or they may have upsetting misconceptions of what is or has happened and their role in causing the illness” (Brooks 2013, p. 494). It is very important to effectively teach and communicate with your children when they are sick in order to know if the condition they have is serious enough to go to the urgent care or emergency room.

Effective communication with children at any time involves open-ended questions, active listening, using plain language and teaching your child how to identify their feelings. Babies however, may seem more difficult because of their difference in communication. Babies cry and appear distressed. In fact, babies 3 months and older cry about 1 hour or more per day due to
hunger and unknown causes (Brooks, 2013 p. 211). If a baby is crying more than this and has additional signs of sickness, it is important that parents have health literacy about the cold and flu.

When a child or baby is sick with the cold or flu it is much easier to understand a child’s condition if the parent already knows the signs, symptoms and how to treat the cold and flu. This being said, it is never a good idea to assume the child’s condition. This is why many precautions such as taking a child’s temperature as shown in the video are essential. This is also why a section of the video included times when it is necessary to go to the doctor.

It is important that the parents educate their children on how to prevent illness, “Direct contact with germs or dirt cause illness and it can be avoided if you stay away from direct contact with the cause” (Brooks 2013, p. 494). This is where teaching children the importance of washing hands correctly and often as demonstrated in the video is appropriate and highly recommended in preventing the cold or flu. “Parents and health professionals must explore with children all their ideas about their physical functioning and what they think is the cause of their illness” (Brooks 2013, p. 495).

There are many programs available for low-income and Latino parents in helping them with health literacy, teaching them how to teach their child, and learning good parenting skills. A good example is The Institute for Healthcare Advancement whose motto is, “Creating a Vision for Health Literacy’s Future” (iha4health.org, 2016). They support and supply all of the information found in the project video. Another good example is Head Start, which is a federally funded, early childhood development program serving low-income children from ages birth to five and their families. Creating videos containing health information supports these programs in a very significant way as it becomes available and easily accessible to more and more people.
Running head: REDUCING ER VISITS

There is little that shakes a parent’s sense of security more than a perceived risk to their child’s health. The manner in which parents handle stress could also determine if parents feel they can handle illness on their own. As parents continue to be taught with credible information, they become empowered and confident in taking care of their child as well as less anxious in the situation. They are able to create healthier homes and are endowed with tools to inspire change in their community. Informational videos presented in parents native language can make an important contribution in supporting them to care confidently for their children at home to reduce or avoid hospitalization for non-urgent conditions. It will also give them confidence to manage future episodes of illness (Callery, Kyle, Banks, Ewing, Kirk, 2013).

**Results from the Video**

Approximately 50 people voluntarily took a survey concerning the video that was created and presented in both Spanish and English. The video was posted online on multiple Facebook and YouTube pages including the Davis County Health Department pages. The director over the WIC program also received permission to continually play the video in their main office during cold and flu season.

The results were as follows: 69.4% said the video was helpful on a scale from 1 to 5; 5 being very helpful and 1 being not helpful at all.
Twenty-six percent of parents said they had gone to the emergency room when their child could have been treated at home with 73.5% saying that they never have. It is interesting to note that of the Spanish speaking Latino parents, 75% said they have taken their child to the emergency room when they could have been treated at home, which is a much higher percentage.

After watching the video 29 people or 59.2% said they were not likely to go to the emergency room if their child has a cold or flu in the future after watching this video. 10.2% or 5 people said they were still moderately likely to go.

When asked, “What was helpful about this video,” Some common responses were, “It was simple and easy to understand,” and “It's perfect for parents to be reminded of the small
things about illness. When your child is non-verbal and sick, you want to do anything to make them feel better. Often the first thought is go to the doctors.”

Some interesting suggestions of what people would change about the video were: “Include multicultural children and families,” and one person was interested in learning, “how to prevent the sickness from spreading to other family members and how to prevent from getting sick.”

**Conclusion**

In evaluating how effective an informational video for Latino and low-income parents to prevent unnecessary visits to the emergency room only 10% of parents said that they were still moderately likely to go to the emergency room if their child has a cold or flu after watching the video confirming that the video had a positive effect. This information supports the thesis. In order to reduce the number of parents from taking their child to the emergency room for non-emergent symptoms it is important that parents are educated on the signs, symptoms and health literacy of the cold and flu. Short, informational videos about health literacy can ultimately lower healthcare costs, promote health, and empower parents with knowledge and confidence to care for their children.
References


