

Children's Healthcare Spending: Living in Homes where Adults are Experiencing Psychological Distress

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Abstract: 250-word max

BACKGROUND: Reducing pediatric hospital utilization and expenditures is a growing public health priority. Though parental behavioral health is an established correlate of increased ED and inpatient care, little research has examined its impact on costs. We analyzed the healthcare experiences of a nationally representative sample of children by the behavioral health status of their parents.

METHOD: Pooled cross-sectional data of children (aged 0-18) from the Medical Expenditure Panel Survey (MEPS) for survey years 2016-2022 (n = 20,970) included parents' ICD-10 diagnoses and parents' responses to the Patient Healthcare Questionnaire-2 (PHQ-2) and Kessler 6 (K6) scale. General Linear Models yielded adjusted estimates of the association of parent behavioral health needs with child and adolescent health care utilization (office-based outpatient visits, emergency room visits, hospital discharges, home health care use, and prescribed medications) and their respective expenditures.

RESULTS: All utilization measures were higher among children of parents with behavioral health diagnoses, positive PHQ-2, or K6 screening. However, adjusted estimates of the marginal effects from parental PHQ-2 and K6 were not statistically significant. Parental ICD-10 behavioral health diagnoses were associated with additional annual spending of \$111 on office-based services and \$22.3 on emergency expenses, but \$191 less on hospital services.

CONCLUSION: Children whose parent(s) have a behavioral health diagnosis have higher rates and associated expenditures of emergency department and office-based outpatient services. Addressing behavioral health needs of parents and identifying the children of parents with behavioral health needs could be targets for preventive interventions to reduce children's emergency and outpatient utilization and expenditures.