

# Medicaid Benefit: Car Seats for Kids a Wise Move

*Vehicle restraint system distribution was found to be more cost effective than most administered vaccines.*

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WASHINGTON — Implementation of a Medicaid-funded program that would disburse child restraint systems to low-income children and educate families about their use would be more cost effective to Medicaid than are most currently administered vaccines, Jesse A. Goldstein reported at the annual meeting of the American Academy of Pediatrics.

As with all routine vaccines, such a program would be cost-saving to society in terms of parental work loss and future productivity. And, akin to what the federally funded Vaccines for Children accomplishes for vaccination, "this program would reduce the disparities in child passenger safety prevalent in low-income communities by addressing the major barriers to adequate restraint practices—namely, access and education," said Mr. Goldstein, a fourth-year medical student at the University of Pennsylvania, Philadelphia.

The data come from the Partners for Child Passenger Safety (PCPS), a research collaboration of State Farm Insurance

Companies, Children's Hospital of Philadelphia, and the University of Pennsylvania ([www.traumalink.chop.edu](http://www.traumalink.chop.edu)).

It uses telephone interviews, on-site crash investigations, and in-depth analysis in 15 states and the District of Columbia to determine how and why children are injured in crashes.

For the current analysis, a hypothetical group of 100,000 low-income children were enrolled at birth and followed through 8 years of recommended child restraint system (CRS) use. Injury rates were derived from the PCPS database of State Farm policyholders involved in crashes from 1999 to 2003 in which a child aged 8 years or younger was present. Mortality data came from the Fatality Analysis Reporting System, and other data came from published and unpublished sources.

Program costs included administration and education, initial disbursement of convertible seats beginning at birth, reinvestment for booster seats at age 4 years, and a 5% annual replacement rate.

It was assumed that the program would increase appropriate CRS use for low-income children by 23% for 0- to 3-year-olds and by 35% for children aged 4-7 years.

Under these assumptions, implementation of the program would prevent 63 injuries and 2 deaths per 100,000 children. Over the course of 8 years, it would prevent 400 injuries and 17 deaths, resulting in 564 life-years saved, Mr. Goldstein reported.

Without the proposed program, annual crash-related outcome costs were estimated at \$4.2 million in medical costs, \$350,000 in parental work loss, and \$8.3 million in future victim productivity per 100,000 children. Implementation of CRS disbursement and education would reduce annual medical costs by about \$1 million, parental work loss costs by \$100,000, and future productivity costs by \$2.7 million.

Over the 8-year projection, the program would save nearly \$7 million in medical costs. At the same time, program administration costs were estimated at \$6 million for the first year and \$10 million cumulatively.

From the societal perspective (including all medical and nonmedical costs), the program would be cost saving. From Medicaid's perspective—including only medical costs—the program would need to spend \$17,000 to save one life-year. "This value is well below the threshold of \$50,000-\$80,000 that most are willing to pay for an added year of life," Mr. Goldstein noted.

Indeed, a CRS disbursement/education program falls into the lower-cost end of the list of vaccines currently funded under VFC, well below the cost per life-year saved for varicella vaccine (\$19,700 or \$65,000, depending on the vaccine price estimate), hepatitis B vaccine (\$26,000), and pneumococcal vaccine (\$147,000). Only *Haemophilus influenzae* type B (cost saving to insurer) and measles-mumps rubella (\$6,000) were more cost effective.

Several states currently have programs that supply child safety seats among low-income populations using a variety of funding mechanisms, but most do not involve Medicaid.

A legislative proposal in Illinois would increase seatbelt violation fines from the current \$25 to \$200 in order to provide child safety seats on a sliding-scale fee to low-income families. It also would allow Medicaid to reimburse the time of certified child passenger safety technicians—who already are part of an established state network—at health departments, federally qualified health centers, and other eligible locations to educate families who receive sliding-fee child safety seats.

Details of that proposal are still being worked out, Jahari Piersol, occupant protection coordinator at the Illinois Department of Transportation, told FAMILY PRACTICE NEWS. ■

## F Y I

### Guide Looks at Aging and the Heart

The National Institute on Aging has released "Aging Hearts and Arteries: A Scientific Quest," which provides an overview of cardiac research findings. The free booklet looks at the links between aging and cardiovascular diseases. To download or order a copy, visit [www.niapublications.org/pubs/hearts/aginghearts.asp](http://www.niapublications.org/pubs/hearts/aginghearts.asp).

### Sex Differences in Lung Ca Highlighted

A report on a meeting about sex differences in lung cancer that was sponsored by the Society for Women's Health Research is available on the Internet at [www.womenshealthresearch.org/events/sam\\_houston.htm](http://www.womenshealthresearch.org/events/sam_houston.htm). The report describes the implications that differences in genetics and basic biology, response to carcinogenic environmental and chemical toxins, and smoking-related behaviors have for the prevention and treatment of lung cancer.

### Smoking Cessation Web Site

Smokefree.gov offers information about quitting smoking and suggestions on preparing to quit, actually quitting, and staying quit. The site also includes links to Web sites and government reports for health professionals as well as clinical trials in smoking cessation that are recruiting patients. Patients can call the National Network of Tobacco Cessation Quitlines for advice and printed materials at 800-784-8669.

### Educational Campaign on Pertussis

The National Association of School Nurses has begun a campaign called "Pertussis Tools for Schools" to educate school nurs-

es, teachers, parents, and teens about the signs and symptoms of pertussis. In 2004, nearly 20,000 cases of the bacterial respiratory infection were reported, which was the highest number in more than 40 years. For more information on the campaign, visit [www.nasn.org](http://www.nasn.org).

### Food Safety for Pregnant Women

The Food and Drug Administration has launched a campaign to educate pregnant women about the potential risks of food-borne illness. "Food Safety for Moms-to-Be" includes a Web site offering food safety tips in English and Spanish and an educators' kit for health care professionals. For more information, visit [www.cfsan.fda.gov/~pregnant/pregnant.html](http://www.cfsan.fda.gov/~pregnant/pregnant.html).

### Seniors' Guide to Smell and Taste

The National Institutes of Health now offer information about the sense of smell and taste in a senior-friendly format. Seniors can learn about how these senses work, how smell and taste decline with age or illness, and what older adults can do to cope with the loss of these senses. For more information, visit [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov).

### Patient Guide to Recovery

The Joint Commission on Accreditation of Healthcare Organizations is offering a free brochure aimed at helping patients plan their follow-up care after they leave the hospital. "Planning Your Recovery" provides tips to help people become actively involved in their recovery. To download the brochure, visit [www.jcaho.org/general+public/gp+speaking+up/index.htm](http://www.jcaho.org/general+public/gp+speaking+up/index.htm).

### Spanish-Language Stroke Video

The National Institute of Neurological Disorders and Stroke has released a Spanish-language video aimed at educating Hispanic communities about stroke prevention and treatment. "Ataque Cerebral: Conozca los Sintomas y Actue a Tiempo" is divided into three 5-minute segments: preventing stroke, knowing the signs, and acting in time. To obtain a single free copy, call 800-352-9294 and ask for a Spanish-speaking information specialist.

### Talking With Children About Cancer

The American Society of Clinical Oncology offers several online resources for how to talk to children and teenagers

about cancer. The organization's Web site includes information on how a child understands cancer, cancer and siblings, and additional resources for teens and young adults. For more information, visit [www.plwc.org/coping](http://www.plwc.org/coping) and select Relationships with Family and Friends.

### Guide to Quality Health Care

The Agency for Healthcare Research and Quality has released the booklet "Guide to Health Care Quality: How to Know It When You See It" to help consumers identify high-quality health care. To download a copy, visit [www.ahrq.gov/consumer/guidetoq](http://www.ahrq.gov/consumer/guidetoq). To obtain a free single copy, call 800-358-9295.

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