

Health service access across racial/ethnic groups among children in the child welfare system

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Context

- Very high need for all types of health services among children in child welfare
- Concerns about access
 - Especially for non-white children
 - Especially for mental health services

Study Goals

- Compare health service access comprehensively across races
- Use caseworker perspective
- Contextualize use:
 - Case management
 - Agency factors
 - Local service availability

Research Questions

- Are there differences in access to health care among black, white, and Latino/a children in the child welfare system?
- If there are, why?

Study Design

Data from National Survey on Child and Adolescent Well-Being (NSCAW)

- Caseworker responses about children's need and service use
- Child welfare agency director responses about agency management practices, ties to other agencies
- Area Resource File data on providers

Caseworker Perceptions of Health Service Need and Reports of Access across Children's Racial/Ethnic Groups

	White (n=551)	Black (n=467)	Latino/a (n=237)	Significant difference between groups
Need				
Health problem	17.2%	16.0%	18.4%	
Immunization/check up	55.2%	64.9%	61.4%	
Vision	12.2%	15.4%	20.5%	LW
Hearing	8.9%	13.8%	11.8%	
Dental	19.7%	21.0%	14.5%	
Counseling for an emotional, attentional, or behavioral problem	40.0%	29.6%	31.6%	BW

%s of children who got new services when referred

	White (n=551)	Black (n=467)	Latino/a (n=237)	Comparisons between groups
Health problem	99.1%	97.1%	96.3%	
Immunization/check up	98.0%	98.6%	97.5%	
Vision	95.5%	96.4%	99.5%	LW
Hearing	97.7%	96.7%	98.1%	
Dental	92.3%	90.9%	93.0%	
Counseling for an emotional, attentional, or behavioral problem	20.0%	12.1%	15.8%	BW

Descriptively

- Access to referred services generally very high and similar
- *Except* counseling for emotional, attentional, or behavioral problems
 - Low access for all racial/ethnic groups
 - Especially for black children

Comparison of Child Need Factors

Attribute	% of white (n=551)	% of black (n=467)	% of Latino/a (n=237)	Comparisons between groups
Type of maltreatment				
Physical abuse	32.4%	29.5%	44.4%	LW, BL
Sexual abuse	12.1%	7.9%	11.4%	BW
Neglect	11.6%	13.8%	11.7%	
Emotional abuse	12.0%	7.5%	17.8%	BW, BL
Abandonment	2.4%	5.8%	5.2%	BW, LW
Other measures of need				
% children high risk, as assessed by caseworker	34.8%	36.8%	33.3%	
CDCCL >= 63	3.1%	3.1%	1.5%	LW
Age 2-3	33.8%	29.5%	29.2%	
Additional child demographics				
Age (years)				
0-1	14.3%	17.8%	15.3%	
2-5	26.8%	25.0%	24.4%	
6-10	32.6%	27.4%	32.6%	
11->	26.3%	28.9%	27.8%	
Sex				
%M	54.2%	52.3%	49.9%	

Comparison of Potential Enabling Factors

Attribute	% of white (n=551)	% of black (n=467)	% of Latino/a (n=237)	Comparisons between groups
Insurance status				
Public	65.3%	74.2%	69.6%	BW
Private	24.2%	15.6%	16.3%	BW, LW
Military	1.0%	1.1%	0.8%	
Uninsured	9.5%	9.1%	13.3%	
Family income				
< \$ 10,000	17.4%	28.3%	23.1%	BW
10 – 19,999	27.7%	29.8%	31.1%	
20 – 39,999	33.3%	27.8%	29.7%	
\$40,000+	21.7%	14.1%	16.0%	BW
Placement				
In home	80.1%	78.2%	81.1%	
Non-relative foster care	8.7%	9.5%	6.9%	
Kinship foster care	8.2%	9.8%	8.2%	
Group/residential treatment/ th	3.0%	2.5%	3.9%	
Current Caregiver				
Biol Parent	76.1%	73.3%	78.1%	
Foster parent	9.4%	9.0%	6.9%	
Relative	10.9%	15.3%	10.9%	
Non-relative	3.6%	2.3%	4.1%	
CDC Educ. < HS	26.9%	26.0%	38.2%	LW, LB

Caseworker Efforts and Agency Management

Variable	% of white (n=551)	% of black (n=467)	% of Latino/a (n=237)	Comparisons between groups
Caseworker effort to facilitate service access: average % of possible steps taken				
Health Problem	46.6%	48.8%	52.2%	
Immunizations/check up	34.0%	37.6%	36.6%	
Vision	37.9%	41.1%	42.6%	
Hearing	45.6%	43.7%	44.8%	
Dental	38.7%	36.6%	36.5%	
Counseling for an emotional, attentional, or behavioral problem	48.4%	51.1%	45.7%	
Agency accountability to external stakeholders				
Agency operating under con sent decree	14.8%	16.5%	22.0%	
Accredited	22.5%	32.1%	26.6%	
Resource support from other agencies				
Number of ties to mental health agencies and schools	7.2	6.8	6.9	

County-level Service Availability

Variable	% of white (n=551)	% of black (n=467)	% of Latino/a (n=237)	Comparisons between groups
Metropolitan county	72.9%	96.2%	93.3%	BW, LW
Child psychiatrists /100,000 children	5.0	6.9	6.3	BW
Psychologists /100,000 children	122.6	173.1	188.0	BW, LW
Social workers /100,000 children	584.9	842.1	681.6	BW

Other Descriptive Results

- Generally similar child risk levels
 - But caseworkers more frequently thought white children needed counseling
- Similar child welfare agency contexts
- Different local service contexts
 - At county level, black children in areas with *more* providers

Final Model Predicting Access to Mental Health Services for Children Referred by Child Welfare Agencies

Variable	Odds ratio	95% confidence interval
Need factors		
Risk		
Child Behavior Checklist Score	0.98	0.94-1.02
Sex abuse	2.73	0.86-8.68
Race/ethnicity (reference non-L, white)		
Black	0.21 *	0.05-0.83
Latino/a	2.53	0.88-6.96
Other race	0.49	0.16-1.47
Other demographics		
6-10 years old	1.52	0.30-7.79
11 years or older	0.85	0.20-3.59
Male	1.07	0.38-2.98
Enabling factors		
Insurance (reference group public)		
Private	0.38	0.12-1.22
Self pay (uninsured)	0.03 **	0.01-0.12
Placement (reference group in-home)		
Foster care	1.96	0.41-9.89
Kinship care	5.29 *	1.18-27.42
Group home	1.98	0.81-4.84
Case management		
Caseworker effort to access behavioral counseling services	3.12	0.88-11.09
Internal agency management - accountability		
Agency operating under consent decree	0.68	0.28-1.62
Accreditation	2.97 *	1.35-6.51
External agency fees		
Less to mental health agencies - schools	1.08	0.94-1.19
County-level resource availability		
Metropolitan county	0.82	0.14-4.77
Number of mental health professionals	1.00	1.00-1.00

Predicting Access to Mental Health Services After a Referral

- Controlling for need and enabling factors, black children still had lower access than white children
- Lack of insurance predicted lower access
- Agency accreditation predicted higher access

Implications

- Need to explore more about why black children have disproportionately low access to counseling
 - Parental beliefs?
- Improve access for all groups
- Pay for care for uninsured children
- Encourage accreditation?