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

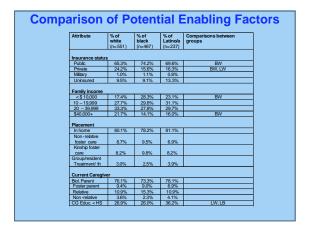
	White (n=551)	Black (n=467)	Latino/a (n=237)	Significant difference between groups
Need				
Health problem	17.2%	16.0%	18.4%	
Immunization/check up	55.2%	64.9%	61.4%	
Vision	12.2%	15.4%	20.5%	LW
Hearing	8.9%	13.8%	11.8%	
Dental	19.7%	21.0%	14.5%	
Counseling for an emotional, attentional, or behavioral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

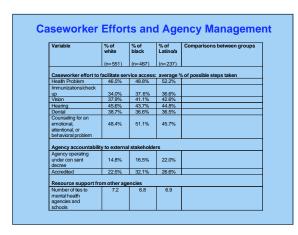
%s of children who got new services when referred

	White	Black	Latino/a	Comparisons between groups
	(n=551)	(n=467)	(n=237)	
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







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

	Variable	Odds ratio	95% confidence interval		
	Need factors				
	Rick				
Final	Child Behavior Checklist Score	0.98	0.94 - 1.02		
i iiiai	Sex abuse	2.73	0.86-8.68		
Model	Race/ethnicity (referent non -L white)				
Model	Black	0.21	0.05 -0.83		
Drodicting	Latino/a	2.53	0.98 -6.56		
Predicting	Other race	0.49	0.16 - 1.47		
Access to	Other demographics				
ACCESS 10	6-10 years old	1.52	0.30 - 7.79		
	11 years or older	0.85	0.20 -3.59		
Mental	Male	1.07	0.38 - 2.98		
	Enabling factors				
Health	Enabling factors				
· icaitii	Insurance (referent group public)				
Services	Private	0.38	0.12-1.22		
OCI VICES	Self pay (uninsured)	0.03	0.01 -0.12		
for	Placement (referent group in -home)				
101	Foster care	1.56	0.41 -5.89		
01.11.1	Kinship care	5.70 *	1.18-27.42		
Children	Group home	1.98	0.81 -4.84		
	Case management				
Referred	Caseworker effort to access behavioral	3.12	0.88 -11.09		
10101104	counseling services				
by Child	Internal agency management account	mbility			
by Cillia	Agency operating under consent decree	0.68	0.28 - 1.62		
Welfare	Accreditation	2.97 **	1.35-6.51		
vvellare					
America	External agency ties Ties to mental health agencies , schools	1.06	0.94 -1.19		
Agencies	nes ormeniameann agendes , schools	1.06	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?