Racial differences in child psychiatric hospitalization referral: The role of community factors

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Overview

- Child behavioral health service utilization differs by race.1-7
- Eliminating these differences is a critical goal.8-10
- Underlying causes are unknown
- Community factors may play a role.11-16
- Referral rates are a good estimate of utilization

Study Objectives

1. Test if there are different child psychiatric hospitalization referral rates by race
2. Evaluate whether observed differences persist after adjustment for confounding variables
3. Examine whether differences in referral rates by race are explained by community factors

Illinois Screening, Assessment and Support Services (SASS) Program

- Established in 1992 by the Illinois Department of Children and Family Services (DCFS)
  - Gatekeepers for youth in state custody
- Expanded in 2003
  - Jointly operated by DCFS, Department of Human Services (DHS), and Healthcare and Family Services (HFS)
  - Includes all children and adolescents

SASS Program Structure

- How does SASS work?
  - Statewide crisis phone line
  - Crisis calls are routed to local agencies
  - Local agencies provide crisis screening
  - Decide how to best stabilize child’s mental health crisis
- Crisis screening
  - Face-to-face
  - Conducted by social workers
  - Standardized screening tool
  - Childhood Severity of Psychiatric Illness (CSPI)19

Methods

Data source 1

- SASS program administrative data
- Inclusions (N = 6130)
  - First screen for all children from 12/01/05 – 08/31/06
  - Age 5 – 18 years
- Exclusions (n = 1014)
  - Incomplete screening data
Sample Description

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>2038</td>
<td>52</td>
</tr>
<tr>
<td>Age 13-18 years</td>
<td>3329</td>
<td>69</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2417</td>
<td>48</td>
</tr>
<tr>
<td>In State Custody</td>
<td>476</td>
<td>13</td>
</tr>
<tr>
<td>Diverse Community</td>
<td>2208</td>
<td>45</td>
</tr>
<tr>
<td>Poor Community</td>
<td>2701</td>
<td>53</td>
</tr>
<tr>
<td>Urban Community</td>
<td>3044</td>
<td>77</td>
</tr>
<tr>
<td>Referred for hospitalization</td>
<td>3076</td>
<td>60</td>
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</tbody>
</table>

Likelihood of referral to psychiatric hospitalization

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor Variable</th>
<th>Coefficient</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>1</td>
<td>African-American</td>
<td>1.40</td>
<td>(1.14 - 1.72)</td>
</tr>
<tr>
<td>2</td>
<td>Hospital bed capacity</td>
<td>1.05</td>
<td>(0.82 - 1.36)</td>
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<tr>
<td>3</td>
<td>Ethnicity</td>
<td>1.00</td>
<td>(0.73 - 1.36)</td>
</tr>
</tbody>
</table>

Summary

- African-Americans had higher referral rates than Caucasians
- This difference increases after adjustment for covariates
- This difference appears to be explained by community poverty and urbanicity
  - Poverty reduces the odds of referral by 35% difference appears to be explained by community poverty and urbanicity
  - Poverty reduces the odds of referral by 35%
  - Urbanicity increases the odds of referral by 160%

Limitations

- Ability to generalize results
- Missing data
- Hospital bed capacity
- Referral as proxy for utilization
Implications

- Community factors are associated with access to services
- Community factors appear to explain racial differences in psychiatric hospitalization referral
- Improving access to services may be critical to ensure racial differences are not observed

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For More Information

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References