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# **Child Welfare Caregivers: An Evaluation of Access to Pediatric Health Care**

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- **There are over 800,000 children in the foster care system**
  - 60% of foster children have chronic medical conditions (25% have 3 or more chronic conditions).
  - And, yet foster children do not receive adequate health care.

(Casey Family Programs, n.d.; Halfon, Mendonca, & Berkowitz, 1995; Szilagyi, 1998)



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- **The Adoption and Safe Families Act of 1997.**
  - Expanded family preservation services.
  - Increased the number of children in child welfare living at home.
  - Children living at home, in family maintenance, have similar health problems as those in foster care.



(Downs, Moore, McFadden, Michaud, & Costin, 2004 )



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- **What role do caregivers have in accessing and utilizing health care?**

- Caregivers may be the gatekeepers; however, little is known about their role.
- Qualitative results from a focus group (N=55) suggest that foster caregivers may find barriers to accessing services.
- There are no studies on pediatric access barriers for birth parents.



(Pasztor et al., 2006)



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- **The goals of the present study were to:**
  - Examine the barriers caregivers report to accessing pediatric health care for children in the child welfare system.
  - Determine if there are differences in access barriers based on caregiver type (birth parent, related foster parent, and unrelated foster parent).





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- **Design:**

- **Setting:** The Community-Based Assessment and Treatment Clinic (CATC), a pediatric clinic only serving children in the child welfare system. It is located in East Los Angeles, CA next to a large county hospital.
- **Format:** A 20-minute interview conducted in either Spanish or English in a private room.
- **Compensation:** Subjects were awarded a gift certificates.



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- **Study Population:**

- Eligibility: Caregivers who are 1) over 18 years of age and 2) have a child who has received health care services in the US prior to their visit at CATC.
- Sample: 237 reports from caregivers was collected between July 2006 and November 2006.





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- **Measure:**

- An adapted survey tool developed by Flores to assess barriers to health care for Latino children.

## Flores's 10 Common Access Problems

Difficulty understanding the doctor's explanations	Too difficult to make an appointment
Clinic hours inconvenient	Wait too long to see a doctor
Couldn't afford medical care	Transportation
Too far away	Rudeness of staff
Medical staff doesn't understand culture	Immigration problems





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## Sample Item

Before coming to the CATC clinic, I found it hard to bring my child in for medical care because the doctor's office hours were always at times when I was working and I couldn't take time off from work.

*Strongly Agree-Agree-Uncertain-Disagree-Strongly Disagree*



(Flores et al, 1998)



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## • **Analyses:**

- General linear models were used to evaluate the associations between caregiver type and access-to-care barriers.
- Covariates of child's age and caregiver ethnicity, citizenship, income, education, immigration status, and number of children were controlled for in each model.





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## • **Descriptives of caregivers:**

- 28% were birth parents, 25% related caregivers, and 46% were unrelated caregivers.
- 74% were Latina/o and 87% female.
- The average age of the child was 6.4 years.
- 86% of the caregivers rating their child's general health as excellent, very good or good and 14% rating their child's health status as poor or fair
- 78% of the caregivers had a regular physician for their child and 83% noted that their child's vaccinations were up-to-date.



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- **Significant differences in caregiver types:**
  - Birth caregivers: younger, less likely to hold US citizenship, less likely to have a college education, and had a lower income.
  - Unrelated caregivers: more likely to be married, have more children, and less likely to be up-to-date on their vaccinations.

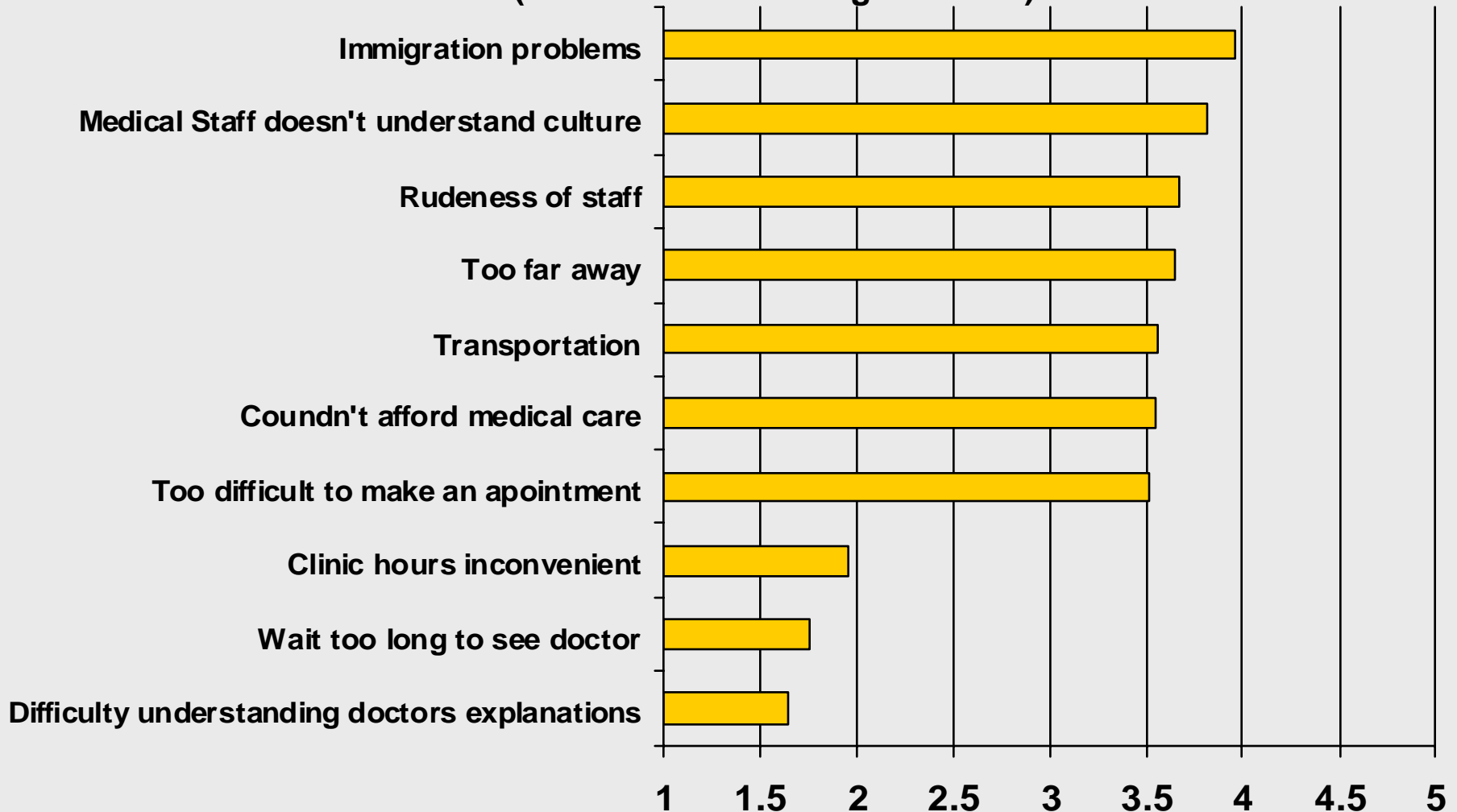




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## Access to Care Barriers

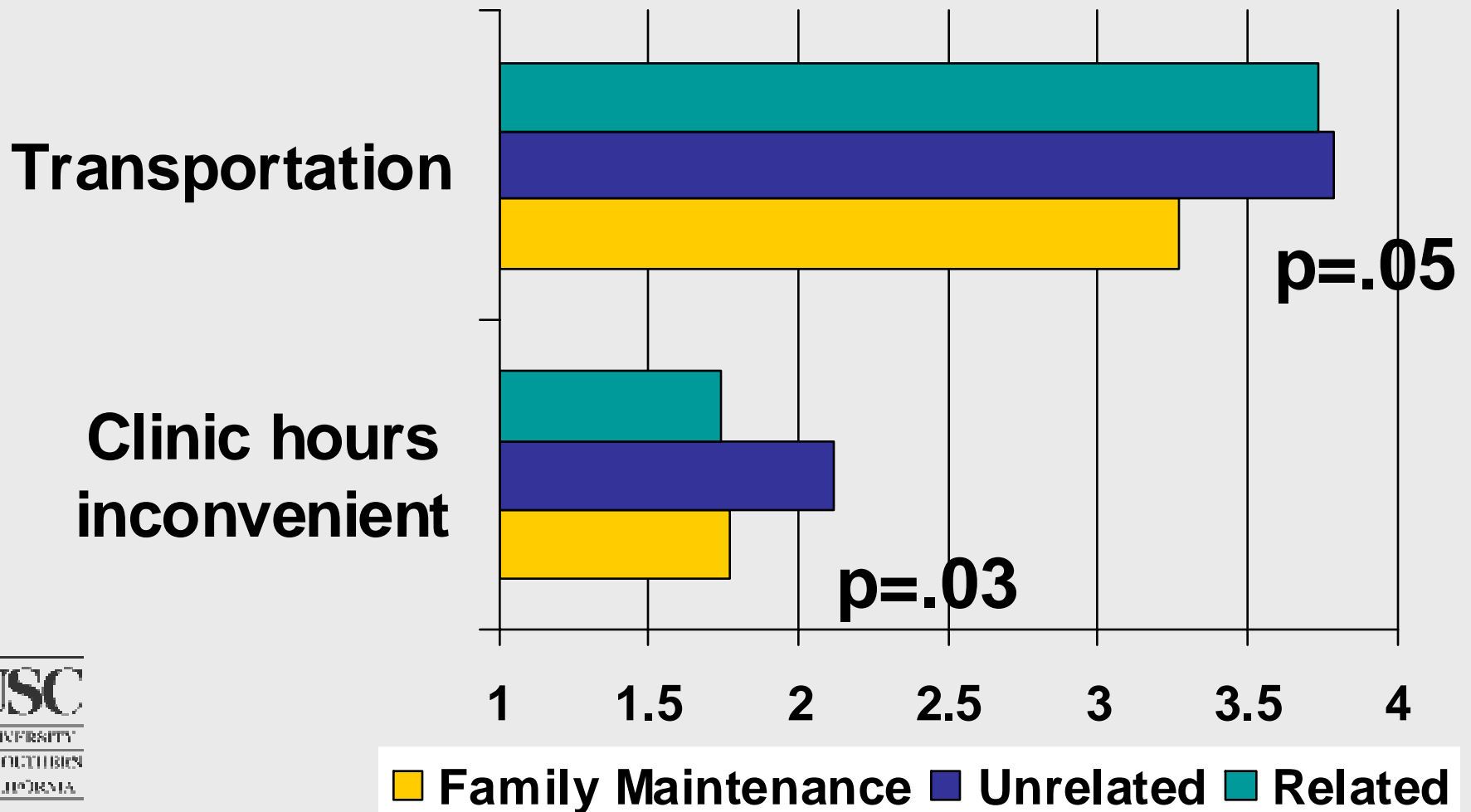
(1 Low Access – 5 High Access)





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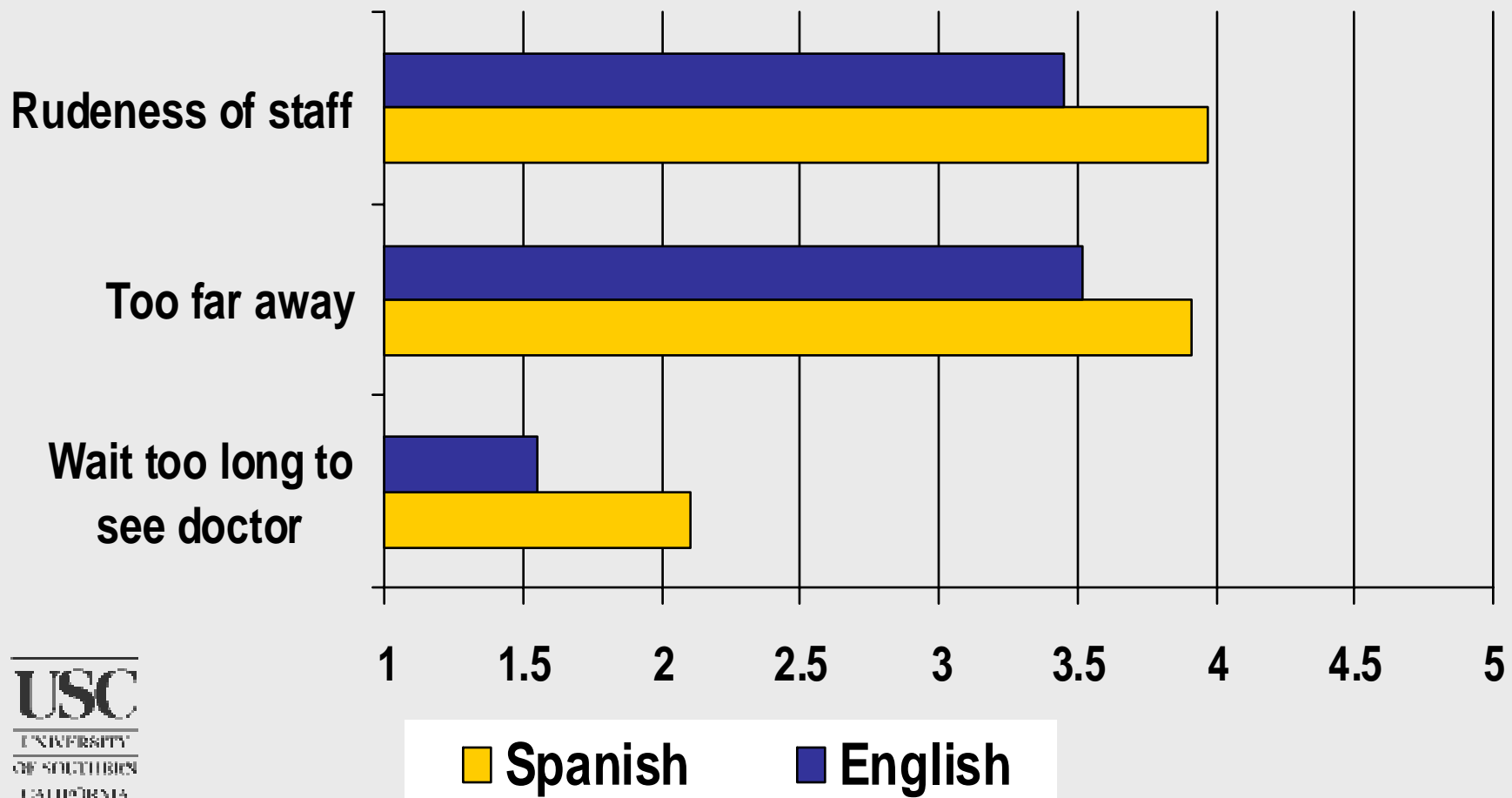
## Access to Care Barriers by Caregiver Type





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## Access to Care Barriers by Form Language





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## • **Limitations:**

- Flores survey tool has no formal statistical reliability or validity data.
- Cross-sectional sample that might not generalize well to other child welfare populations.
- All caregivers interviewed were at a medical appointment; thus, they had accessed care. Those who were not at their appointments could not be included.
- Caregivers were asked to recall prior experiences.





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## • Discussion:

- Greatest barrier: Both English and Spanish speaking caregivers reported difficulty understanding doctor's explanations.
- While 94% of the caregivers reported health care coverage, caregivers still reported barriers to accessing care.
- Different medical care expectations for English and Spanish speaking caregivers.





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## • Implications:

- Based on the demographic differences of caregiver groups → Important to target birth parents.
- Because caregivers have unrealistically high perceptions of the health status of their children → Child welfare caseworkers need to carefully monitor adherence to well-child visits and illness-related appointments.





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