



Latino caregiver psychosocial factors and health care services for children involved in the child welfare system



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ARTICLE INFO

Article history:

Received 27 August 2014

Received in revised form 9 March 2015

Accepted 10 March 2015

Available online 14 March 2015

Keywords:

Coping behavior

Appointments

Healthcare

Life stress

Social support

ABSTRACT

Children in the child welfare system have a high prevalence of health problems, making pediatric health service use critical. Latino children represent a growing proportion of the child welfare system, and are at increased risk for health problems. Many have argued that Latino caregivers can provide Latino children with the least disruptive out-of-home placement, but little is known about how caregiver factors might relate to health services utilization or child health status within this population. This study assessed relationships between caregiver psychosocial factors, health care service utilization, and health status for children in the child welfare system. This sample featured 48 Latino caregivers involved in child welfare. Logistic regression models were used to test for relationships between caregiver psychosocial factors and appointment adherence and child health status. Problem-focused coping was positively related to well-child status. No psychosocial factors were related to medical appointment adherence. Case workers may help improve child health outcomes by promoting problem-focused coping skills among Latino caregivers.

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1. Introduction

Children in foster care consistently have been found to have high levels of health problems, including chronic health conditions that can have significant consequences for development and quality of life (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Hansen, Mawjee, Barton, Metcalf, & Joye, 2004; Jee et al., 2006; Steele & Buchi, 2008). Child-welfare-involved children who remain at home with their biological parents have similar health problems to children in foster care (Ringeisen, Casanueva, Urato, & Cross, 2008; Schneiderman, Leslie, Arnold-Clark, McDaniel, & Xie, 2011). In response, concerned agency leaders have called for increased efforts to ensure that children involved in the child welfare system receive timely, appropriate medical care (Schneiderman, Brooks, Facher, & Amis, 2007; Task Force on Health Care for Children in Foster Care, 2005). To deliver effective health care in the child welfare system, it is important that children attend scheduled medical appointments. Missed appointments can prevent children from obtaining preventive care, such as receiving immunization vaccines on schedule, and appropriate diagnosis and treatment for medical conditions. Furthermore, missed appointments affect the efficiency of health care delivery to all patients in a given clinic (Moore, Wilson-

Witherspoon, & Probst, 2001). There are several barriers to accessing health care for children in the child welfare system (Bass, Shields, & Behrman, 2004; Simms, Dubowitz, & Szilagyi, 2000), although the primary influence on pediatric health care use is the parent or caregiver. Caregivers are the gatekeepers to accessing health care for children in the child welfare system (Pasztor, Hollinger, Inkelas, & Halfon, 2006; Schneiderman, Smith, & Palinkas, 2012), thus caregivers' psychosocial characteristics may be important factors to consider in addressing the health care needs of children in foster care. This study described the Latino caregivers' psychosocial characteristics as well as examined how these characteristics were related to their child's health status and whether their child's outpatient return appointment was attended.

1.1. Caregiver psychosocial factors

There is limited research on caregiver factors related to medical adherence and health status within the child welfare population. One psychosocial factor that predicts low pediatric medical adherence for children with special health care conditions is high caregiver stress (Mellins, Brackis-Cott, Dolezal, & Abrams, 2004; Witherspoon & Drotar, 2006). This could be problematic for appointment-keeping in the child welfare system because foster caregivers often report high levels of stress and perceived burden (Fisher & Stoolmiller, 2008; Wilson, Sinclair, & Gibbs, 2000). For caregivers of children with medical problems, perceived burden could be even greater due to the complexity of these children's needs (Gray, Graef, Schuman, Janicke, & Hommel, 2013; Lauver, 2008). For children with diabetes, caregiver burden has

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been predictive of children's health problems and appears to have a proximal influence on low medical adherence (Cunningham, Vesco, Dolan, & Hood, 2010). Furthermore, regardless of the child's health status, the very task of bringing children to their medical appointments might be stressful for some adults, who might associate appointments with receiving bad news or undergoing uncomfortable procedures (Lacy, Paulman, Reuter, & Lovejoy, 2004). Therefore, overall caregiver perceived burden and stress related to attending medical appointments may interfere with keeping pediatric appointments and improving children's health. These findings from general pediatric health care literature may generalize to the child welfare population, but more research is needed.

On the other hand, some psychosocial factors may promote medical adherence. One example is problem-focused coping, or taking action to change the cause of stress (Folkman & Lazarus, 1985). Problem-focused coping includes individual coping strategies such as devising a plan of action (Duangdao & Roesch, 2008) and it predicts improved medical adherence (Cohen, 2002) and physical health outcomes for adults (Lowe, Norman, & Bennett, 2000). However, the literature linking problem-focused coping and caregivers' adherence to their children's medical care is less clear. Based on the finding that problem-focused coping is associated with less perceived burden for caregivers of adults with dementia (Almberg, Grafström, & Winblad, 1997), it is possible that this coping style may also promote pediatric medical adherence through reducing caregiver stress for caregivers with children involved with the child welfare system.

Another caregiver psychosocial factor that may promote medical adherence is social support, which includes receiving emotional support from members of a social network and having opportunities to discuss difficult matters with trusted individuals. Social support has been found to promote medical adherence among adults (DiMatteo, 2004), but less is known about how caregivers' perceived social support might affect pediatric medical adherence. Social support seems to reduce burden for child welfare caregivers who report having a high need for assistance (Goodman, Potts, & Pasztor, 2007). Social support is also negatively related to stress for caregivers of children with health problems (Oh & Lee, 2009).

1.2. Latino caregivers and child health

Although Latino children are not disproportionately involved in the child welfare system on the national level, in California, over 50% of maltreated children are Latino (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2013). A confluence of factors ranging from immigration trends to high poverty rates to ethnic biases may have resulted in a substantial number of Latinos now being under the supervision of child welfare systems in certain urban areas (Hill, 2006; Zambrana & Capello, 2003). Once Latino children have entered the child welfare system, they are more likely than White youth to be placed outside of the home and to spend longer times living in out-of-home placements (Church, Gross, & Baldwin, 2005). Many have advocated for recruiting more Latino caregivers in order to reduce the stressful experience of out-of-home placement for Latino children (Capello, 2006; Garcia, Aisenberg, & Harachi, 2012), but research on Latino child welfare caregivers is sparse. Since Latino children are at increased risk for health problems (Vega, Rodriguez, & Gruskin, 2009), it is vital to understand what caregiver factors may promote health service utilization and improve child health status within the Latino child welfare caregiver population. However, no studies were found that examined potentially important factors such as caregiver burden, problem-focused coping, or social support among Latino child welfare caregivers.

Beyond caregiver psychosocial factors, linguistic and cultural barriers to accessing health services and promoting child health are also important to consider. Two relevant factors are caregiver

language and medical provider ethnicity. The extant research suggests that Spanish-speaking Latinos have higher rates of health care use (Sanders, Thompson, & Wilkinson, 2007), but that language barriers between themselves and doctors can lead them to miss appointments (Garcia Popa-Lisseanu et al., 2005). Furthermore, the ability of the pediatric provider to speak Spanish as well as understand the culture of the Latino family affects health care utilization and adherence (Flores, 2000). It is important to take into account relevant factors like these when investigating psychosocial and health factors within the Latino caregiver population.

1.3. Present study

This study aimed to (1) describe psychosocial factors (i.e., caregiver burden, problem-focused coping, and social support) among Latino child welfare caregivers; and (2) examine the relationships between these psychosocial factors and pediatric appointment-keeping and children's health status, adjusting for caregiver language and medical provider ethnicity. Specifically, we predicted that caregiver burden would be negatively related to appointment-keeping and well-child status (e.g., no medical diagnoses). We hypothesized that problem-focused coping and social support would be positively associated with well-child status and appointment-keeping.

2. Materials and methods

2.1. Setting and sample

This study was conducted at the Community-Based Assessment and Treatment Center (CATC), a pediatric clinic directly linked to the Los Angeles County Department of Children and Family Services (DCFS). The CATC provides initial assessments and primary health care to children involved in the child welfare system, regardless of health insurance status. All children treated at CATC were receiving services from the child welfare system. Most CATC clients belong to ethnic minority groups, with the largest proportion identifying as Latino. The University of Southern California Health Sciences Institutional Review Board, DCFS, and the County Juvenile Court granted approval for this research.

2.2. Procedures

Caregivers scheduled to bring a child for a follow-up appointment were invited to participate in the current study during medical appointments occurring between May 2012 and January 2013. Bilingual pediatricians and nurse practitioners obtained informed consent from any caregivers interested in participating in the study. More than 80% of study-eligible caregivers consented to participate. A research assistant abstracted data from the medical record about each child's health problems immediately after consent. After the scheduled follow-up appointment, a bilingual research assistant called the caregivers to administer self-report questionnaires measuring psychosocial factors and recorded whether scheduled appointments were attended based on the medical records. Sixty-six Latino caregivers who consented to participate still had their child living with them at the time of the scheduled follow-up appointment. Latino caregivers who completed the phone interview were included in the present study ($N = 48, 72.3\%$) and represented the study sample. Caregivers were mailed \$10 gift certificates regardless of whether they completed the phone interview.

2.3. Measures

When caregivers consented to participate in the study, they self-reported age, gender, marital status, number of children in their care, average yearly family income, ethnicity, language, and type of relationship to the child (i.e., birth parent, kinship caregiver, or unrelated caregiver). Children were categorized as having a health problem if their

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