Racial and Ethnic Disparities in Healthcare Utilization Among Children in U.S. Foster Care: Recommendations to Challenge the Status Quo Based on a Scoping Review

Key Findings

1. Black children in foster care received fewer routine and preventative checkups than White counterparts.
2. Black children in foster care had more frequent use of medical services for chronic medical illnesses like asthma and its symptoms despite no race differences in asthma status.
3. Children of color in foster care have a lower likelihood of utilizing both inpatient and outpatient mental or behavioral health services compared to their White counterparts.
4. AIAN children in foster care placed in rural counties were less likely to utilize mental or behavioral health services compared to other race counterparts.
5. The variations observed in mental and behavioral healthcare utilization by service types and continuation of services suggests the need to examine healthcare utilization with an intersectional lens.

Study Overview

Prior work has examined racial and ethnic disparities in the access to and utilization of healthcare services. However, evidence across studies is mixed, making it challenging to precisely identify where the racial and ethnic disparities in healthcare utilization are amongst children in foster care, and which race and ethnicity groups are most impacted by such disparities. As such, the purpose of the current study was to conduct a scoping review to synthesize evidence on the topic of racial and ethnic disparities in the physical and mental or behavioral healthcare utilization for children in the U.S. foster care system. Comprehensive literature searches were conducted in PubMed, EMBASE, PsycINFO, CINAHL, Cochrane Library, and Psychology and Behavioral Sciences Collection. Of the 414 studies identified, 23 met inclusion criteria: peer-reviewed journal article, published between 1991 and 2023, written in English, examined healthcare access or utilization of children in the U.S. foster care system as outcomes, included and disaggregated results by children's
race and ethnicity, conducted quantitative analysis, and was observational in study design. In the physical healthcare utilization domain, Black children were less likely to utilize routine and preventative check-ups and more likely to utilize medical services for treating chronic illnesses such as asthma, compared to White children. In the mental or behavioral healthcare utilization domain, Black and Hispanic/Latinx children were less likely to utilize both inpatient and outpatient mental health services, compared to White children. Furthermore, notable variations were observed by specific service types and continuity of services over time. Implications include additional research and education about racial and ethnic disparities in healthcare utilization amongst children in foster care, as well as implementing regulations and oversights that mandate racial equity in the child welfare and healthcare service pathways.

Conclusion

Our study conducted a comprehensive scoping review, synthesized available evidence, and presented current trends of racial and ethnic disparities in healthcare utilization observed among foster care children. It also identified evidence-informed programmatic and policy recommendations for challenging the norms and envisioning equitable approaches to meeting the healthcare needs of this population. Our scoping review lays an important foundation for further exploration of trends in disparities in healthcare utilization for children in foster care and the mechanisms that explain the sources of disparities where they exist.
About the researchers

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About the research

The larger context of the study involves understanding racial and ethnic disparities in the health and healthcare outcomes of children and youth impacted by the U.S. child welfare system.