

Health Service Utilization in Families of Children with Severe Developmental Disabilities

Ami Tint¹, Jonathan Weiss¹, Adrienne Perry¹, Patricia Minnes²

¹York University, ²Queen's University

Background

•Individuals with developmental disabilities (DD) experience a greater number of preventable illnesses and mental health problems than the general population (Ouellette-Kuntz, 2005).

•Many families of children with DD do not receive services reflective of their high level of health care needs (Krauss, Gulley, Sciegaj & Wells, 2003).

•In an effort to identify barriers to effective care, the current study examined relationships between health services needed and received with child maladaptive and adaptive behavior, parent empowerment, and socioeconomic status.

Hypotheses

•Families of children with higher maladaptive behaviors will report greater health service need

•Parent empowerment scores will positively correlate with health services received

•Average household income will positively correlate with health services received

Method

Great Outcomes for Kids Impacted by Severe Developmental Disabilities (GO4KIDDS) is an ongoing research project examining the health, wellbeing and social inclusion of children with severe DD. The current study used data collected from a GO4KIDDS' extended survey completed by parents of children with severe DD from across Canada through an online survey system.

Participant Characteristics:

- 74 parents ranged in age from 27-58 years (M=41.58, SD=6.90)
- 74 children ranged in age from 3-19 years (M=10.86, SD=3.73)

Measures:

Adapted version of the Need for Help Questionnaire (Douma, Dekker & Koot, 2006)

- 13 Health services total: Family doctor, Pediatrician, Dentist, Emergency Room staff, Hospital admission, Speech-language-pathologist, Occupational therapist, Physical therapist, In-home respite care, Out-of-home respite care, Behavior therapist, Psychologist, Psychiatrist
- *Has your child ever needed ___?* (Services needed, M=8.36, SD=2.38)
- *Has your child ever received ___?* (Services received, M=7.62, SD=2.37)

Scales of Independent Behavior-Revised Short Form (Bruiniks et al., 1996)

- General Maladaptive Index: Very Serious n=1, Serious n=8, Moderately Serious n=17, Marginally Serious n=14, Normal n=34
- Adaptive Behavior: W standard scores (M= 461.33, SD= 24.56; Age Equivalent M= 2 years, 5 months)

Family Empowerment Scale (Family subscale, Koren, DeChillo & Friesen, 1992)

Average household income estimated from forward sortation of postal codes from the 2006 Canadian Census (Statistics Canada, 2006)

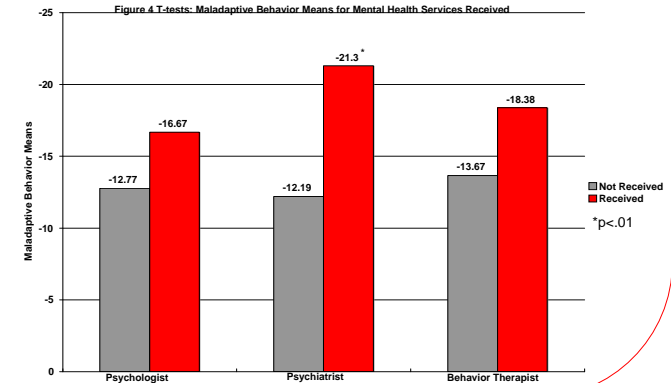
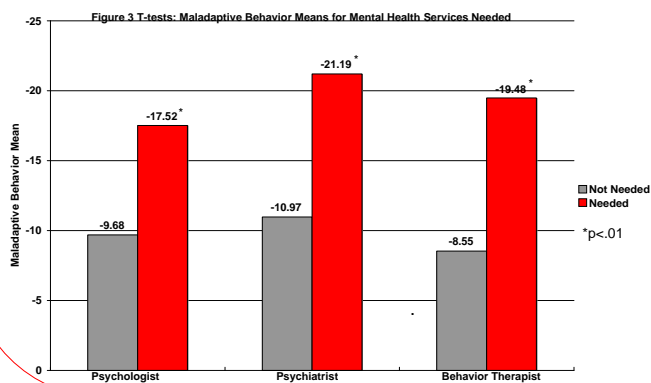
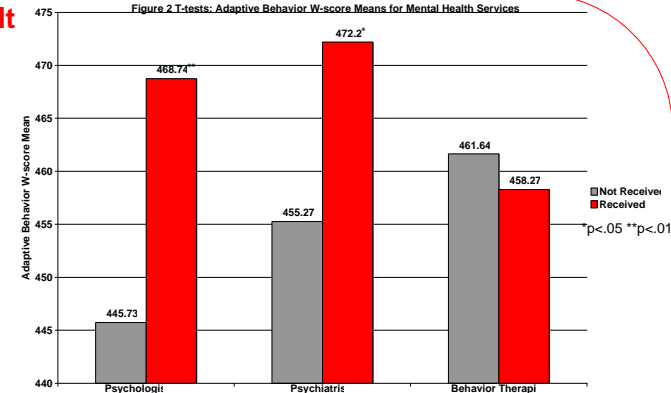
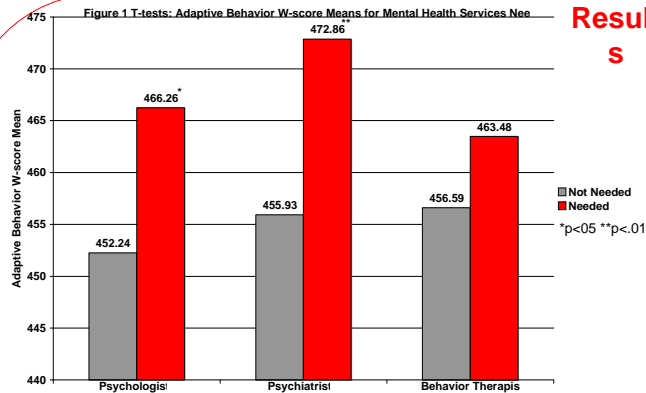
- Overall average income = \$63,902 (range \$26,080 - \$130,169)

Table 1 Correlations: Total Health Services Needed and Received with Child and Parent Characteristics

	Health Services Needed	Health Services Received
Child		
Age	0.10	0.18
Maladaptive Behavior	-.16	-.09
Adaptive Behavior	-.01	-.06
Parent		
Age	.20	.21
Parent Empowerment	-.06	.06
Average Household Income	.32**	.23*

*p<.05 **p<.01

Results



Discussion

•Children who needed and received psychological and psychiatric services had higher levels of adaptive behavior. Mental health problems may be more noticeable or pronounced in youth with less severe intellectual disabilities (Einfeld & Tonge, 1996).

•As expected, children who needed psychologists, psychiatrists and behavior therapists had more severe maladaptive behavior. However, maladaptive behavior was only related to psychiatric service receipt, suggesting a discrepancy between what families are asking for and what they are receiving to help manage children's challenging behavior.

•Service need and receipt were correlated to average household income. SES factors associated with lower income have been linked to differences in service utilization (e.g., Emerson & Hatton, 2007), however, the association is complex. For instance, differences in reported service need and receipt may represent greater availability of health services in areas with higher mean household income, or the ability of parents with higher SES to note children's health needs and access to related services.

•Future research could explore how other child, parent, and community variables (e.g., child diagnosis, parent level of stress, parent health, and community size) affect families' perceptions of health service needs and receipt.

•Finally, it is important for future research to discern how these constructs relate to parents' satisfaction with services received.