

Health Status, Health Care Services, and Disabilities in Low-Income Children: Findings From Early Head Start and the National Early Intervention Longitudinal Study

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Wall: The current studies contribute to the understanding of how health, health services, developmental outcomes, and access to early intervention are related for young children in poverty. Findings are from two national studies: The Early Head Start Research and Evaluation Project (EHS) and the National Early Intervention Longitudinal Study (NEILS).

• Low Income Families—Health Conditions Among Children With Disabilities

Carla Peterson, Gayle Luze

The Early Head Start Research and Evaluation Project presents a unique opportunity to examine the relations among a number of specific disability indicators and health-related conditions in a sample of 3,001 young children living in poverty. Parents reported on their children's health and disability status and their current status regarding living arrangements, education, employment, community participation, and family well-being during Parent Services Interviews. The following categories were developed to identify disability indicators: (a) Level 1: Children with identified disabilities (n=140), (b) Level 2: Children with diagnosed conditions (n=286), (c) Level 3: Children with suspected delays (n=1,173), and (d) Level 4: Children with biological risks (n=1,421).

More than 87% of the children who participated in the study were identified as having at least one disability indicator. The most common specific health-related conditions included recurrent ear infection (n=1,046), asthma/wheezing (n=563), heart defect (n=104), high lead levels (n=92), epilepsy/seizures (n=50), and respiratory problems (n=47). There were strong relations between disability indicators and early intervention services. Very high percentages of children with disability indicators had health-related conditions, and all disability indicators, including health-related conditions, were associated with increased levels of receipt of Part C services.

• Access to Health Services by Low-Income Children With Disabilities

Shavaun Wall, Ellen Kisker, Mark Swanson, Carla Peterson

This study, nested within the EHS Research and Evaluation Project, compared low-income parents' perceptions of health status and care for their infants and toddlers who have defined disability status to their peers without disabilities.

Children with disabilities were more likely to experience fair or poor health (14% vs. 7%

at 28 months after enrollment) and use more health care services than children without disabilities [e.g., they received more screening tests (56% vs. 39%, $p < .0001$); had more medical visits for illness or injury (9.3 vs. 5.5, $p < .0001$), and visited the ER more often (2.7 vs. 1.5 visits, $p < .0001$]. Parents of children with disabilities were more likely than parents of children without disabilities to report that their family's medical care was inadequate (40% vs. 31%, at least one period; $p < .01$). Hispanic children without disabilities were less likely than other children to be reported in excellent health [30% vs. 39% (White) and 43% (Black), $p < .0001$]. Hispanic children with disabilities were significantly less likely to have regular health care providers [86% vs. 98% (White) and 96% (Black), $p < .01$]. Their families were also more likely to have no health insurance [29% vs. 8% (White) and 8% (Black), $p < .001$] or report that their medical care was adequate.

Low-income parents of children under age 3 with disabilities perceived their children as less healthy and more vulnerable, and correspondingly sought out health services more often. They were also less satisfied with the health care services received than were other families.

- **Language Development in Low-Income Children With Disabilities**

Mark E. Swanson, Andrea Hart

(Summary not available)

- **Health Status of Children in Early Intervention**

Kathleen Hebbeler, Anita Scarborough

The National Early Intervention Longitudinal Study (NEILS) collected information on a nationally representative sample of 3,338 children with delays, disabilities, or risk conditions who began early intervention services between birth and 30 months of age. The percentage of early intervention participants reported as being in poor or fair health was 16% at entry to services, 13% at 36 months of age, and 11% at entry to kindergarten. By comparison, only 2.3% of the general population of children under 3 was reported as being in fair or poor health. At kindergarten, 32% of the early intervention graduates were taking medication regularly (32%). There was considerable movement across the health categories as well. For example, between beginning services and 36 months of age, 21% of the children showed improved health but 15% showed a decline in health.

Logistic regressions were conducted to identify the most important predictors of health status at the three time points and change in health from entry to the later two time points. Seven variables were associated with health status at entry to EI: race, poverty, maternal education, age at entry to EI, reason for eligibility, health insurance and birth history. Race, age at entry, poverty, and health insurance were still predictors at 36 months. Children from ethnic minority groups, children that who began EI at younger ages, children with mothers with lower levels of education, and children living in poorer households were more likely show a decline in health status between entry and 36 months.

- **Discussion**

Bonnie Strickland

The findings presented were consistent with the large National Survey of Children with Special Health Care Needs, sponsored by the Health Resources and Services Administration's Maternal and Child Health Bureau, which also found that young children participating in Head Start and Part C have disabilities and/or special health care needs that require ongoing, comprehensive, routine health care for the child. This study also found that children with disabilities in general, especially those in poverty, were more likely to have health problems, use more services, and be adversely impacted by their conditions. In addition, nearly all children have a regular place to go for routine healthcare, but for poor children, those of ethnic minority, and those without insurance that care was significantly more likely to be provided in a clinic or an emergency department. While nearly all children have some level of public or private health insurance, that insurance may not be adequate to address the comprehensive needs of children with disabilities, especially those in low-income families and from racial and ethnic minorities.

These issues reinforce the critical need for a shared agenda among community programs and healthcare providers serving young children. This agenda must ensure that: (a) all children have a medical home, (b) all children are screened early and continuously and promptly receive early intervention services when needed, (c) all children have adequate insurance or other financing to pay for needed services, (d) community services are organized for easy use, and (e) families are partners in decision-making at all levels.