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Health Care Access and Use Among Children & Adolescents with History of Parental Incarceration — United States, 2019

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Background: Children and adolescents exposed to parental incarceration (PI) have suboptimal health care access, utilization, and outcomes *in adulthood*. However, very little is known about health care access and use *during childhood itself* for children and adolescents exposed to PI.

Significance: The United States incarcerates more people and at a higher rate than any other country in the world, with stark spillover impacts on the lives of over 5 million children who have had an incarcerated parent.

Objective: Using the nationally representative 2019 National Health Interview Survey (NHIS) Child Sample, we examined the relationship between PI and key measures of health care utilization and access.

Design: We conducted a survey-weighted cross-sectional analysis of in-home interviews conducted with the guardians of 7,405 children 2-17 years old. Respondents were asked about outcomes across the 12 months preceding the interview, including poor preventive care access (lack of usual source of care, well visit, or routine dental cleaning), unmet health care needs due to cost (delayed or forgone dental, medical, or mental health care), and health care use (urgent care use, emergency department use, or hospitalization). First, we used χ^2 tests for bivariate associations between PI exposure and each outcome. Then, we estimated marginal effects from multivariable logistic regressions modeling the associations between PI and each outcome, with adjustment for age, sex, race/ethnicity, parental education, family structure, rurality, income, insurance, and disability. We multiplied these marginal effects by weighted sample sizes to generate population-wide estimates.

Results: Of 7,405 individuals, 467 (weighted 6.2% [95% CI 5.5-6.9]) were exposed to PI. In bivariate analyses, children exposed to PI had significantly worse access to a usual source of care; greater rates of delayed or forgone dental, medical, and mental health care due to cost; and higher likelihood of emergency department use and hospitalization ($p < 0.05$). In adjusted analyses, exposure to PI was associated with a predicted increase of ~2.1 million children lacking a usual source of care, ~2.2 million forgoing needed dental care, ~1.1 million delaying needed mental health care, and ~795,000 forgoing needed mental health care.

Conclusion: Exposure to PI is associated with worse access to a usual source of care and unmet dental and mental health care needs due to cost, impacting millions of US children and adolescents. This nationally representative study extends and updates existing literature about PI and suboptimal access to care in adulthood by demonstrating that these trends start within childhood itself.