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Dental Care for Foster Children in San Diego County.

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Publication Date

2012

Dental Care for Foster Children in San Diego County

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Children in the foster care system tend to have poorer health outcomes overall than similarly aged children who are not in the foster care system¹. Although foster children are guaranteed health insurance by the government, as they qualify for Medi-Cal in California (or its equivalent in other states), some foster parents encounter obstacles when trying to access the healthcare system. This difficulty in accessing care likely contributes to the poor outcomes that these children experience.

In San Diego County, foster children have very high rates of compliance with medical appointments (greater than 95%), suggesting good access to healthcare. However, foster children have very poor compliance with dental appointments (about 65%), which may suggest that dental care might be more difficult to obtain in San Diego. In an effort to promote better healthcare for children in San Diego, we sought to investigate why children were not receiving dental care as often as they were receiving medical care.

In order to investigate what barriers foster parents encounter as they seek dental care for their children, we developed an 8-item questionnaire (see Appendix A). This questionnaire addressed issues that we anticipated parents might be willing to report on. These issues included problems with transportation, problems with Medi-Cal/insurance, language spoken by healthcare providers, quality of the providers, cost of services, consent for procedures, and others. These issues were ones that we initially identified after multiple conversations with board members of the San Diego foster care system. We hypothesized that some of the issues were likely the determining factors in the ability of foster parents to access healthcare. Nonetheless, we also included questions, which compared parents' attitudes towards medical and dental care to determine if part of the discrepancies between compliance were due to differing opinions with regards to the different fields. That is, whether parents believe that one field is more important than the other, hence they are more likely to take their children to only one of those providers.

We identified prospective participants for the survey by attending support group meetings, which are training meetings for foster parents in the County. All foster parents in San Diego County are required to attend at least 8 hours of training each year in order to maintain their license. This allowed us to approach a diverse population of foster parents and not just those who are motivated and interested in attending frequent group meetings. During these meetings we described our research project and consented individuals who wished to participate. At that time, those who signed the consent form they were given our 8-item questionnaire, which they completed and returned as soon as they had finished it during the meeting.

We predicted that poor compliance with dental appointments was likely multi-factorial. We anticipated that one of the major obstacles would be consenting for procedures. Foster parents require a court order in order to be able to consent the child for a procedure. We also anticipated that they might be having difficulties finding providers that accept Medi-Cal.

Methods

Study design

Initially we met with members of the foster care services committee to gather some informal data with regards to some of the common barriers encountered by foster parents in the County. We developed an 8-item questionnaire which addressed some of the key issues discussed in our initial conversations, as well as other issues that we anticipated were likely meaningful factors in the ability of foster parents to access healthcare services. In order to provide foster parents the ability to discuss other factors which were not included in the survey, we included two open-ended questions asking about additional barriers to care.

Institutional Review Board (IRB) approval was obtained from our primary institution (UCSD) as well as from the Health and Human Services Agency of San Diego (HHSA). Both institutions approved the 8-item questionnaire as well as the research project itself, thus granting permission to survey foster parents in the area.

Study population

Overall, we were able to survey 32 foster parents, all of whom resided in different areas of the County. Out of those 32 interviews, 4 were excluded from the analysis as those participants had not been foster parents in the previous year, which was one of the inclusion criteria for participation in the study. The 28 participants represented a total of 72 foster children from varying ages. We only allowed one member of each family to participate in order to avoid getting repetitive information.

Recruitment

Foster parents were approached at different foster parent training sites throughout San Diego County. They were asked to participate in a survey about barriers encountered when trying to receive medical care for their children. A brief explanation of the study was given, as well as an explanation of the risks and benefits from participation in the study. The parents that were interested were given a consent form, which explained what the data would be used for. Time was given for the foster parents to read over the consent form and ask any questions they might have regarding the study. They were also given a copy of the Human Subjects Bill of Rights. (See Appendices B and C). Once informed consent was obtained, the participants were handed a copy of the questionnaire, which they were asked to complete at that moment. All questions that the participants had as they were filling out the questionnaire were answered by the research assistant.

Areas of analysis

Age ranges – Each questionnaire included a table that asked foster parents to write down the number of foster children that they had taken care of in the previous year. This question was broken-down by age ranges (0-2, 3-5, 6-12, 13-18). This allowed us to determine how the age of the foster child reflects the ease/difficulty of access to care.

Individual barriers - The primary area of focus of the study was to compare the individual barriers that prevent access to dental care. A question with 10 Likert scale-style sub-items assessed the impact of each individual barrier with regards to accessing dental care. An identical question, which assessed ease of access to medical care, was also included in order to compare differences between medical and dental care.

Differing attitudes – One of the main concerns during this investigation was whether there were differing attitudes with regards to the importance of dental versus medical care. In order to determine whether foster parents believed that one was more important than the other, three questions were included in the questionnaire. Those questions asked parents to rank the importance of taking children to see a physician, a dentist, and a teacher.

Analysis

All the analysis was performed using Microsoft® Excel 2011 software. All graphs/plots were made using TIBCO® Spotfire® version 4.0.2.

For the Likert scale questions, the data was dichotomized as barrier vs. no barrier in order to identify which of the items parents actually presented a problem to foster parents. The scale in the questionnaire (see Appendix A) allowed respondents to indicate whether a particular issue was a barrier to accessing care by choosing a number from 0 to 4 in the Likert scale. “0” was labeled as “Not a barrier” and 4 was labeled as a “Huge barrier”. Therefore, items marked as 0 were considered as not being a barrier at all, whereas items marked as 3 or 4 were considered to be a barrier.

Results

A total of 32 questionnaires were completed by licensed San Diego County foster parents. Four (4) questionnaires were excluded during the analysis, as the participants did not meet criteria for inclusion in the study. All 4 of those participants were excluded for the same reason: they had not taken care of any foster children in the preceding year. Of the remaining 28 surveys, all those were included in the analysis. Of note, not all questions were answered in all of the surveys; therefore each question was analyzed by taking into account only the number of people who actually completed that question fully. Therefore, the denominator in some of the analysis changes question by question.

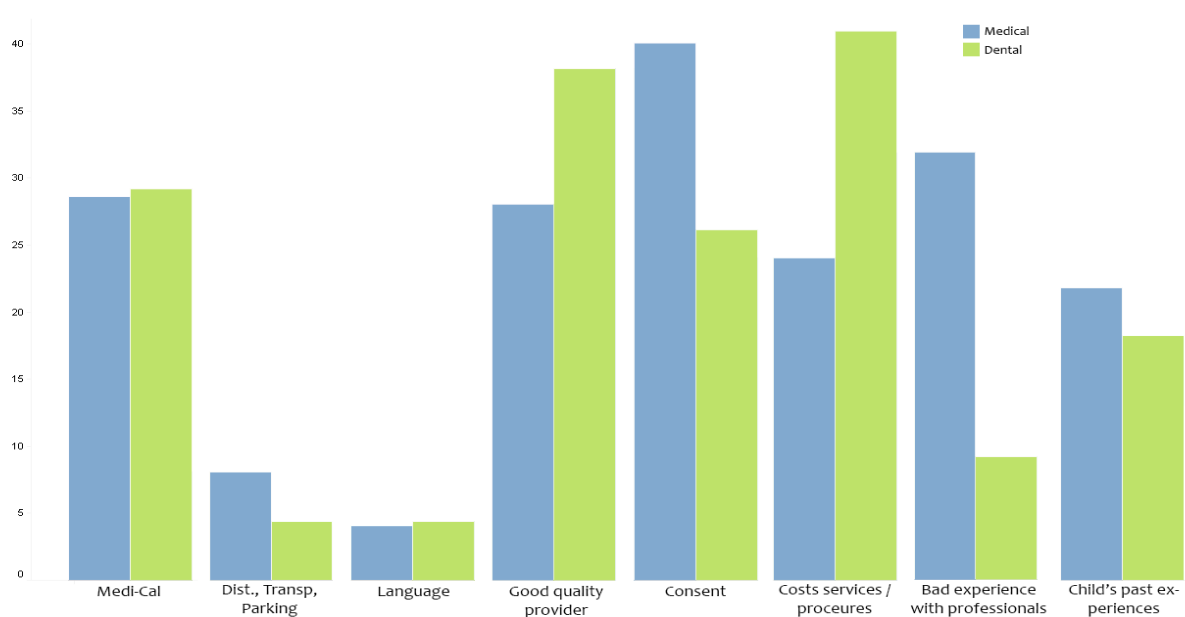
Given that some of the meetings that we attended only had one or two people, we decided to stop collecting the participant’s gender and age in order to protect their confidentiality. Therefore, we did not include a breakdown of the analysis by sex or age of the respondent.

Overall, a total of 72 foster children were represented by the 28 foster parents that participated in the study. About 51% of those children were ages 0-2, 16% ages 3-5, 22% ages 6-12, and 9% ages 13-18. Only 3 surveys (10%) were completed in Spanish, by Spanish-speaking only foster parents.

Parental attitude towards medical and dental care

When comparing parental attitude regarding the importance of medical versus dental care, 96% (26) of the respondents indicated that it was very to most important to book an appointment with a medical doctor even when the child did not appear to have any medical problems, and 100% (27) of the respondents indicated that it was very to most important to book an appointment with a dentist even when the child did not appear to have any dental problems.

Image 1. Percent of foster parents reporting a particular issue as a barrier to accessing care.



Difficulty finding a provider who takes Medi-Cal

28.6% of respondents indicated that finding a medical provider who takes Medi-Cal is a barrier to obtaining care for their foster children, whereas 29.2% of respondents indicated that finding a dental provider who takes Medi-Cal is a barrier to obtaining care.

Difficulty with distance, transportation, and/or parking

8% of respondents indicated that distance, transportation, and/or parking is a barrier to obtaining medical care for their foster children, whereas 4.4% of respondents indicated that distance, transportation, and/or parking is a barrier to obtaining dental care.

Difficulty finding a provider who speaks the parents' language

4% of respondents indicated that finding a medical provider who speaks their language is a barrier to obtaining care for their foster children, whereas 4.4% of respondents indicated that finding a dental provider who speaks their language is a barrier to obtaining care.

Difficulty finding a good quality provider

28% of respondents indicated that finding a good quality medical provider is a barrier to obtaining care for their foster children, whereas 38.1% of respondents indicated that finding a good quality dental provider is a barrier to obtaining care.

Difficulties consenting for procedures

40% of respondents indicated that their ability to consent for medical procedures is a barrier to obtaining medical care for their foster children, whereas 26.1% of respondents indicated that their ability to consent for dental procedures is a barrier to obtaining care.

Problems associated with the cost of services/procedures not covered by insurance

24% of respondents indicated that the costs of services and/or procedures that are not covered by the insurance is a barrier to obtaining medical care for their foster children, whereas 40.9% of respondents indicated that the costs of services and/or procedures that are not covered by the insurance is a barrier to obtaining dental care.

Problems secondary to foster parents having had bad experiences with the providers

31.8% of respondents indicated that their prior bad experiences with medical professionals is a barrier to obtaining care for their foster children, whereas 9.1% of respondents indicated that their prior bad experiences with dental professionals is barrier to obtaining care.

Problems secondary to the child's past making them extremely fearful of the providers

21.7% of respondents indicated that their child's past makes them fearful of medical providers and thus creates a barrier to obtaining care for their foster children, whereas 18.2% of respondents indicated that their child's past makes them fearful of dental providers and thus creates a barrier to obtaining care.

Table 1. Barriers to Medical vs. Dental care

	Medical	Dental
Provider accepting Medi-Cal	28.6%	29.2%
Distance, transportation, and/or parking	8%	4.4%
Language	4%	4.4%
Good quality provider	28%	38.1%
Consent	40%	26.1%
Costs of services/procedures	24%	40.9%
Parents having bad experiences	31.8%	9.1%
Child's past making them fearful	21.7%	18.2%

Discussion

The data from this study revealed that although foster parents may place similar importance to medical and dental care for their children, there seem to be some meaningful differences in the problems they face when trying to access those services. Although some issues appear to be a factor in both medical and dental care, there are some instances of barriers that appear to be more of an obstacle in one rather than the other.

Barriers to dental care

The major barriers to accessing dental care as reported by the parents that completed the survey were: (1) costs of services and/or procedures not covered by insurance, (2) difficulties in finding a good quality provider, (3) difficulty finding a provider that accepts Medi-Cal, and (4) consenting with procedures.

One of the major obstacles that foster parents described was a financial one. Although dental services should be covered by Medi-Cal, not all dental providers take this type of insurance. Furthermore, not all procedures and not all forms of anesthetic are covered by the insurance. Some of the families are forced to pay out-of-pocket for many of these procedures. On one occasion, a married couple described how they were forced to pay thousands of dollars when they took their foster child to get braces. “Cosmetic” orthodontic procedures such as braces are not a procedure that is covered by Medi-Cal. Another couple described how even after they had been able to obtain consent from the courts to anesthetize the child during a dental procedure—which is a problem in and of itself—they soon realized that the anesthetic that the dentist wished to use was not covered by Medi-Cal, forcing them to pay out-of-pocket. Some of these stories and others that we heard various times while talking to some of the participants of the survey serve to explain why more than 40% of the respondents indicated that this was a barrier. This is in contrast to costs of medical services and/or procedures not covered by Medi-Cal, which was only a barrier to 24% of the respondents.

Another large obstacle seemed to stem from the fact that parents believed that they were treated differently at the clinicians’ offices because they had Medi-Cal for their insurance. Many parents claimed that they were forced to wait much longer during dental appointments than parents of children who did not have Medi-Cal for insurance. This dissuaded parents from seeing those clinicians. However, they also noted that they did not have many options, as they could not find many providers that take Medi-Cal. More than 38% of the respondents reported that finding a good quality provider was a meaningful barrier for finding dental care for their children, when only 28% of them reported this being an issue for medical care.

In terms of finding providers, not all parents had an idea of where to find information about dental clinics that treat children and, more importantly, those that take Medi-Cal. Most foster parents that we interviewed knew about some of the same community clinics, but they were often unhappy with the care and the treatment they were receiving at those offices. Most of those parents wanted to be provided with a more robust list of providers and they were hoping for recommendations for particular providers. Although we were able to provide them with some information about community clinics in their area after they had completed the survey, many of

them stated that some of those clinics were the ones that they had been complaining about. There was a meaningful proportion of foster parents that reported that difficulties finding providers that accept Medi-Cal was a barrier to accessing dental care. It is interesting to note that about the same percentage of foster parents indicated that this was a meaningful barrier for medical care as well (29.2% vs. 28.6%). Nonetheless, many foster parents reported that when they were finally able to find a provider that would see their children, the offices tended to have certain restrictions as to the number of new Medi-Cal patients they would take. For those parents that have already established care for a foster child at the clinic this is not a problem, however the problem is establishing care for a new child. This issue is even more problematic for newly licensed foster parents as they have not dealt with this situation in the past. It is worrisome that they may not know where to obtain this information.

As stated above, consenting for procedures is cumbersome for foster parents. They are required to go through the court system because they do not have the ability to sign consent forms on behalf of the children they care of. More than 26% of the respondents indicated that this was a barrier to accessing dental care. However, this appeared to be a more meaningful barrier with regards to medical care as 40% of the respondents indicated that this was a barrier to obtaining medical care for the children (see below).

Barriers to medical care

Although the purpose of this study was to determine what barriers prevent access to dental care for foster children, during our analysis we came to find that some issues appear to be more meaningful barriers for accessing medical care rather than dental care. Some of these barriers were: (1) consenting for procedures, (2) having had bad experiences with medical professionals in the past, and (3) difficulties with finding providers that accept Medi-Cal.

Consenting for medical procedures appeared to be a more meaningful barrier than consenting for dental procedures as 40% of respondents indicated this was a barrier for medical care and only 26.1% indicated that this was a barrier to accessing dental care. Although we did not have any conversations with foster parents about some of their problems in this arena given that our focus was dental care, it is quite possible that this is due to the strict requirements for consent for surgical procedures. Nonetheless this should be investigated further in the future.

One of the largest differences in the percentage of foster parents that indicated that a particular issue was a barrier for medical care and not in dental care was seen in the question regarding foster parents having had bad experiences with particular professionals in the past. More than 31% of foster parents indicated that they found their past experiences with medical professionals to be a barrier to accessing medical care for their children, whereas only 9.1% indicated that this was an issue with regards to dental providers. Even though compliance with medical appointments is well above 95%, this issue still requires further consideration as this may be impacting the health of our patients in a way that is not reflective in the compliance with appointments.

As stated above, finding a provider that accepts Medi-Cal appears to be a meaningful barrier for accessing both medical and dental health. Given that about the same percentage of

foster parents found this to be a barrier for medical or dental care, this issue appears to be a pervasive one in the healthcare system. However, it is difficult to determine whether this is more meaningful in terms of medical or dental care and this should be investigated further to determine the impact that this particular barrier has on access to care.

Potential barriers

Although our survey did provide foster parents with open-ended questions in order for them to describe additional barriers, only 5 respondents (17.9%) provided additional barriers. Those barriers were: (1) finding psychiatric services providers, (2) obtaining coverage for dermatological procedures, (3) obtaining coverage for the cost of special formula for children, (4) length of time it takes to obtain an appointment with a provider, and (5) that some providers are reluctant to treat children who are medically fragile. Interestingly, at least three of those additional barriers appear to be related to issues regarding insurance coverage.

Based on the responses and conversations that we had with foster parents, it became evident that some of them were unaware of the recommendations for dental visits for children. This was especially true during one training seminar, which was geared towards parents of infants. Many of the participants approached the research assistant while they were taking the survey asking if they could skip some of the dental questions, as this “did not apply to their children.” However, many of those had infants who were older than 1 or even close to 2 years of age. Therefore, even though foster parents’ knowledge of the current recommendations might not in and of itself influence access to care, it may prove to be part of the reason why compliance with dental care is lower than it should be.

Even with our open-ended questions and the conversations that we had with foster parents, there may be some other barriers that have yet to be uncovered. In addition, given that some foster parents were apprehensive about participating in the study for fear of repercussions from the government and/or government agencies, this study might have missed some key participants. Furthermore, it became apparent that many parents have become accustomed to many of the problems that we described above and they have actually begun to consider those problems as a normal part of our healthcare system. Given this world-view, they may have not reported certain things about access to care that similarly-matched controls would have considered as a barrier.

Limitations

One of the major limitations of this study was the difficulty in consenting foster parents. Given the size of the support group meetings (often only one to two parents per meeting) it was difficult to recruit multiple subjects at a time. Moreover, during some of the larger meetings it became obvious that many foster parents were apprehensive about participating in the study even though it was clearly explained that the risks were minimal and there was no obvious identifiable information in the survey. Many of them were afraid of repercussion from the government or child protective services even though it was explained that there was no identifiable information and that none of the questions were related to matters that could be interpreted as child abuse and/or neglect. Because of their apprehension, many foster parents that would have qualified to participate in the study did not choose to do so.

In contrast to those that refused to participate, some of the foster parents that did participate often did so at the bequest of their support group leader who had knowledge of the purpose of the study. The support group leaders often knew that our main interest was to determine problems with access to dental rather than medical care and thus they emphasized this when they were introducing the research assistant giving out the surveys to the group of foster parents. Although the research assistant explained that the purpose of the study was to analyze access to healthcare overall, in an attempt not to bias people one way or another, some of the participants may still have been biased given the strong influence of the support group leader. This was especially true in some instances where the support group leader used forceful language in urging the parents to participate and to include references to “the worst of what they have experienced” while answering the questions.

An additional concern is that while talking to some of the foster parents after they had submitted their surveys, many of them talked about the issues that they have faced in the past. To one who is intricately involved in the healthcare system, some of those stories sounded as indicators of very poor, or at least, very difficult access to care (see discussion above). Yet, to many of them, this was “normal.” Given that many foster parents have come to accept certain barriers as normal, their responses are difficult to interpret because their definition of what consists as a barrier might be very different from a non-foster parent or a physician. It would have been helpful to get some non-foster parents to complete the same surveys to see if the problems that they encounter differ from those that the foster parents suggested during our encounters with them.

With regards to fully completing the survey, some parents left some questions blank. It is unclear whether this was intentional or unintentional, therefore we were forced to only count responses that were clearly marked and exclude those that were omitted.

Lastly, this study was conducted in San Diego County and it is unclear whether the data is representative of what is happening on a national scale. Therefore the applicability of these results to other areas of the country would depend on results from additional studies.

Next Steps

In an effort to improve access to dental and medical care and improve health outcomes for foster children, it is imperative that we set forth plans that address the issues that were identified by this study.

Some of the major complaints from foster parents centered on the inability to find high quality providers who accept Medi-Cal insurance. In addition to providing foster parents with better lists of community clinics and providers that perform services for foster children, we should continue to investigate further how pervasive some of these obstacles are throughout the community. We should investigate who the providers are that foster parents believe to be of “low quality” in order to remediate some of the problems that foster parents are encountering in their clinics.

In addition, given the number of parents that expressed that they are being made to wait

longer than those who have private insurance in the offices of providers, those concerns should be investigated further. An effort should be made to determine which clinics are utilizing a double standard for Medi-Cal versus non Medi-Cal patients. Furthermore, given that there are numerous parents of non-foster children who also use Medi-Cal, a new study should be developed that compares their perception of barriers to access to care in order to determine if this is solely an issue with foster families or if it is more pervasive than that.

Given the findings of the study, it is evident that some of the barriers that foster parents face are due to some of the practices of the providers themselves. It would be useful to hold training sessions for both medical and dental providers in the County to discuss some of these issues and provide them with better tools on how to deal with foster children and their families. That is, if we make our providers more aware of some of the difficulties their patients face, they would likely make some positive changes in the way they practice to benefit those patients.

Unfortunately, many providers do seem to limit their practices and only accept few (if any) Medi-Cal patients given poor reimbursement rates and lack of coverage for particular procedures. However if we support healthcare reform initiatives, we can improve reimbursements. Additionally, the government should consider implementing financial incentives for physicians and dentists that focus on treating foster children. In this fashion we might be able to improve compliance.

Lastly, in an effort to better pinpoint particular barriers and ensure a more robust response from participants, it would be beneficial to develop an online survey which not only would provide complete anonymity of the respondents, but would also require participants to complete the survey in its entirety. This would allow us to reach more foster parents at a time and gather additional information about specific barriers that we have yet to uncover.

Conclusion

Even for non-foster parents, accessing the healthcare system in this country can, at times, seem like a daunting task. In that sense, foster parents are no different. However, foster children are more vulnerable given their situation and the barriers they encounter. There should be a system implemented that ensures that these children are able to get the care they need. As the data shows, compliance with—and therefore access to— medical appointments is fairly good in San Diego County. Dental care, however, is a different story. The poor access to care is likely a combination of high costs of services and procedures, especially when they are not covered by insurance, of poor reimbursement for providers which leads to providers not accepting Medi-Cal, of lack of information about how often children should visit their dentist, as well as at what ages attendance is appropriate, and poor dissemination of information to foster parents about availability of clinics that take Medi-Cal and see children. There are likely many other barriers that are yet to be investigated. Even if we have not yet identified all the barriers, we can begin to have an impact by making some changes in our system. Foster children should have the same access to medical care as other children and we should try to overcome the barriers foster parents face in accessing the healthcare system.

Acknowledgments

We would like to thank the San Diego Health and Human Services Agency (HHSA) for allowing us to attend support group meetings as well as interact with foster parents. In addition, we would like to extend our gratitude to all foster parents in San Diego County, especially those who gave their valuable time to participate in our study.

References

[1] *National Survey of Child and Adolescent Well-Being (NSCAW): CPS Sample Component Wave 1 Data Analysis Report*. Rep. 2005.

Appendix A

PID _____
Sex: M/F Age: ____ Location: _____

1. Have you ever participated in this study before? _____.
2. Please indicate how many different foster children you have had in your care over the past year, by age group:

Age group in years	Number of children
Age 0-2	
Age 3-5	
Age 6-12	
Age 13-18	

3. How important is it to book a regular appointment with a medical doctor, even if the child appears to have no medical problems?
 1. Most important
 2. Very important
 3. Somewhat important
 4. Not important
4. How important is it to book a regular appointment with a dentist, even if the child appears to have no dental problems?
 1. Most important
 2. Very important
 3. Somewhat important
 4. Not important
5. How important is to have a meeting with a child's teacher (for those enrolled in preschool or school) even if child appears to have no educational problems?
 1. Most important
 2. Very important
 3. Somewhat important
 4. Not important
6. Given no obvious problems, in your experience which appointments have you found you are able to make and keep in the most timely way, after a foster child is placed with you?
 1. Child's Teacher
 2. Child's Dentist
 3. Child's Medical doctor
7. Rate how big the barrier is to getting your child to a doctor or dentist, when there is no apparent pain or problem?

Medical Doctor	<i>0-Not a barrier</i>	<i>4-Huge barrier</i>
Difficulty finding one who takes Medi-Cal	0 1 2 3 4	
Distance, transportation and/or parking	0 1 2 3 4	
Difficulty finding one who speaks my language	0 1 2 3 4	
Difficulty finding a good quality provider	0 1 2 3 4	
Difficulties with consenting for some procedures	0 1 2 3 4	

					PID _____
	Sex: M/F	Age: _____	Location: _____		
Costs of services/procedures not covered by insurance	0	1	2	3	4
I have had bad experiences with these professionals	0	1	2	3	4
Foster child's past make them extremely fearful	0	1	2	3	4
Other: _____	0	1	2	3	4
Other: _____	0	1	2	3	4

Dentist					
	<i>0-Not a barrier</i>				<i>4-Huge barrier</i>
Difficulty finding one who takes Medi-Cal	0	1	2	3	4
Distance, transportation and/or parking	0	1	2	3	4
Difficulty finding one who speaks my language	0	1	2	3	4
Difficulty finding a good quality provider	0	1	2	3	4
Difficulties with consenting for some procedures	0	1	2	3	4
Costs of services/procedures not covered by insurance	0	1	2	3	4
I have had bad experiences with these professionals	0	1	2	3	4
Foster child's past make them extremely fearful	0	1	2	3	4
Other: _____	0	1	2	3	4
Other: _____	0	1	2	3	4

8. For initial or follow up appointments with doctors or dentists, do you ever find that they are booked so far in the future, that your foster child is no longer with you to make the appointment?

- a. Yes, that is a very frequent problem
- b. It happens sometimes, too often.
- c. It is only a rare problem or never occurs at all.

Appendix B

University of California, San Diego Consent to Act as a Research Subject

Foster Children and Access to Oral Health Services

Dr. Howard Taras is conducting a research study to find out more about foster children and their ability to access to medical and oral health services. You have been asked to participate in this study because you are a foster parent in San Diego County, and the leader of the support group that you attend has identified you as someone who may be eligible for this research. There will be approximately 50 participants in this research study. The purpose of this study is identify the major barriers or obstacles preventing foster children from accessing medical and oral health services in San Diego County.

If you agree to be in this study, the following will happen to you:

You will be interviewed by a research assistant for about 15-20 minutes. During this time you will be asked about your child's visits to doctors and dentists as well as any reasons why it may be difficult for your child to receive those services. Once this is completed your participation will be completed.

Participation in this study may involve some added risks or discomforts. These include:

- Revealing information that is considered to be child abuse or neglect. If this occurs, the researchers are mandated by California law to report such abuse to the appropriate authorities, including Child Protective Services (CPS).
- Loss of confidentiality - All recorded surveys will never contain your name, and will use a unique identification number that will only be associated with the day your interview, the location, your age, and your gender.

Because this is a research study, there may be some unknown risks that are currently unforeseeable. Since we are not collecting your name or contact information, you will not be informed of any significant new findings.

The alternative to participation in this study is to not participate.

There may or may not be any direct benefit to you from these procedures. The investigators, however, may learn more about different ways in which access to care may be improved for future foster children in San Diego County.

Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are entitled. Whether or not you decide to participate, your decision will not influence your ongoing participation in the foster parent support group, or any access to dental or medical treatment for you or your foster child. If you decide that you no longer wish to continue in this study, you may tell Dr. Taras or the research assistant at any time. If the data collected from you has not been entered into our anonymous database, you may request that it be destroyed, and therefore not used for this research study. Any data already entered into the database has had identifying information removed in order to protect your confidentiality, and therefore cannot be destroyed without compromising the confidentiality of all research study participants.

You may be withdrawn from the study for the following reasons: if you or a member of your family have previously participated in the study, if you are not currently a foster parent in San Diego County, if you are not at least 18 years of age, or if you do not agree with this consent form. You may also be withdrawn from the study if you do not follow the instructions given you by the study personnel.

You will not receive any compensation for participating in this research.

There will be no cost to you for participating in this study.

Research records will be kept confidential to the extent allowed by law. All recorded surveys will never contain your name but merely a unique identification number that will only be associated with the day your interview, the location, age, and your sex. Research records may be reviewed by the UCSD Institutional Review Board and San Diego County Health and Human Services Agency.

If you are injured as a direct result of participation in this research, the University of California will provide any medical care you need to treat those injuries. The University will not provide any other form of compensation to you if you are injured. You may call the Human Research Protections Program Office at (858) 455-5050 for more information about this, to inquire about your rights as a research subject or to report research-related problems.

Dr. Howard Taras and/or _____ has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Howard Taras, or his research manager, at (858) 534-5467.

You have received a copy of this consent document and a copy of the "Experimental Subject's Bill of Rights" to keep.

You agree to participate.

Subject's signature

Date

Appendix C

Human Research Protections Program
(858) 657-5100
(858) 657-5055 (FAX)

University of California, San Diego
9500 Gilman Drive, Mail Code 0052
La Jolla, CA 92093-0052

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

The faculty and staff of the University of California, San Diego and the Veteran's Affairs San Diego Healthcare System wish you to know:

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another, has the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be used.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of a signed and dated written consent form when one is required.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

If you have questions regarding a research study, the researcher or his/her assistant will be glad to answer them. You may seek information from the Human Research Protections Program - established for the protection of volunteers in research projects - by calling (858) 657-5100 from 7:30 AM to 4:00 PM, Monday through Friday, or by writing to the above address.