Charting the Course of Improved Health for Children in Foster Care

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There are approximately 400,000 children in the U.S. foster care system annually, with 255,000 entering the foster care system each year.[1] Children and adolescents who require foster care placement at some point in their lives experience significant disparities in their overall health and well-being, with several decades of research demonstrating this reality. There are measurable benefits to a stable foster care placement when comparing to their potential alternatives of institutional placement and/or remaining in an environment with ongoing maltreatment.[2] However, compared to their peers, children in foster care are more likely to have chronic health care conditions, developmental delays, and significant mental health challenges during their childhood and throughout their life course into adulthood.[3–5] And, while it may be a reasonable assumption that this health disparity is solely attributed to poverty, multiple studies comparing this population to similar impoverished populations, as well as the general population, demonstrate a consistent theme—children in foster care have disproportionately greater chronic physical and behavioral health conditions and require greater utilization of health care services, even when adjusting for socioeconomic and other demographic indicators.

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Inherent to the delivery of coordinated care, the recognition of the medical home as a means of delivering high-quality, accessible, comprehensive care is one of the key provisions that need to be systematically provided to all children, but especially for children who are placed into foster care.

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provisions that need to be systematically provided to all children, but especially for children who are placed into foster care. This approach to health care has been shown to improve health in multiple different populations; it is especially beneficial to manage health in vulnerable populations.[10–13]

Additionally, the health trajectory for children in foster care who age out of the system remain challenged throughout their lifetime; this translates to approximately 25,000 young adults each year in the U.S.[14] Once again, using health care frameworks such as the medical home, which often results in improved coordination of care, should continue during this transition period into adulthood to ensure that the necessary access to care is available to these young adults.

Much has been learned regarding the environmental influences on neurobiology, and the implications of a chronic, unremitting stress response, often resulting in greater disease and morbidity.[15–17] This knowledge has informed our understanding of particularly vulnerable populations such as children who experience various forms of child maltreatment (abuse and neglect), including exposure to intimate partner[18–21] and the health implications of chronic exposure to these adversities.

In order to translate this science into practice, one must first recognize if the problem exists (i.e., a significant health disparity for vulnerable populations like children placed in foster care); understand which populations are most vulnerable to these biologic perturbations (i.e., children in foster care who have experienced chronic maltreatment and who have not had stability with their placement); and provide a comprehensive, public health, and population health approach to addressing the problem. With this science, there is no longer debate that children who are placed into foster care due to multiple reasons (all of which result in activation of a chronic stress response and subsequent risks to health) require a coordinated health care approach to address this biologic response in a thoughtful manner and individualized to the specific needs of the child at risk.

While there has been recognition of the trauma experiences that children endure, its impact on child physical and behavioral health and development is only recently becoming part of the national dialog. As such, effective intervention efforts that address this problem in children placed in foster care are paramount to improve present and lifelong health. The toolkit developed by the American Academy of Pediatrics provides clinicians and adoptive and foster parents with the knowledge and practical guidance to address trauma and is a great starting point for effective intervention.[22]

Part of this trauma-informed equation is ensuring that optimal efforts are made to foster resiliency to increase the social–emotional buffering, which is very critical for this population. We know that resiliency may be enhanced through interventions that foster safe, stable, nurturing relationships in a child's life.[23] The evidence of positive attachments and support from a parent, i.e., foster parent figure, mentoring, school engagement, caregiver social support and education, and a sense of hope and expectancy, has been shown to enhance resiliency.[23,24] All of these non-medical domains have a tremendous impact on health outcomes and should be considered in the context of the health care encounter and ongoing coordination of health to children in foster care. Interventions that address these relationship attributes are just another piece to the puzzle to promote resilience and foster well-being among these children.[25]

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In the emerging "new world" of health care, with the catalyst of the Affordable Care Act (2010) and other important legislative health care policies pertaining to children in foster care, i.e., the Fostering Connections to Success and Increasing Adoptions Act (2008) and the Insurance Program Reauthorization Act (2009), several important and beneficial paradigm shifts are occurring. In specific, there exist new incentives to stipulate both health systems' and child welfare systems' responsibilities for overall patient outcomes and cross-discipline collaboration throughout a child's experience in foster care; monitoring and treatment of emotional trauma, including surveillance and