The Physical Health Needs of Children in Foster Care

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There are over 400,000 children living in foster care in the United States (Health and Human Services and Children's Bureau, 2016). Of these children, 70% are placed into the foster care system for cases of substantiated abuse and/or neglect. The remaining 30% are placed for behavioral problems and complex medical issues that extend beyond the biological parents' ability to provide appropriate care (Christian & Schwarz, 2011; Garner et al., 2012). In addition to abuse and neglect, children placed in foster care may have experienced adversities such as homelessness, parental substance abuse, prenatal exposure to drugs, prematurity, and/or family violence, all of which contribute to poor health (Forkey & Szilagyi, 2014).

Many children enter the foster care system with chronic health conditions, developmental delays and psychiatric disorders that reflect the neglect and abuse experienced before their placement (Simms, Dubowitz, & Szilagyi, 2000). Researchers have estimated that between 30% and 80% of children in foster care have chronic health problems, and up to 25% of foster children have three or more chronic health conditions (Leslie et al., 2003; Simms, 1989). In addition to medical issues common to all children, foster children's prior social histories place them at increased risk of having physical health problems associated with the type of abuse to which they were exposed (Simms, Dubowitz, & Szilagyi, 2000). Children with histories of medical neglect may have medical issues common to all children that have gone untreated (e.g. ear infections, asthma, eczema, dental caries), requiring extensive medical intervention to control. Children who have been victims of physical abuse may require short-term treatment (e.g. fracture fixation) or long-term (e.g. for neurologically devastated abusive head trauma victims) therapies directed towards the sequelae of these assaults.

For children in the foster care system, lapses in preventative health care occur both before placement and during their time in the foster system (Dubowitz et al., 1992; Leslie et al., 2003). Barriers to care are plentiful, including lack of formal policies to oversee healthcare delivery, placement instability, missing medical data, and erratic medical records (Simms, Dubowitz, & Szilagyi, 2000).

One study found that more than half of the providers seeing children for an initial visit were receiving inadequate medical histories (Risley-Curtiss & Stites, 2007), while another found most children in care had fragmented and incomplete medical histories made worse by difficulties associated with obtaining information (Greiner, Ross, Brown, Beal & Sherman, 2015). Communication between child welfare systems, foster parents, physicians, and biological parents remains an ongoing challenge and often leads to missed or lost medical information, potentially resulting in worse health outcomes.

Chronic health conditions common amongst youth in foster include respiratory issues, vision problems, dental disease, dermatologic conditions, and obesity. A study out of Baltimore, Maryland found that chronic

Table 1. Barriers to Optimal Health.

Level of Barrier	Barrier
Government/Child Welfare Agency	• Resource shortages • Lack of policies to oversee healthcare delivery • Lack of infrastructure to track outcomes • Lack of communication between child welfare and healthcare providers • Lack of understanding of children's healthcare needs
Foster Family	• Lack of access to critical medical information • May not be equipped to identify healthcare issues • May not be able to access healthcare system • Legal consent issues
Medical Providers	• Missing health data • Time constraints • Lack of training to recognize unique needs of children in placement • Little continuity of care • Insurance barriers

health conditions in their foster population included: ophthalmologic (35%), dermatologic (31%), allergic (22%), dental (17%), and physical growth (12%) problems. Asthma is one of the most significant chronic childhood diseases, effecting an estimated 6 million children nationwide (National Institutes of Health, 2007), and is the most common cause for pediatric hospitalization (Hellyer, Garrido, Petrenko, & Taussig, 2013). In the foster care system, estimates suggest that approximately 10% to 16% of children carry a diagnosis of asthma (Hellyer et al., 2013), with about 22% reporting general respiratory disease (Leslie et al., 2005).

In the early 1990's, being underweight was a significant problem for children in the foster system. However, more recently the prevalence of obesity has grown. In Utah between 2001 and 2004, the most prevalent medical condition of children in the foster care system was being overweight or obese (Steele & Buchi, 2008). The high rate of overweight/obese children in the foster care system continues to persist, following national trends of obesity (Deutsch & Fortin, 2015). Dental and oral disease also affects a disproportionate amount of children in the foster system, and is one of the most common reasons for referral to a specialist in children over age 3 (Steele & Buchi, 2008).

Adolescents represent a distinct segment of the foster care population and have unique healthcare needs. Adolescent health concerns are often related to experiencing multiple placements, high-risk sexual behaviors, and substance use (Kools, Paul, Jones, Monasterio, & Norbeck, 2013). Research suggests that there is a link between worsening health conditions and length of time in foster care, making adolescents who have been in the system highly vulnerable (Rubin, O'Reilly, Luan, & Localio, 2007). Foster care placement is associated with younger age of first intercourse, earlier age of pregnancy and greater number of sexual partners (Carpenter, Clyman, Davidson, & Steiner, 2001; Leslie et al., 2010). Girls who have been in foster care are more likely to have sexually transmitted diseases such as trichomonas, and boys are more likely to have both gonorrhea and chlamydia (Ahrens et al., 2010).

These high rates of chronic health problems affecting children in foster care may persist into adulthood. Higher rates of physical health conditions such as obesity and heart disease have been observed in adults who were part of the foster care system as children (Anda et al., 2006; Dregan & Gulliford, 2012). Failure to adequately address the health needs of children in the foster system contributes to long-term poor health outcomes (Dregan & Gulliford, 2012).

Table 1. Health issues related to lack of medical care.

Lapse in Care	Condition
Lack of routine dental care	• Dental carries • Cavities • Gingivitis
Lack of routine lab screening	• Missed cases of anemia • Undiagnosed lead poisoning • Missed high cholesterol levels
Lack of growth monitoring	• Significant proportion of children malnourished or obese
Lack of preventative care	• Missed vaccinations • Missed cases of sexually transmitted infections • Poor medication management • No vision or hearing screening

Currently, there are myriad practices and procedures in place across the county meant to address the gaps in care for foster children. The American Academy of Pediatrics (AAP) has identified this population of children as "Children with Special Healthcare Needs" (Council on Foster Care, Adoption, and Committee on Adolescence, 2015). The AAP recommended models such as foster care clinics, which provide initial assessments and recommendations, foster care medical homes, which provide continuing primary care to these children, and community preferred providers, who provide primary care through specially trained providers serving a larger geographical area (Greiner & Beal, 2017). The AAP also recommends child welfare agencies ensure proper storing and transfer of medical information, especially for children who undergo multiple placements. Strategies suggested for improvement of communication include the creation of patient medical passports and the uptake of guidelines that outline appropriate care for children in foster care. Over the years, the population of children in foster care continues to have significant physical health conditions when compared with their non-foster peers. Continued efforts to overcome barriers and provide coordinated effective health care is paramount to improving their health outcomes.

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