# Missed Opportunities: How Former Foster Youth are Struggling to Navigate the US Health System

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#### Limitations

▶ The information for this presentation comes from two exploratory studies with small sample sizes focused on individuals facing very unique circumstances. Information gathered does help to formulate an initial understanding of these populations, but should not be considered conclusive or generalizable. Additional studies looking at youth formerly in foster care and Preparing for Adult Living Program curricula across states are needed before firm recommendation can be made.



#### Youth in Foster Care<sup>1</sup>

- There are approximately 437,465 kids in US foster care
- ~25% reside in relatives ´ homes
- ~45% live in non-relative homes
- ~12% live in residential or group homes
- ~ 55% are in care for more than 1 year
- White (44%); Black (23%); Hispanic (21%)



### Mental and Physical Health<sup>2, 7-8</sup>

Increased likelihood of chronic health conditions, substance use, and behavioral/mental health disorders

More likely to be homeless (31%-46% were homeless at least once by age 26)

### Former Foster Youth

- Youth who have grown up in the foster system face significant challenges that may put them at a higher risk of having limited health literacy.
- Why might youth in foster care have a more difficult time reading, understanding, and applying health information?



## Compounding Problems Associated with Health Literacy among Young Adults Formerly in Foster Care<sup>9</sup>

High rates of mobility

► Low educational attainment

Fragmented care and incomplete or inaccurate health histories

Lack of preventative care (more often = "crisis care")

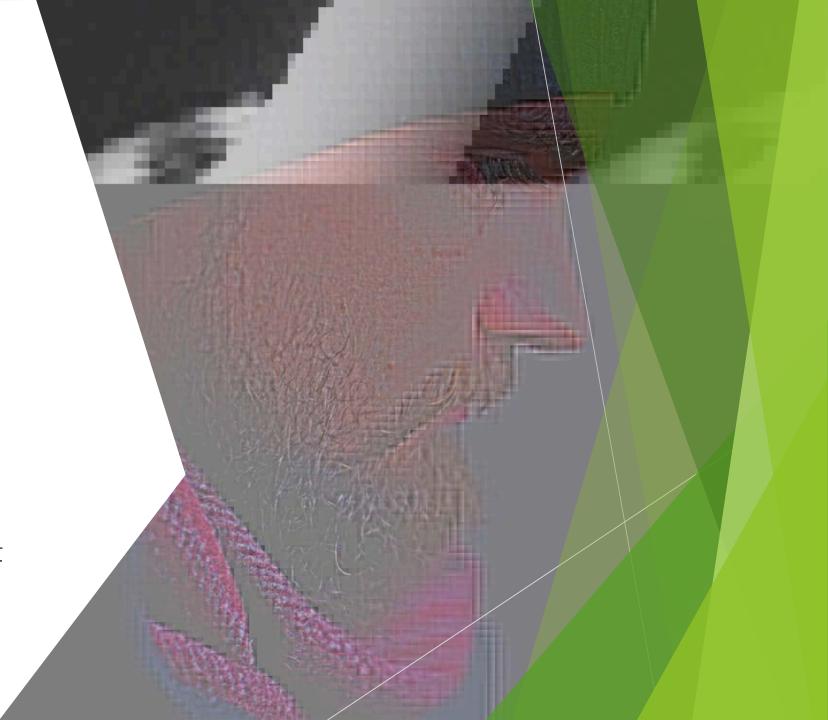
### "Aging Out" of Foster Care<sup>2-6</sup>

Lose some state supports

Lack familial support

Inadequately prepared for transition to adult living

High rates of unemployment and homelessness





### Youth Aging Out of Care in Texas

- Method/Procedures
  - Collaborate with a non-profit contracted with the state to provide PAL and aftercare services
  - Survey, assessment, and small focus groups with young adults who had aged-out of care (ages 18-26)
  - ► N=57 (female=54%)
  - ► 56% Hispanic/Latino and 14% Black

#### Results of the NVS HL assessment

- ~ 28% had adequate HL as per the NVS
  - > 7% lower than youth in residential care<sup>11</sup>, 4% higher than border youth<sup>12</sup>, and roughly equal to youth living in Guatemala City<sup>13</sup>
- Mean score on NVS was 2.91 (SD=1.78; range = 0-6)
  - 3.4 = English-speaking adults in English-language validation study<sup>10</sup>
  - ▶ 3.4 = English/French-speaking Canadian adults<sup>14</sup>
  - ► 3.6 = Computerized adaptation<sup>14</sup>
- The real story is not where they are at when they leave care, but rather their futures...<sup>15</sup>
  - ► 54.4% = 1 or more mental health diagnoses
  - Less than 2% obtain a bachelors degree
  - ▶ 1/3 living below poverty line

#### **Qualitative Themes**

- Many participants were not aware they had access to health coverage
  - ► I have health insurance?
  - Windshield
- Inconsistent Delivery
  - Coverage
  - Providers
- Difficult to Navigate
  - ► Hours with case workers on the phone, every time
- Frustrating
  - ► I want nothing to do with the system

### What about the PAL program?

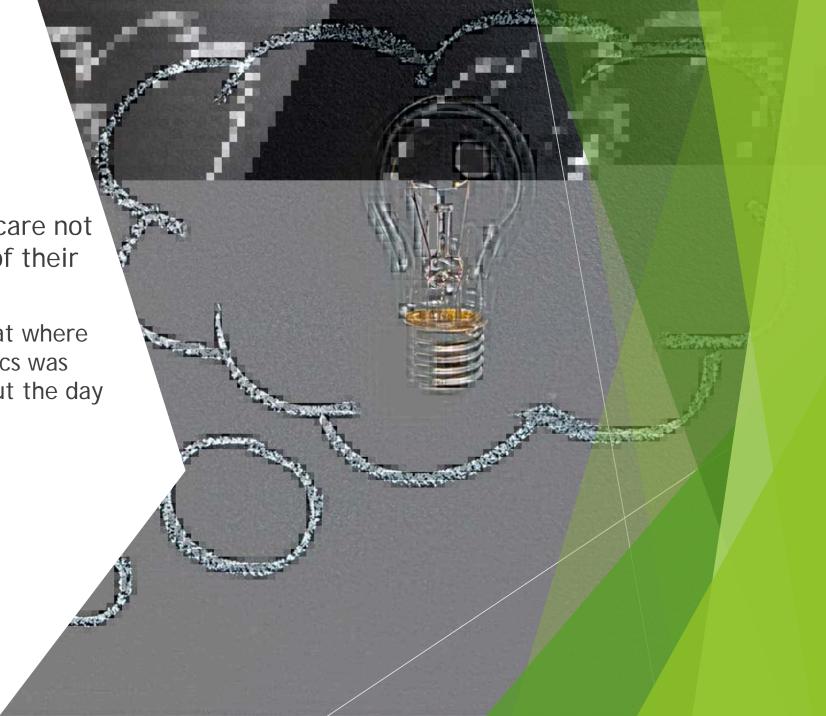
Why did youth aging out of care not feel prepared to take care of their own health?

Incentivized one-day retreat where information on various topics was dumped on them throughout the day

► How to write a check

► Eat fruits and vegetables

▶ Didn't remember anything



#### Preparing for Adult Living

Table 1. States divided by categories

Information Distribution	Number of States
No information provided	19
Training provided to youth	8
Services contracted out by county	7
Services provided on a case by case basis	9
Youth were referred to online health websites	7

- Inconsistency across and within states
  - Many states contract out aging-out programs
  - Others operate independently on a county-by-county basis
  - For the states that do have a statewide curriculum, limited emphasis was placed on critical health literacy.
- What are they being taught?
  - Sex Education and Healthy Eating
- Practically, the existence of a PAL program means very little

#### What now?

Incentivized aging out programs are great! Now let's work on the content and presentation.

Effective PAL programs are needed in every state.

Make Former Foster Care Medicaid user-friendly

Creative solutions: Pair doctors with youth as they age out of care.



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