The Barriers and Facilitators in Accessing Healthcare Services Among Foster Care Youth

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Introduction
Children and youth in the foster care system have higher rates of physical and mental health conditions as compared to children and youth not in foster care (Bass, 2014). Previous studies show that over half of foster children have at least one mental health disorder—such as depression, anxiety, and posttraumatic stress disorder (U.S. DHHS, 2007). Despite the evident need of medical treatment and care for this vulnerable population, most of their mental and physical conditions go unaddressed. Children in foster care often encounter barriers in accessing adequate and quality healthcare services to properly address their needs (Kerns et al., 2014).

Purpose
The purpose of this project was to examine systematically the literature related to the barriers and facilitators in accessing healthcare services among youth in foster care.

Methods
Study Design
• Systematic review in accordance with PRISMA and PROSPERO.
• Databases used: PubMed, Scopus, CINAHL
• Search terms: foster care AND children AND healthcare disparities/accessibility

Inclusion Criteria
• Research article examining barriers and facilitators for healthcare access
• Youth in foster care
• Study participants included youth in foster care, foster parents, and healthcare or professional personnel who work with foster youth
• All races and ethnicities of the target population
• Studies that examined barriers and facilitators for healthcare access for foster youth
• Articles published in peer-reviewed journals in the U.S. between 2010-2020

Study selection
• Two authors reviewed and screened all articles
• Title and abstract screen (n = 640 articles)
• Full text review (n = 99 articles)
• Eligible articles (n = 28 articles)

Results
Identified Barriers.
• Unstable foster care placement
  • Unstable foster care placement
  • Children living in congregate care
  • Children living in “other settings”
  • High rates of problems in relationships with people in current living situation and peer relationships
• Foster parent challenges
  • Foster parents left out of care/medical decisions
  • Differences between foster parent and youth in foster care
  • Foster parents’ competing needs
  • Parental risks (mental health or substance use problems)
  • Difficulty navigating the mental health system
  • Caring for a child with serious, chronic health problems
  • Foster caregivers refuse mental health services
• Health care system
  • Lost medical files
  • Communication issues
  • Inadequate systemic healthcare system
  • Lack of coordinated care
  • Differing opinions between interprofessional workers
  • Large caseload burden among social workers
• Inadequate healthcare services
  • Insufficient support and resources
  • Inadequate health education and resources
  • Difficulty obtaining health care services
  • Residing in a health provider shortage area
  • Difficulty obtaining mental health services without a mental health diagnosis
  • Delays in determining need for medical foster care (MFC)

Identified Barriers cont.
• Insufficient resources and support for foster parents
  • Transportation issues
  • Lack of support for foster parents
• Lack of holistic and individualized care
  • Lack of holistic care
  • Lack of individualized care
  • Difficulty establishing and engaging trust (foster youth)
• Clinic qualities
  • Clinic environment and location
  • Under-resourced health services
  • Clinic inconvenience
  • Difficulty understanding the provider
• Finances
  • Financial issues
  • Insurance not accepted
  • Uninsured
• Culture, beliefs, and race/ethnicity
  • Linguistic and cultural barriers
  • Racial/ethnic disparities
  • Stigma (on mental health illnesses)
  • Cultural differences due to different generations (foster parent vs. foster child)

Identified Facilitators
• Stable foster care/caregivers
• Foster parent/caregiver advocacy
• Resources and support
• Clinic environment and location
• Health care provider involvement
• Tailored health services
• Holistic care

Conclusions
Numerous barriers exist hindering appropriate healthcare access among youth in foster care. At the same time, facilitators have been noted which can aid youth seeking healthcare services. Findings suggest the need for multidimensional and multidisciplinary interventions to address all the needs, beyond their health needs, of this population. It is critical to gain the engagement and involvement of all professions working with youth in foster care to address adequately all social determinants. Future studies should direct efforts addressing barriers and facilitators and work to reduce health disparities and inequities in this vulnerable population.

Implications
Findings highlight the need for policies that promote evidence-based practices and trauma-informed interventions. These policies should incorporate the multiple disciplinary professions that work closely with youth in foster care and allow for more collaboration between those responsible for their healthcare access and utilization. More of comprehensive assessments and screenings for physical and mental health issues are needed in the clinical setting to foster quality and safe healthcare. Increasing resources, support, and training for foster care parents coupled with stability in foster care placement and healthcare providers can aid in the improvement of the health and wellbeing of youth in foster care.

References