STRONG CHILDREN'S RESEARCH CENTER

Summer 2012 Research Scholar

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ABSTRACT

Title: **Health Models for Foster Care: Benefits and Challenges**
A Descriptive Paper on Health Care Models for Children in Foster Care

Background:
Children in foster care are an especially vulnerable population. Often, these children have experienced maltreatment prior to entry into foster care. Subsequently, this population has disproportionately high rates of physical and mental health issues, developmental delays, and chronic conditions, even when factors of poverty and deprivation are accounted for. Attempts to meet the special health needs of foster care children, however, are complicated by courts, clinics, and welfare agencies that are not centralized, and the transient and unstable nature of foster care. The American Academy of Pediatrics recommends comprehensive health care for this vulnerable population, including more frequent medical visits o assess parent and caseworker needs, and developmental and emotional health. Several different health care models have evolved to address the more complex needs of patients in foster care. What is currently not known is how each of these different health care models function and the strengths/weaknesses of each. A collaborative learning project would be useful for discerning difficulties of care delivery from the provider perspective and providing insight into possible remedies.

Objective:
To evaluate the characteristics of existing health care models serving children in foster care.

Results:
We identified four distinct types of health care models that provide direct primary care or administrative oversight for children in foster care including: medical home sites (n= 4), evaluation sites (n=2), preferred provider sites (n=2) and nurse coordinator programs (n=1). The most often reported barriers to care were access to medical records, poor communication, and lack of resources or funding. Sites that had care coordinators, integrated electronic information systems, and/or integrated care reported less difficulty in providing care for this at-risk population.

Conclusion:
All health care models represented indicated difficulties in meeting medical needs of foster care children, with the most barriers emerging in the area of communication and cooperation between channels. Integration of services, coordination personnel and /or reduction of entry points can help streamline care delivery and reduce perceived difficulties for health care models.