

TABLE OF CONTENTS

Executive Summary.....	6
Overview	7
Recommendations	8
<i>Recommendation 1: OMH should support and advocate for the establishment of an office of minority health within the Administration on Children and Families (ACF).....</i>	8
<i>Recommendation 2: OMH should work with CMS to develop and distribute an ACA fact sheet that focuses on children in foster care.....</i>	9
<i>Recommendation 3: OMH should work with SAMHSA and ACF to ensure access to appropriate physical and behavioral health services and support for children in foster care.....</i>	10

**Addressing Health Disparities of Children of Color in Foster Care
Recommendation Report**

Advisory Committee on Minority Health

August 2013

Advisory Committee on Minority Health: Section 1707 of the Public Health Service Act, as amended, by the Minority Health and Health Disparities Research and Education Act of 2000, P. L. 106-525 authorizes the establishment of an Advisory Committee on Minority Health. The Committee also is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees. The Act directs the Advisory Committee on Minority Health to advise the DHHS, through the Deputy Assistant Secretary for Minority Health, on improving the health of racial and ethnic minorities and on the development of the program activities of the Office of Minority Health.

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Executive Summary

The focus of this report is on health disparities experienced by children in foster care. Recent literature shows that about 80 percent of children in foster care had significant health care needs such as chronic health conditions, mental health needs, and developmental concerns. Also, children of color are overrepresented in foster care compared to their white counterparts, and face major disparities related to cycling in and out of the system. It is essential to address their health care needs both while they are in the system and once they transition out of the system.

ACMH presents three recommendations on how the Office of Minority Health (OMH) and the Deputy Assistant Secretary of Minority Health (DASMH) can play a critical role in improving health conditions for children in the foster care system:

1. OMH should support and advocate for the establishment of an office of minority health within the Administration for Children and Families (ACF). This office would focus directly on the issues of disparities while continuing to address the health care challenges that foster care children face.
2. OMH should work with the Center for Medicare & Medicaid Services to develop and distribute a tailored Affordable Care Act fact sheet that focuses on children in foster care and benefits that they and their guardians can receive. Although First Focus published a fact sheet entitled Affordable Care Act Coverage for Youth Aging Out of Foster Care, it does not provide information specific to ethnic minority youth.
3. OMH should work with the Substance Abuse and Mental Health Services Administration (SAMHSA) and ACF to ensure access to appropriate physical and behavioral health services and supports for children in foster care. Currently ACF supports 25 technical assistance centers working with child welfare agencies to meet health care needs of foster children, one of which focused exclusively on children's mental health care needs. SAMHSA also funds a number of programs and services that affect children in foster care. These organizations should work more collectively and collaboratively towards addressing health equity issues for children in foster care.

Overview

The Advisory Committee on Minority Health (ACMH) is charged with advising the Deputy Assistant Secretary for Minority Health on ways to improve the health of each racial and ethnic minority group and Tribal Nation and developing goals and specific program activities of the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH). One of the priorities of the ACMH is to ensure that health care reform is implemented equitably, as embodied in H.R. 3950, *The Patient Protection and Affordable Care Act (ACA) of 2010* (P. L.111-148).ⁱ

A major function of ACMH is bringing forward critical issues that disproportionately impact minority communities. In the April 2012 ACMH meeting, committee members addressed health disparities of children in foster care, particularly children of color. By the end of 2007, there were nearly 500,000 children in foster care.ⁱⁱ Of these children, approximately 80 percent had significant health care needs such as chronic, health conditions, mental health needs, and developmental concerns. A number of studies indicate that children of color, particularly African American children, are overrepresented in the foster care population.ⁱⁱⁱ Although the number of African American children in foster care has decreased in the last 15 years (from 43% in 1998 to 31% in 2008), children of color are still overrepresented in foster care compared to their white counterparts.^{iv} These disparities in the foster care system exist for a number of reasons. Minority children are more likely to enter into foster care than are white children because mandated reporters (e.g., teachers and doctors) are more likely to report suspected maltreatment of children of color. Additionally, such professionals sometimes mistake cultural differences or the effects of poverty as signs of abuse or maltreatment. Children of color also are more likely to stay in the foster care system for longer periods of time as many states do not employ foster and adoptive parent recruitment efforts that reflect the ethnic and racial diversity of local foster children.^{iv}

As children of color face major challenges surrounding disparities in their entrance into and exit out of the foster care system, it is essential to address their health care needs both while they are in the system and once they transition out of the system. Recent studies underscore this need, with findings that 50 percent of children of color in foster care for a period of 18 months were considered to be in poor health.^v Children in foster care also were the most medically underserved population in the United States and had three to seven times more acute and chronic health conditions compared to poor or low-income children who were not in foster care.^v Hence, this report presents recommendations on how the Office of Minority Health (OMH) and the Deputy Assistant Secretary of Minority Health (DASMH) can play a critical role in improving health conditions for children in the foster care system. The following sources informed the recommendations: presentation at the April 2012 ACMH meeting by invited experts on foster care and health disparities;^{vi} presenters' supporting materials and recommendations submitted to ACMH; April 2012 meeting transcripts; and recent research literature.

Recommendations

Children of color in foster care are a particularly vulnerable population. Strategic policies are needed to address disparities and improve health outcomes for these children. ACMH proposes the following recommendations to address health equity issues for children in foster care:

1. OMH should support and advocate for the establishment of an office of minority health within the Administration for Children and Families (ACF);
2. OMH should work with the Centers for Medicare & Medicaid Services (CMS) to develop and distribute an ACA fact sheet that focuses on children in foster care; and
3. OMH should work with the Substance Abuse and Mental Health Services Administration (SAMHSA) and ACF to ensure access to appropriate physical and behavioral health services and supports for children in foster care.

Recommendation 1: OMH should support and advocate for the establishment of an office of minority health within the Administration for Children and Families (ACF)

To increase the visibility of the disproportionate representation of minority children in the foster care system, and to assure that there are culturally appropriate strategies designed for children in foster care, OMH should work with ACF to incorporate an office of minority health into the agency. This office would focus directly on the issues of disparities while continuing to address the health care challenges that foster care children face. An office of minority health within ACF also would assure that essential data collection and analyses on disparities are conducted.

Implementation Considerations

- **Build upon existing HHS efforts to establish offices of to address health disparities.** As mandated by the ACA, HHS is working towards strengthening infrastructure to reduce health disparities, promoting closer collaboration between operating and staff divisions to achieve a more coordinated national response to health disparities. To date, HHS has established offices of minority health in the following six agencies: Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and SAMHSA. HHS has also elevated the National Center on Minority Health and Health Disparities (now NIMHD) to an institute level at the National Institute of Health (NIH).^{vii} Collectively, HHS offices of minority health will work towards improving coordination of health disparity efforts across the department and building partnerships with public and private stakeholders. Key action steps for expanding existing efforts and establishing an office of minority health within ACF include:
 1. Enhancing collaborative work across HHS to avoid the creation of silos;
 2. Coordinating more effectively investments in research, prevention, and health care among HHS agencies and across the federal government; and

3. Aligning office core principles and functions with the goals, strategies, and actions presented in the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS Disparities Action Plan).
- **Engage in the HHS Health Disparities Council.** The directors of agency offices of minority health and senior staff in other key agencies constitute the HHS Health Disparities Council overseen by the Assistant Secretary for Health. The Council serves as the venue to share information, leverage HHS investments, coordinate HHS activities, reduce program duplication, and track progress on the strategies and actions of the HHS Disparities Action Plan. Key action steps include:
 1. Developing improved mechanisms to monitor and report on progress toward achieving the vision of the HHS Disparities Action Plan; and
 2. Facilitating public input and feedback on Departmental strategies and progress.

Recommendation 2: OMH should work with CMS to develop and distribute an ACA fact sheet that focuses on children in foster care

In order to make children in foster care and their guardians more aware of the benefits they can receive under the ACA, OMH should create a tailored fact sheet on this topic. Although First Focus published a fact sheet entitled Affordable Care Act (ACA) Coverage for Youth Aging Out of Foster Care,^{viii} it does not provide information specific to ethnic minority youth. Thus OMH could address gaps in information by incorporating additional information around increasing health equity in minority children and youth.

Implementation Considerations

Suggested topics to cover include the following information to increase access to health services for children and youth involved in the foster care system:

- All children enrolled in foster care will be automatically eligible for Medicaid coverage.^{ix}
- Effective January 1, 2014, states will be required to extend Medicaid coverage for young adults who have aged out of the foster care system while enrolled in Medicaid until they are 26 years old. This will affect the more than 20,000 youth who age out of foster care annually. Previously, federal law allowed states to extend Medicaid coverage past the age of 18, however most states discontinued coverage, which put young adults exiting foster care at greater health and financial risk.^{ix}
- Ultimately, these provisions are intended to give young adults exiting foster care the same opportunity as their counterparts may have continuing coverage under their parents insurance until age 26.^{ix}

Recommendation 3: OMH should work with SAMHSA and ACF to ensure access to appropriate physical and behavioral health services and support for children in foster care

OMH, SAMHSA, and ACF must improve health care for foster children to ensure that youth receive appropriate physical and mental health care services in a timely and comprehensive manner. Currently ACF supports 25 technical assistance centers working with child welfare agencies to meet health care needs of foster children, one of which focused exclusively on children's mental health care needs.ⁱⁱ SAMHSA also funds a number of programs and services that affect children in foster care. These organizations should work more collectively and collaboratively towards addressing health equity issues for children in foster care.

Implementation Considerations

In order to provide access to quality health care services, OMH, SAMHSA, and ACF should support efforts that:

- **Ensure continuity of care from the foster care system to community-based supports and services.** Providing early medical and social screenings for children and teens entering the foster care system and ensuring that foster parents (kinship and non-kinship) maintain continuity of health care and social services will facilitate a continuum of care. Additionally, health care records should follow foster children when they change placements. If possible, it also is important that children's birth parents or relatives in care be included in children's health care, as 70 percent of children in foster care return to their birth parents or family members.^x
- **Address challenges with the Medicaid system.** Although Medicaid is available to most children in foster care, challenges with this system, such as the lack of qualified health providers who are experienced with treating foster children and willing to treat them, should be addressed. Low reimbursement rates for Medicaid providers often serves as a barrier to obtaining quality medical care for foster children.^x
- **Provide local and culturally competent care to increase access to available, affordable, and acceptable health care.** In order to ensure that health care professionals are culturally responsive, child welfare agencies can train providers in culturally competent practices and also work with community agencies and health centers to develop a list of culturally diverse service providers.^v These providers should have a well-developed understanding of how cultural background affects beliefs concerning parenting, health, and behavior. Providers should also be linguistically diverse, which will allow them to effectively communicate with those seeking services and provide written materials in children's and families' primary languages.^x
- **Provide early intervention services.** Early intervention with birth families should serve as a preventive measure for abuse and harm that may lead to the child being removed from the home. Although, many jurisdictions choose to focus funding efforts on children already in the system, prevention strategies can be a proactive measure for building and strengthening vulnerable families, particularly in addressing risk factors that disproportionately affect families of color such as poverty and crime.^{xi} For instance, the

families in El Paso County, Colorado enrolled in the Temporary Assistance for Needy Families program are also offered services to address issues that might put children at risk for involvement in foster care, such as intensive in-home services for family members with substance abuse problems.^x

- **Employ evidence-informed assessment and service delivery practices.** The Illinois model of functional assessments is an example of a model that can be disseminated and implemented. ACF developed a model for an integrated functional assessment for children in foster care, with reassessment every six months or at every new placement. The state of Illinois, which has 20,000 children in care, is conducting a pilot with fidelity testing. The assessment database can provide profiles by age group or racial group. This is an important development for evidence-based practice. ACF also introduced three evidence-based interventions for different age groups (0-4 year olds, 5-11 year olds, 12 and older) in each of the HHS regions, across all states and jurisdictions. The implementation of these models depends on the current status of the child welfare system in each state; states with an increasing number of cases will not be able to do as much as states where the number of cases is decreasing.
- **Provide resources, time, and space for collaboration among community organizations serving foster children.** Programs within the systems that serve children in foster care, such as mental health, health, juvenile justice, and education organizations, must work collaboratively to meet children's needs. Strategies for collaboration include sharing financial resources, co-locating staff and service provisions, cross-system training, formal or informal agency agreements, and cross-agency planning teams.^x

ⁱ Office of the Legislative Counsel, *Compilation of the Patient Protection and Affordable Care Act*. May 2010. <http://docs.house.gov/energycommerce/ppacacon.pdf>

ⁱⁱ United States Government Accountability Office. *Foster care: State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children's Care*. 2009. <http://www.gao.gov/assets/290/285993.pdf>

ⁱⁱⁱ Chapin Hall Center for Children at the University of Chicago. *Racial Disparity in foster care admissions*. 2007. http://www.citizenreviewpanelsny.org/documents/chapin_hall_document.pdf

^{iv} Child Welfare Information Gateway. *Addressing Racial Disproportionality in Child Welfare*. 2011. https://www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/racial_disproportionality.pdf

^v Osbeck A. *Differences in Morbidity among Children in Foster Care and Non-Foster Care Children*. 2006. <http://soar.wichita.edu/xmlui/handle/10057/951>

^{vi} Carolyn M. Clancy, MD, Director, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; Regine Elie, EdM, Executive Director, Healthy Babies Project, Developing Families Center; Peggy A. Honoré, DHA, Director, Public Health System, Finance, and Quality Program, Office of Healthcare Quality, Office of Assistant Secretary for Health, U.S. Department of Health and Human Services; Cara V. James, PhD, Director, Office

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^{vii} U.S. Department of Health and Human Services. ***HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care***. Washington, D.C.: U.S. Department of Health and Human Services. April 2011. http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

^{viii} First Focus. *Affordable Care Act (ACA) Coverage for Youth Aging Out of Foster Care*. 2013. <http://www.firstfocus.net/sites/default/files/ACA%20Foster%20Care.pdf>

^{ix} The White House. *The Affordable Care Act Gives Parents Greater Control over Their Children's Health Care*. http://www.whitehouse.gov/files/documents/health_reform_for_children.pdf

^x Georgetown University Child Development Center & U.S. Department of Health and Human Services Health Resources and Services Administration. *Meeting the Needs of Children in the Foster Care System*. 2002. <http://gucchd.georgetown.edu/products/FCSummary.pdf>