



May Medical Ethics Newsletter Vol. 39

Written and Edited by: Kaitlynn Esemaya, Annique
McLune, and Anamaria Ancheta

Foster Care Health Disparities

Children living in foster care are one of the most medically vulnerable populations in the United States, with significantly higher rates of physical, behavioral, and chronic health conditions compared to the general population. Research has shown that yearly, nearly 1% of U.S. children spend time in foster care, with 6% of U.S. children placed in foster care at least once by their 18th birthday. Furthermore, continuous evidence demonstrates that these children face profound health disparities driven by pre-placement adversity, disjointed care during placement, and systemic barriers to accessing services.

According to research data from a retrospective observation study conducted by the Academy of Pediatrics, children in foster care experience two to three-fold higher rates of physical and behavioral health conditions compared to their Medicaid-enrolled peers, with behavioral health condition rates up to 8 times greater in certain age cohorts. The scope of these health disparities is present in areas such as neurodevelopmental disorders, chronic conditions, etc. During neurodevelopmental disorder evaluation, children often get diagnosed with fetal alcohol spectrum disorders, as there is an estimated 16.9% of children in foster care, with 80% of cases undiagnosed before foster care evaluation. In addition, chronic conditions assessment, more than 55% of children in foster care have chronic conditions when behavioral health is included.

These disparities persist into adulthood, with increased risks of psychiatric disorders, suicidality, and chronic disease. Addressing these disparities requires both clinical vigilance and systemic advocacy that highlights the involvement of foster care as a marker of vulnerability and a critical window of opportunity to connect children with the services they need earlier in their care.



Youth in foster care often face fragmented medical care, disrupting patient-provider relationships and ultimately the quality of care that they receive. Current and former foster care youth may greatly benefit from receiving an increase in not only preventative healthcare but also proactive care compared to what is typically recommended for the general population. What this would look like would be a strengthening in resources and training for patients, healthcare providers, foster parents, group homes, and caseworkers in hopes of improving access and quality of healthcare. Research focusing on chronic disease management for adults who have experienced adversity early in their lives often takes on a “one-size-fits-all” approach. Alternatively, these individuals should receive tailored care plans to aid in building patient-provider relationships and improving care.

The challenges that individuals in foster care experience are further complicated by racial and ethnic disparities. Unfortunately, Black children in foster care are less likely to receive preventative and routine care. Additionally, Black and Hispanic/Latino youth are less likely to access both inpatient and outpatient mental and behavioral health services. Children of color are overrepresented in the foster care system while also facing inequities in healthcare access and quality. When combined with the instability of foster care, these disparities often become even more pronounced.





Children in foster care often experience higher levels of trauma, such as child neglect or abuse, leading to familial separation. These traumatic experiences during childhood are considered adverse childhood experiences (ACEs) that have the potential to create long-term negative effects. Nearly all children in foster care experience at least one ACE, with many reporting experiencing six or more. As a result of this, more than half of the children in foster care meet the criteria for a mental health disorder. This level of trauma can interfere with the development of health coping mechanisms and behaviors, especially when compounded with challenges such as unstable housing, homelessness, exposure to violence, and household substance use or mental illness. These long-term effects have the potential to extend into adulthood. Research conducted by Bruska et al. suggests that women who were previously placed into foster care as children experience higher rates and are more vulnerable to psychological distress. These findings emphasize the need for trauma-informed and equitable care models that address the psychosocial and medical needs of foster care youth.

Children and adolescents in foster care often experience higher rates of chronic health conditions, mental health diagnoses, and behavioral and learning difficulties. Providers need to understand that these patients also experience high rates of trauma, including abuse and neglect, which impact their mental and physical health. Patients in foster care are not only more likely to be hospitalized but also experience longer lengths of stay. In order to provide comprehensive and coordinated care, the American Academy of Pediatrics recommends that patients in foster care be seen within 24 to 72 hours of their initial placement and continually for the first three months.

When caring for patients in foster care, it is important to recognize that they may present to visits with incomplete medical records and fragmented histories of care. In instances like these, it is important to utilize statewide databases for vaccinations and collect contact information for the foster parents and social workers who are supporting the patient. During each visit, providers should conduct mental and physical health evaluations that include discussion of psychosocial stressors such as school performance and adaptation to foster placement. As youth may be living in a new area, provider referrals for dental care and mental health counseling should be provided.

To improve the care of patients in foster care, providers can advocate for formal training that includes discussions on legal authority for consent, state child welfare laws, navigating missing medical records, providing community resources alongside social workers, and simulated patient interactions. Additionally, to address the complex physical and psychological trauma many patients in foster care experience, formal trauma-informed care training sessions can better equip providers with the tools necessary to engage with patients in a way that acknowledges the impact of trauma and creates an environment that emphasizes safety, trust, collaboration, and empowerment. To decrease the emotional and workload stress placed on social workers, providers can also encourage hospitals and clinics to build relationships with patient advocacy groups to better understand local community resources available to support patients and their caregivers.



Reflection Questions

- What are some preventative healthcare strategies that can be used to increase the healthcare quality for individuals who have experienced foster care?
- How can healthcare providers play an active role in establishing better patient-provider relationships with patients who have experienced foster care?
- What are some examples of health disparities affecting children in Foster Care?
- What role can physicians play in improving coordination between healthcare, social services, and community resources to better support youth in foster care?

Helpful Links

- [Medicaid | Improving Timely Health Care for Children and Youth in Foster Care](#)
- [NASHP | Resources to Help States Improve Health Care for Children and Youth in Foster Care](#)
- [Child Welfare Information Gateway | National Foster Care Month Resources](#)
- [American Academy of Pediatrics Council on Foster Care, Adoption and Kinship Care | Trauma Informed Care by the](#)
- [AAP | Pediatrician Guidance in Supporting Families of Children Who Are Adopted, Fostered, or in Kinship Care](#)
- [AAFP | Caring for Children in Foster or Kinship Care](#)

References

“About Adverse Childhood Experiences.” Centers for Disease Control and Prevention, 24 Sept. 2025, <https://www.cdc.gov/aces/about/index.html>.

Ahrens, Kym R et al. “Health outcomes in young adults from foster care and economically diverse backgrounds.” *Pediatrics* vol. 134,6 (2014): 1067-74. doi:10.1542/peds.2014-1150

Bruskas, Delilah, and Dale H Tessin. “Adverse childhood experiences and psychosocial well-being of women who were in foster care as children.” *The Permanente journal* vol. 17,3 (2013): e131-41. doi:10.7812/TPP/12-121

Collier, Caitlin. “Caring for Children in Foster or Kinship Care.” *American family physician* vol. 107,1 (2023): 13-14.
“Foster Care Statistics.” Christian Alliance for Orphans, 11 Mar. 2026, <https://cafo.org/foster-care-statistics/>.

Ivan S. “Mother and Son Sitting on the Couch.” Pexels, <https://www.pexels.com/photo/mother-and-son-sitting-on-the-couch-4624868/>.

Kaferly, James et al. “Health Differs by Foster Care Eligibility: A Nine-Year Retrospective Observational Study Among Medicaid-Enrolled Children.” *Academic pediatrics* vol. 24,7 (2024): 1092-1100. doi:10.1016/j.acap.2023.12.006

Kindel Media. “A Family Playing Together.” Pexels, <https://www.pexels.com/photo/a-family-playing-together-7979602/>.

Kindel Media. “A Woman Holding a Young Girl.” Pexels, <https://www.pexels.com/photo/a-woman-holding-a-young-girl-7977897/>

Leeloo The First. “Two Girls Holding Hands.” Pexels, <https://www.pexels.com/photo/two-girls-holding-hands-18515338/>.

Pavel Danilyuk. “Little Girl with a Plush Toy Received from a Couple Trying to Adopt Her.” Pexels, <https://www.pexels.com/photo/little-girl-with-a-plush-toy-received-from-a-couple-trying-to-adopt-her-8205055/>.

Quick, Christina, et al. “Integrated Healthcare for Youth in Foster Care: A Narrative Review.” *Journal of Pediatric Health Care* (2025).

Radney, Angelise, et al. “Racial and ethnic disparities in healthcare utilization among children in US foster care: Recommendations to challenge the status quo based on a scoping review.” *Children and Youth Services Review* 162 (2024): 107687.

Rosalie M. Sleppy, Breanna D. Watson, Pamela K. Donohue, Rebecca R. Seltzer; Caring for Hospitalized Children in Foster Care: Provider Training, Preparedness, and Practice. *Hosp Pediatr* September 2023; 13 (9): 784-793. <https://doi.org/10.1542/hpeds.2023-007138>

Turney, Kristin, and Christopher Wildeman. “Mental and Physical Health of Children in Foster Care.” *Pediatrics* vol. 138,5 (2016): e20161118. doi:10.1542/peds.2016-1118