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At Risk Young Adults: Healthcare Options During and After the Transition From Adolescence to Adulthood for Those Aging Out of the Foster Care System

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At Risk Young Adults: Healthcare Options During and After the Transition From Adolescence to Adulthood for Those Aging Out of the Foster Care System

Abstract

Approximately 20,000 of the 500,000 foster care children in the United States age out of social services each year (Yen, Hammond, & Kushel, 2009). These youth lack the family support systems that most young adults have. They rarely receive the health care services that other young adults receive because of a lack of health insurance. Government programs have begun to address the problem. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires states to help youth in their transition to adulthood and addresses many issues including healthcare. The Foster Care Independence Act of 1999 doubled the amount of money available to states to enhance independent living and educational assistance programs for young adults aging out of the foster system (Courtney & Dworsky, 2006). Even with such programs in place these young adults do not fare as well as those who have never been in out-of-home care.

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Background

Approximately 20,000 of the 500,000 foster care children in the United States age out of social services each year (Yen, Hammond, & Kushel, 2009). These youth lack the family support systems that most young adults have. They rarely receive the health care services that other young adults receive because of a lack of health insurance. Government programs have begun to address the problem. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires states to help youth in their transition to adulthood and addresses many issues including healthcare. The Foster Care Independence Act of 1999 doubled the amount of money available to states to enhance independent living and educational assistance programs for young adults aging out of the foster system (Courtney & Dworsky, 2006). Even with such programs in place these young adults do not fare as well as those who have never been in out-of-home care.

Purpose

To systematically and comprehensively review, analyze and synthesize empirical evidence that has been published from 2001 to the present regarding the transition of young adults as they age out of social service programs.

Research Questions

- What services and programs have been helpful to these youth?
- How do these young adults do during and after the transition to independent living?
- What more can be done to improve outcomes for this group of at-risk young adults?

Literature Search

- Key words for the search included: foster care, aging out, transition, adulthood, healthcare, insurance, housing, education, social services, interventions, and teen.
- This was a well-defined, comprehensive search strategy utilizing CINAHL, Medline, Psych NET, ERIC, and Social Work Abstracts.



Inclusion Criteria

- Published in the English language
- Research done between 2001 and 2013
- Published in a peer review journal

Exclusion Criteria

- Full-text primary source not available
- Subjects out of accepted age range (16-23)
- Subjects with no history of foster care

Hits by Database based on Keyword

	Healthcare	Foster Care	Aging Out	Adulthood	Insurance	Education	Transition
CINAHL	590	25	129	223	136	1,282	236
ERIC	1,262	800	114	1,961	719	311,599	6,433
Psych NET	625	51	53	24,680	132	5,426	558

Final Sample

- 8 publications
- Various interventions and outcome measures
- Many studies employed convenience sampling
- Most studies were conducted by psychology and social science professionals
- Most publications focused on the transition of youth in foster care from adolescence to adulthood and the difficulties that they faced

Systematic review, analysis and synthesis

- Systematically reviewed all articles
- Construction and analysis of literature matrix
- Subsequent focus on synthesizing all studies by analyzing data included in the literature matrixes

Limitations

- Sample sizes were limited
- Convenience sampling limits the reliability of results as the harder to reach youth may have had different struggles and outcomes
- Studies report associations and causation should not be inferred
- Specific geographical location for each study limit their generalizability as social service systems are set up very differently in different counties and states

Discussion/Conclusions

- Adults with a history of childhood foster care have higher prevalence rates of mental and physical health problems than those with no history
- A mental and physical health care delivery program that includes screening and treatment for youths who have had contact with the foster care system may decrease these individuals high prevalence of poor outcomes as adults
- There was a 60% decline in mental health service usage in the first month that young adults were discharged from foster care (McMillen & Raghavan, 2009)
- Young adults aging out of social service assistance programs are faring worse than their same-age peers who are still receiving assistance. 98.2% of those still in care have health insurance as compared to only 47.1% of those who had left care (Courtney & Dworsky, 2006).
- Young adults with a history of out of home care do not do as well as those who have never been in care. Healthcare, education, economic, and social issues are all factors for these young adults. Eighteen percent of former foster children were enrolled in a four year college as compared to 62% from a national sample. About 64% of former foster children had a high school diploma or GED as compared to 91% from the national sample.
- Housing circumstances have direct and indirect impacts on access to healthcare. Housing instability can impede the flow of information between social services staff and youth.
- Emerging adults experience repercussions of institutional life including the suspicion of authority and a mistrust of medical providers. There is evidence that adolescent foster children hide their issues in order to be left alone. These youth expressed a desire for more input into decisions about their own life. Not feeling included breeds feelings of distrust, frustration, and anger. They want help if it is actually useful and comes with no strings attached – the strings being judgments from helpers about them and their families (Quest, Fullerton, Geenen, Powers, & The Research Consortium to Increase the success of Youth in Foster Care, 2012).
- The Foster Care Independence Act in 1999 provided an option for states to extend Medicaid coverage for adolescents until 21 years of age. In 2007, only 18 states had implemented these eligibility expansions. Even in states that do provide coverage it can be hard to find providers close to home who accept Medicaid (Yen, Hammond, & Kushel, 2009).

Implications for Practice

- Healthcare providers and child welfare policymakers should fight to extend Medicaid eligibility to all youth transitioning out of foster care until at least age 21 in order to make healthcare accessible.
- Increased educational opportunities would enable these youth to make better healthcare decisions and obtain jobs to keep them out of poverty.
- Health care professionals need to work collaboratively with child welfare and other community partners to seek ways to provide these young adults access to healthcare, educational, and economic opportunities.
- Healthcare professionals should attempt to win back trust and empower these young adults through open, honest communication.
- The consistent presence of an adult mentor in the life of a youth can provide the support, guidance, and opportunity for reflection needed to set goals and take positive steps towards one's future.
- More specifically focused studies on education and healthcare access for this at-risk population need to be done.

References are available upon request