



Annotated Bibliography Foster Children in Maine

This bibliography represents a selective sampling of scholarly articles that explore the needs and issues related to oral health care for foster children. It is designed to inform and support the Children's Oral Health Network of Maine. The topics in the annotated bibliography span many different topics including the current oral health needs of children in foster care, current interventions, and training for healthcare providers on trauma-informed care.

The annotations created are concise and offer a preliminary overview and assessment of each source, while also highlighting how they are relevant to the needs and issues related to oral health care for foster children.

Overall, this annotated bibliography is part of a larger initiative to promote preventative oral health care among foster children in Maine and is a component of a bigger project to develop preventative, comprehensive oral health care among foster children in Maine. The findings presented in this document will serve to inform and promote discussions on the most effective oral healthcare practices for children in the foster care system.

This annotated bibliography includes:

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- [Specific Health Care Needs and Utilizations](#)
- [Interventions and Models of Health Care](#)
- [Policy and Systemic Analysis](#)
- [Case Studies and Qualitative Research](#)
- [Trauma-Informed Care](#)

Selected Resources – At a Glance

Overarching Studies on Foster Care and Health Care	
Article.	Ziller, E., Gressani, T., McGuire, C., Fox, K., & Chamberlain, K. (2012). Health Status, Service Use and Cost among MaineCare Children in Foster Care. <i>Improving Health Outcomes for Children Evaluation</i> , 39. http://digitalcommons.usm.maine.edu/healthpolicy/39
Article.	Melbye, M. L. R., Chi, D. L., Milgrom, P., Huebner, C. E., & Grembowski, D. (2013). Washington State Foster Care: Dental Utilization and Expenditures. <i>Journal of Public Health Dentistry</i> , 74(2), 93–101. https://doi.org/10.1111/jphd.12027
Article.	Bilaver, L. A., Havlicek, J., & Davis, M. M. (2020). Prevalence of Special Health Care Needs Among Foster Youth in a Nationally Representative Survey. <i>JAMA Pediatrics</i> , 174(7), 727. https://doi.org/10.1001/jamapediatrics.2020.0298
Article.	Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. <i>PEDIATRICS</i> , 136(4), e1142–e1166. https://doi.org/10.1542/peds.2015-2656
Specific Health Care Needs and Utilizations	
Article.	Palmer, M., Marton, J., Yelowitz, A., & Talbert, J. (2017). Medicaid Managed Care and the Health Care Utilization of Foster Children. <i>INQUIRY: The Journal of Health Care Organization, Provision, and Financing</i> , 54, 004695801769855. https://doi.org/10.1177/0046958017698550
Article.	Melbye, M., Huebner, C. E., Chi, D. L., Hinderberger, H., & Milgrom, P. (2012). A First Look: Determinants of Dental Care for Children in Foster Care. <i>Special Care in Dentistry</i> , 33(1), 13–19. https://doi.org/10.1111/j.1754-4505.2012.00312.x
Article.	Finlayson, T. L., Chuang, E., Baek, J.-D., & Seidman, R. (2018). Dental Service Utilization Among Children in the Child Welfare System. <i>Maternal and Child Health Journal</i> , 22(5), 753–761. https://doi.org/10.1007/s10995-018-2444-y
Article.	Sarvas, E. W., Eckerle, J. K., Gustafson, K. L., Freese, R. L., & Schlafer, R. J. (2021). Oral Health Needs Among Youth with a History of Foster Care: A Population-Based Study. <i>The Journal of the American Dental Association</i> , 152(8), 589–595. https://doi.org/10.1016/j.adaj.2021.03.008
Article.	Fisher-Owens, S. A., Lukefahr, J. L., Tate, A. R., Section on Oral Health American Academy of Pediatrics, Committee on Child Abuse And Neglect, Council on Clinical Affairs American Academy of Pediatric Dentistry, Ad Hoc Work Group on Child Abuse And Neglect, Krol, D., Braun, P., Gereige, R., Jacob, L., Karp, J., Flaherty, E., Idzerda, S., Legano, L., Leventhal, J., & Sege, R. (2017). Oral and Dental Aspects of Child Abuse and Neglect. <i>Pediatrics</i> , 140(2). https://doi.org/10.1542/peds.2017-1487
Article.	Kelly, S. E., Binkley, C. J., Neace, W. P., & Gale, B. S. (2005). Barriers to Care-Seeking for Children’s Oral Health Among Low-Income Caregivers. <i>American Journal of Public Health</i> , 95(8), 1345–1351. https://doi.org/10.2105/ajph.2004.045286
Article.	Carrellas, A., Day, A., & Cadet, T. (2017). Oral Health Care Needs of Young Adults Transitioning from Foster Care. <i>Health & Social Work</i> , 43(1), 22–29. https://doi.org/10.1093/hsw/hlx044
Article.	Greiner, M. V., Beal, S. J., Dexheimer, J. W., Divekar, P., Patel, V., & Hall, E. S. (2019). Improving Information Sharing for Youth in Foster Care. <i>Pediatrics</i> , 144(2), e20190580. https://doi.org/10.1542/peds.2019-0580
Interventions and Models of Care	
Article.	Negro, K. S., Scott, J. M., Marcenko, M., & Chi, D. L. (2019). Assessing the Feasibility of Oral Health Interventions Delivered by Social Workers to Children and Families in the Foster Care System. <i>Pediatric Dentistry</i> , 41(1), 48–51. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6392446/
Report.	Gray, C., & Fox, K. (2015). First STEPS Phase III Initiative: Improving Oral Health and Healthy Weight in Children Final Evaluation Report. <i>Improving Health Outcomes for Children (IHOC)</i> , 42. https://digitalcommons.usm.maine.edu/healthpolicy/42
Article.	Espeleta, H. C., Bakula, D. M., Sharkey, C. M., Reinink, J., Cherry, A., Lees, J., Shropshire, D., Mullins, L. L., & Gillaspay, S. R. (2020). Adapting Pediatric Medical Homes for Youth in Foster Care: Extensions of the

American Academy of Pediatrics Guidelines. <i>Clinical Pediatrics</i> , 59(4-5), 411–420. https://doi.org/10.1177/0009922820902438
News. Cambria, N. (2015, March 21). Cardinal Glennon Set to Open a "Medical Home" for Area Foster Children. <i>STLtoday.com</i> . https://www.stltoday.com/news/local/business/health-care/cardinal-glennon-set-to-open-a-medical-home-for-area-foster-children/article_ba9b4073-7738-59fb-85d7-7c3672e0e95b.html
Policy and Systemic Analysis
Policy Document. American Academy of Pediatric Dentistry. (2020). Policy on Care for Vulnerable Populations in a Dental Setting. <i>the Reference Manual of Pediatric Dentistry</i> . https://www.aapd.org/globalassets/media/policies_guidelines/p_vulnerablepopulations.pdf
Article. High, P., Donoghue, E., Fussell, J., Gleason, M. M., Jaudes, P., Jones, V., Rubin, D., & Schulte, E. (2012). Health Care of Youth Aging Out of Foster Care. <i>PEDIATRICS</i> , 130(6), 1170–1173. https://doi.org/10.1542/peds.2012-2603
Article. Landers, G., Snyder, A., & Zhou, M. (2013). Comparing Preventive Visits of Children in Foster Care with Other Children in Medicaid. <i>Journal of Health Care for the Poor and Underserved</i> , 24(2), 802–812. https://doi.org/10.1353/hpu.2013.0066
Case Studies and Qualitative Research
Article. Muirhead, V., Subramanian, S.-K., Wright, D., & Wong, F. S. L. (2017). How do Foster Carers Manage the Oral Health of Children in Foster Care? A Qualitative Study. <i>Community Dentistry and Oral Epidemiology</i> , 45(6), 529–537. https://doi.org/10.1111/cdoe.12316
Article. Espeleta, H. C., Bakula, D. M., Cherry, A. S., Lees, J., Shropshire, D., Domm, K., Ruggiero, K. J., Mullins, L. L., & Gillaspay, S. R. (2023). Caregiver Perceptions of the Pediatric Medical Home Model to Address the Health Services Needs of Youth in Foster Care. <i>Children and Youth Services Review</i> , 150, 106964. https://doi.org/10.1016/j.chilyouth.2023.106964
Trauma-Informed Care
Article. Brown, T., Mehta, P. K., Berman, S., McDaniel, K., Radford, C., Lewis-O'Connor, A., Grossman, S., Potter, J., Hirsh, D. A., Woo, B., & Krieger, D. (2021). A Trauma-Informed Approach to the Medical History: Teaching Trauma-Informed Communication Skills to First-Year Medical and Dental Students. <i>MedEdPORTAL</i> , 17(1), 11160. https://doi.org/10.15766/mep_2374-8265.11160
Article. Schilling, S., Fortin, K., & Forkey, H. (2015). Medical Management and Trauma-Informed Care for Children in Foster Care. <i>Current Problems in Pediatric and Adolescent Health Care</i> , 45(10), 298–305. https://doi.org/10.1016/j.cppeds.2015.08.004
Article. Barnett, E. R., Cleary, S. E., Butcher, R. L., & Jankowski, M. K. (2019). Children's behavioral health needs and satisfaction and commitment of foster and adoptive parents: Do trauma-informed services make a difference? <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 11(1), 73–81. https://doi.org/10.1037/tra0000357
Article. Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma Informed Child Welfare Systems—A Rapid Evidence Review. <i>International Journal of Environmental Research and Public Health</i> , 16(13), 2365. https://doi.org/10.3390/ijerph16132365
Article. Sullivan, K. M., Murray, K. J., & Ake, G. S. (2015). Trauma-Informed Care for Children in the Child Welfare System. <i>Child Maltreatment</i> , 21(2), 147–155. https://doi.org/10.1177/1077559515615961
Article. Connell, C. M., Lang, J. M., Zorba, B., & Stevens, K. (2019). Enhancing Capacity for Trauma-informed Care in Child Welfare: Impact of a Statewide Systems Change Initiative. <i>American Journal of Community Psychology</i> , 64(3-4), 467–480. https://doi.org/10.1002/ajcp.12375

Annotated Bibliography

Overarching Studies on Foster Care and Health Care Interventions

Health Status, Service Use and Cost among MaineCare Children in Foster Care

Ziller, E., Gressani, T., McGuire, C., Fox, K., & Chamberlain, K. (2012). *Health Status, Service Use and Cost among MaineCare Children in Foster Care. Improving Health Outcomes for Children Evaluation, 39.* <http://digitalcommons.usm.maine.edu/healthpolicy/39>

This report examines the health outcomes and associated costs for foster children who are enrolled in MaineCare. It highlights the use of the Pediatric Rapid Evaluation Program (PREP) in assessing health needs among these children. The researchers evaluated service usage and costs between foster children who had received PREP assessments compared to foster children who did not receive this comprehensive assessment. The study found that children who received the assessments had greater access to resources and incurred lower healthcare costs. These findings suggest that the PREP assessment could be linked to more efficient care management and better utilization of health resources. A more in-depth, longitudinal study should be conducted to establish causality and further understand the program's impact.

Washington State Foster Care: Dental Utilization and Expenditures

Melbye, M. L. R., Chi, D. L., Milgrom, P., Huebner, C. E., & Grembowski, D. (2013). *Washington State Foster Care: Dental Utilization and Expenditures. Journal of Public Health Dentistry, 74(2), 93–101.* <https://doi.org/10.1111/jphd.12027>

This article investigates dental care utilization and expenditures among foster children in Washington State. The researchers utilized 2008 Medicaid data for foster children for at least 11 months. The study involved the use of regression models to explore the influence of demographics and care settings on dental service use and costs. The findings revealed that less than half of the children received any dental care, with the mean expenditure being below \$200. Factors such as age, sex, race, disability status, type of placement, and urban/rural settings were significantly correlated with both service utilization and expenditures. The study highlights a substantial gap in dental care access for foster children. The article also emphasizes the importance of enforcing and adhering to federal mandates to ensure foster children are receiving appropriate dental care.

Prevalence of Special Health Care Needs Among Foster Youth in a Nationally Representative Survey

Bilaver, L. A., Havlicek, J., & Davis, M. M. (2020). *Prevalence of Special Health Care Needs Among Foster Youth in a Nationally Representative Survey. JAMA Pediatrics, 174(7), 727.*

<https://doi.org/10.1001/jamapediatrics.2020.0298>

This article explores the prevalence of special health care needs among foster youth. It provides critical insight into the many different health conditions that foster youth face. These include depression, behavioral disorder, developmental delay, and speech/language disorder. The researchers utilized a nationally representative survey to draw comparisons between children in foster care compared to those who are not. They found that foster youth have a higher incidence of special health care needs, including those related to physical, emotional, and developmental conditions. The article highlights the need for enhancing healthcare support for foster children and youth. This research is essential to understanding the full scope of the health needs of children in the foster care system.

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care

Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. *PEDIATRICS*, 136(4), e1142–e1166.

<https://doi.org/10.1542/peds.2015-2656>

This technical report by the American Academy of Pediatrics provides a thorough assessment of healthcare issues and challenges that children and adolescents in foster and kinship care face. The authors address the systemic barriers that hinder their access to health services, including oral health care. They describe how important it is that these vulnerable populations receive consistent and ongoing treatment.

They also stress the need to implement the medical home model to ensure that foster children have access to comprehensive and continuous care, emphasizing the role of healthcare professionals in addressing and recognizing the unique needs of this population. In addition, the report offers insightful information on how policies and practices could be improved to better address the medical requirements of children in foster and kinship care, particularly those pertaining to oral health services.

Specific Health Care Needs and Utilization

Medicaid Managed Care and the Health Care Utilization of Foster Children

Palmer, M., Marton, J., Yelowitz, A., & Talbert, J. (2017). Medicaid Managed Care and the Health Care Utilization of Foster Children. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 54, 004695801769855. <https://doi.org/10.1177/0046958017698550>

This article explores the implications of shifting foster children from traditional Medicaid to Medicaid-managed care. The authors analyzed the impact of managed care on the healthcare utilization of foster children. This study was the first to empirically investigate the transition from fee-for-service Medicaid to Medicaid-managed care. A difference-in-differences analysis of administrative Medicaid data from Kentucky was conducted. Using this research design helped them to isolate the causal effect of Medicaid-managed care on the healthcare utilization of foster children. They found that the transition could lead to reduced outpatient healthcare use among foster children, which is a vulnerable group. Their examination sheds light on the potential unintended consequences of managed care policies. This information can be used to make future healthcare policy decisions for foster children within the Medicaid program.

A First Look: Determinants of Dental Care for Children in Foster Care

Melbye, M., Huebner, C. E., Chi, D. L., Hinderberger, H., & Milgrom, P. (2012). A First Look: Determinants of Dental Care for Children in Foster Care. *Special Care in Dentistry*, 33(1), 13–19.

<https://doi.org/10.1111/j.1754-4505.2012.00312.x>

This article explores the determinants of dental care use and oral health among children living in foster care in western Washington State. Foster children are often in need of more intensive services than the general pediatric population or children who are poor. Many are also classified as children with special needs since they have high rates of chronic physical, developmental, behavioral, and emotional conditions that necessitate extensive care coordination. Researchers conducted 14 key informant interviews with health and social services professionals. Several determinants were identified like cultural and linguistic barriers, the reluctance of dentists to accept Medicaid for children, insufficient resources for caseworkers, a lack of federal funding for specialized dental care, inadequate health-record keeping, and a general lack of engagement for dental care among adolescents in foster care. Further studies are necessary to fully understand the oral health status and unmet dental needs of children in foster care.

Dental Service Utilization Among Children in the Child Welfare System

Finlayson, T. L., Chuang, E., Baek, J.-D., & Seidman, R. (2018). Dental Service Utilization Among Children in the Child Welfare System. *Maternal and Child Health Journal*, 22(5), 753–761.

<https://doi.org/10.1007/s10995-018-2444-y>

This article investigates the use of dental services by kids in the child welfare system, providing important information about the oral health requirements of this vulnerable population. The researchers used data from the National Survey of Child and Adolescent Well-Being to assess the dental care patterns of children in foster care. They found that many factors like age, race, and caregiver type impact the likelihood of children receiving dental care, which highlights the inequities and disparities within the system. The study also indicates the gaps in the delivery of dental health care and suggests the need for trauma-informed care approaches.

Oral Health Needs Among Youth with a History of Foster Care: A Population-Based Study

Sarvas, E. W., Eckerle, J. K., Gustafson, K. L., Freese, R. L., & Schlafer, R. J. (2021). Oral Health Needs Among Youth with a History of Foster Care: A Population-Based Study. *The Journal of the American Dental Association*, 152(8), 589–595. <https://doi.org/10.1016/j.adaj.2021.03.008>

This article describes a population-based study on the oral health needs of children and youth in foster care. Using data from the 2019 Minnesota Student Survey taken by fifth, eighth, ninth, and eleventh-grade students from public schools, they compared the youth that had a history of foster care to those who did not based on seven oral health indicators. They found that the study highlights how the foster care experience correlates with more self-reported oral health problems and less access to dental care. Children with a foster care background were more likely to report dental issues but were less likely to receive dental care. This suggests that there is a gap in the healthcare system for this vulnerable population. Their reliance on self-reported health statuses offers significant insights. This article is essential for understanding the unique challenges in dental healthcare delivery for current and aged-out foster children and youth.

Oral and Dental Aspects of Child Abuse and Neglect

Fisher-Owens, S. A., Lukefahr, J. L., Tate, A. R., Section on Oral Health American Academy of Pediatrics, Committee on Child Abuse And Neglect, Council on Clinical Affairs American Academy of Pediatric Dentistry, Ad Hoc Work Group on Child Abuse And Neglect, Krol, D., Braun, P., Gereige, R., Jacob, L., Karp, J., Flaherty, E., Idzerda, S., Legano, L., Leventhal, J., & Sege, R. (2017). Oral and Dental Aspects of Child Abuse and Neglect. *Pediatrics*, 140(2). <https://doi.org/10.1542/peds.2017-1487>

This article outlines the dental and oral health indicators of child abuse and neglect. It emphasizes the critical role that dental professionals play when identifying these indicators in children who may be affected. One of the most common oral health issues that could raise suspicion of abuse or neglect is physical abuse. More than half of child abuse cases involve craniofacial, head, face, and neck injuries. The oral health providers should examine all suspected victims of abuse or neglect, including children who are in state custody or foster care, for signs of oral trauma, caries, gingivitis, and other oral health issues. These conditions are more common in maltreated children than in maltreated children than in the general pediatric population. This article emphasizes the significance of dental health issues as a potential sign of abuse and the responsibilities of healthcare providers to recognize and report these cases. It is essential to be aware of signs of abuse and neglect, especially for those working within pediatric settings with foster children, since they may be at an increased risk of being neglected or abused.

Barriers to Care-Seeking for Children’s Oral Health Among Low-Income Caregivers

Kelly, S. E., Binkley, C. J., Neace, W. P., & Gale, B. S. (2005). Barriers to Care-Seeking for Children’s Oral Health Among Low-Income Caregivers. *American Journal of Public Health, 95*(8), 1345–1351. <https://doi.org/10.2105/ajph.2004.045286>

This article investigates the obstacles and challenges that low-income caregivers face when seeking care for children. The researchers used Medicaid records to identify utilizing and non-utilizing African American and White caregivers of Medicaid-enrolled children in Jefferson County, Kentucky. They mainly focused on examining factors that affect caregivers of diverse racial and ethnic backgrounds who do not seek preventative dental care for their Medicaid-enrolled children. They conducted 8 focus groups involving the caregivers and gathered information on key psychosocial and structural barriers, such as cultural attitudes, financial limitations, and challenges in accessing Medicaid dental providers. Their findings showed that there is a complex relationship between the caregiver’s education, educational attainment, health beliefs, and systemic hurdles that impede oral health care utilization. For example, they found that some children of certain racial/ethnic minorities, large families, and caregivers who have low educational attainment are most at risk for suboptimal dental care. This study provides crucial context for understanding the difficulties in facilitating adequate dental care for underserved populations, emphasizing the need for targeted interventions and policy reforms.

Oral Health Care Needs of Young Adults Transitioning from Foster Care

Carrellas, A., Day, A., & Cadet, T. (2017). Oral Health Care Needs of Young Adults Transitioning from Foster Care. *Health & Social Work, 43*(1), 22–29. <https://doi.org/10.1093/hsw/hlx044>

This article details oral health topics among young adults transitioning from foster care. The researchers utilized both quantitative and qualitative methods to determine the oral healthcare patterns, needs, and experiences of these individuals. The participants were alumni of the foster care system living in Michigan. The findings show that there are significant barriers to oral health care access, financial limitations, and a shortage of providers accepting Medicaid. Additionally, the authors highlight the significant impact of these barriers on the oral health outcomes of former foster youth, who often have untreated dental needs, which exacerbate their social and economic challenges. This study emphasizes the need for workforce development in the medical and oral health sectors.

Improving Information Sharing for Youth in Foster Care

Greiner, M. V., Beal, S. J., Dexheimer, J. W., Divekar, P., Patel, V., & Hall, E. S. (2019). Improving Information Sharing for Youth in Foster Care. *Pediatrics, 144*(2), e20190580. <https://doi.org/10.1542/peds.2019-0580>

This article describes an initiative to improve information sharing within the healthcare system for foster youth. The authors detail the creation, development, and implementation of a web-based portal intended to consolidate health data and enhance vaccination and screening programs. The research highlights the portal’s potential to enhance care outcomes for foster children by presenting evidence of its influence on healthcare coordination.

Interventions and Models of Health Care

Assessing the Feasibility of Oral Health Interventions Delivered by Social Workers to Children and Families in the Foster Care System

Negro, K. S., Scott, J. M., Marcenko, M., & Chi, D. L. (2019). *Assessing the Feasibility of Oral Health Interventions Delivered by Social Workers to Children and Families in the Foster Care System*. *Pediatric Dentistry*, 41(1), 48–51. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6392446/>

This study evaluated the potential for social workers to deliver oral health interventions to preschool-aged foster children, given the unique challenges this group faces when accessing dental care. The study involved interviewing 20 social workers and case worker assistants in Washington state who had at least one child under the age of 6 in their caseload. Their perspectives on oral health care risks and care accessibility for this vulnerable group were analyzed. The participants recognized the many challenges and systemic barriers involved with foster children accessing oral health care, like the scarcity of dentists accepting Medicaid and the inability of children to visit the dentist due to neglect, financial barriers, and a lack of dental insurance. The participants expressed confidence in their ability to deliver basic oral health care guidance during home visits. The study highlights the need for further research in order to implement practical interventions that social workers could perform to improve oral health outcomes among foster children.

First STEPS Phase III Initiative: Improving Oral Health and Healthy Weight in Children Final Evaluation Report

Gray, C., & Fox, K. (2015). *First STEPS Phase III Initiative: Improving Oral Health and Healthy Weight in Children Final Evaluation Report*. *Improving Health Outcomes for Children (IHOC)*, 42. <https://digitalcommons.usm.maine.edu/healthpolicy/42>

This report evaluates the outcomes of the First STEPS Phase III initiative which is aimed at improving pediatric care in primary care practices, with a focus on maintaining a healthy weight and promoting oral health. The program involves a plan-do-study-act framework to evaluate the modifications and changes made in clinical practice.

They found that there was an increase in provider confidence in managing weight issues in children and an increase in community connections, even though there were still challenges when implementing systematic oral health assessments and follow-up treatments for children with high BMIs. Data tracking and the use of the plan-do-study-act cycles were two of the quality improvement strategies used in the program, which contributed to its effectiveness.

This report offers insights into the challenges and complexities of incorporating preventative dental practices into primary care settings, like time constraints and reimbursement issues, and the need for comprehensive approaches to address childhood obesity.

Adapting Pediatric Medical Homes for Youth in Foster Care: Extensions of the American Academy of Pediatrics Guidelines

Espeleta, H. C., Bakula, D. M., Sharkey, C. M., Reinink, J., Cherry, A., Lees, J., Shropshire, D., Mullins, L. L., & Gillaspay, S. R. (2020). *Adapting Pediatric Medical Homes for Youth in Foster Care: Extensions of the American Academy of Pediatrics Guidelines*. *Clinical Pediatrics*, 59(4-5), 411–420. <https://doi.org/10.1177/0009922820902438>

This article details recommendations and adaptations that are necessary to implement the pediatric medical home model for improving the healthcare needs of youth in foster care, following the guidelines provided by the American Academy of Pediatrics. It emphasizes the multidimensional health needs, including oral health, of youth in foster care and presents a framework for integrating

specialized care strategies. One of the strategies suggested was to provide interdisciplinary care so that physical, mental, and social services can be provided together since children in foster care are at high risk of having complex health needs. The researchers also stressed the importance of creating personalized care plans, which would include all facets of health, and advocate for training for healthcare providers in trauma-informed care approaches.

The article offers a thorough overview of how the medical home model can be altered to meet the unique needs of foster children by highlighting the systemic and individual barriers they face. This will enhance and improve their overall health outcomes and facilitate a more seamless transition out of the foster care system.

Cardinal Glennon Set to Open a "Medical Home" for Area Foster Children

Cambria, N. (2015, March 21). Cardinal Glennon Set to Open a "Medical Home" for Area Foster Children. STLtoday.com. https://www.stltoday.com/news/local/business/health-care/cardinal-glennon-set-to-open-a-medical-home-for-area-foster-children/article_ba9b4073-7738-59fb-85d7-7c3672e0e95b.html

This news article provides an interesting account of the challenges foster parents encounter when obtaining the appropriate medical and dental care for their foster children. Medicare coverage limitations and the scarcity of oral health care providers who accept Medicaid are a few of the factors that make it difficult for foster parents to manage care for children with extensive healthcare needs. Dr. Timothy Kutz developed a "medical home" model at a hospital in St. Louis, which aims to overcome systemic gaps and offer comprehensive care. The interdisciplinary approach and its focus on creating consistent care pathways could make a big difference in enhancing the well-being of foster children.

Policy and Systemic Analysis

Policy on Care for Vulnerable Populations in a Dental Setting

American Academy of Pediatric Dentistry. (2020). Policy on Care for Vulnerable Populations in a Dental Setting. the Reference Manual of Pediatric Dentistry.

https://www.aapd.org/globalassets/media/policies_guidelines/p_vulnerablepopulations.pdf

This policy document from the American Academy of Pediatric Dentistry (AAPD), provides comprehensive guidelines for addressing the oral health needs of infants, children, and adolescents who are in vulnerable populations. Foster children are recognized as a vulnerable population due to their increased risk for oral health diseases. In the document, the AAPD provides a framework for pediatric dental professionals to address and approach the unique challenges presented by children in foster care. Some of the challenges they may face are limited access to dental care, nutritional deficiencies, and insufficient oral health education among caregivers. The guidelines are detailed and offer strategies for managing, treating, and preventing dental conditions. They also show how interdisciplinary collaboration is needed for comprehensive care to be provided for this vulnerable population.

Health Care of Youth Aging Out of Foster Care

High, P., Donoghue, E., Fussell, J., Gleason, M. M., Jaudes, P., Jones, V., Rubin, D., & Schulte, E. (2012). Health Care of Youth Aging Out of Foster Care. PEDIATRICS, 130(6), 1170–1173.

<https://doi.org/10.1542/peds.2012-2603>

This policy statement by the American Academy of Pediatrics explores the complex medical requirements of youth aging out of the foster care system. It highlights the unique health challenges they face, such as a higher prevalence of chronic illnesses, mental health issues, and substance use compared to non-foster children. They also acknowledge the systemic obstacles like the gaps in insurance coverage and the lack of comprehensive health and prevention education specifically

designed for this population. It emphasizes how important it is to have specialized care transition planning in order to enhance health outcomes and lower medical costs for them. This policy statement offers practical insights and suggestions to improve the healthcare transition for youth aging out of foster care, making it an essential resource for stakeholders in healthcare policy, child welfare, and advocacy.

Comparing Preventive Visits of Children in Foster Care with other Children in Medicaid
Landers, G., Snyder, A., & Zhou, M. (2013). Comparing Preventive Visits of Children in Foster Care with other Children in Medicaid. Journal of Health Care for the Poor and Underserved, 24(2), 802–812.
<https://doi.org/10.1353/hpu.2013.0066>

This article explores the disparities in preventative medical and dental visit rates between children in foster care compared to other Medicaid-enrolled children in Georgia. The researchers used logistic regression models to find that children in foster care were more likely to receive both annual health check screenings and dental visits compared to children who were in adoption assistance, Supplemental Security Income, and low-income Medicaid categories. The article highlights the significance of policy mandates for health examinations and checks when children enter foster care and reaffirms the necessity of routine health screenings for foster children. This article is useful for understanding how policies can influence the use of healthcare in foster care settings, which in turn, affects the oral health outcomes of these children.

Case Studies and Qualitative Research

How do Foster Carers Manage the Oral Health of Children in Foster Care? A Qualitative Study
Muirhead, V., Subramanian, S.-K., Wright, D., & Wong, F. S. L. (2017). How do Foster Carers Manage the Oral Health of Children in Foster Care? A Qualitative Study. Community Dentistry and Oral Epidemiology, 45(6), 529–537. <https://doi.org/10.1111/cdoe.12316>

This qualitative study explores the challenges and practices of foster carers in managing the oral health of children under their care. This includes how the foster family environment influences children's oral health. The study took place in Tower Hamlets, United Kingdom and interviews were conducted with foster carers. By conducting interviews, the authors explored the intricacies and nuances of delivering oral health care within the foster care system, which is a setting that is frequently characterized by the children's past experiences of neglect and inconsistent healthcare. The research highlights the commitment of foster carers to the children's welfare despite encountering challenges like resistance of children to follow dental hygiene routines and the complexity of navigating healthcare services. The findings also highlight the necessity of providing specialized, targeted support and training for foster carers to ensure they can successfully meet the oral health care needs of foster children effectively. The findings of the study will be crucial in shaping policy and creating practical interventions to enhance the oral health outcomes for foster children.

Caregiver Perceptions of the Pediatric Medical Home Model to Address the Health Services Needs of Youth in Foster Care

Espeleta, H. C., Bakula, D. M., Cherry, A. S., Lees, J., Shropshire, D., Domm, K., Ruggiero, K. J., Mullins, L. L., & Gillaspay, S. R. (2023). Caregiver Perceptions of the Pediatric Medical Home Model to Address the Health Services Needs of Youth in Foster Care. Children and Youth Services Review, 150, 106964.
<https://doi.org/10.1016/j.childyouth.2023.106964>

The article explores the perceptions of caregivers regarding the pediatric medical home model (PMH) as a way to address the complex health needs of youth in foster care. Researchers conducted a qualitative study involving interviews with 40 foster caregivers with a PMH located in an academic medical center in the Midwest. The results showed that caregivers value the PMH for its accessibility,

extensive resources, and ability to provide continuous care, which is important since foster children often come from backgrounds of trauma and instability. Caregivers also preferred healthcare models that prioritize trauma-informed care and models that are well-coordinated with child welfare services. By emphasizing how tailored PMH models could increase the level of engagement and involvement in healthcare services and improve the health outcomes for foster youth.

Trauma-Informed Care

Brown, T., Mehta, P. K., Berman, S., McDaniel, K., Radford, C., Lewis-O'Connor, A., Grossman, S., Potter, J., Hirsh, D. A., Woo, B., & Krieger, D. (2021). A Trauma-Informed Approach to the Medical History: Teaching Trauma-Informed Communication Skills to First-Year Medical and Dental Students. *MedEdPORTAL*, 17(1), 11160. https://doi.org/10.15766/mep_2374-8265.11160

This article describes an instructional module for first-year medical and dentistry students that aims to include trauma-informed treatment into the curriculum. The authors created a curriculum that highlights the importance of detecting and effectively reacting to patients' trauma histories, which is especially important for foster children who have greater incidences of trauma. The educational intervention would involve role-playing activities, reflective exercises, didactic instruction, and discussions to help student improve their abilities to elicit a trauma history and how to respond sensitively to patient concerns. This material is essential for learning/incorporating trauma-aware practices in healthcare education and improving treatment for vulnerable populations such as foster children.

Schilling, S., Fortin, K., & Forkey, H. (2015). Medical Management and Trauma-Informed Care for Children in Foster Care. *Current Problems in Pediatric and Adolescent Health Care*, 45(10), 298–305. <https://doi.org/10.1016/j.cppeds.2015.08.004>

This article discusses an integrated approach to medical and dental treatments for foster children, emphasizing the relevance of trauma-informed care techniques. The authors analyzed and examined the exposures and experiences of children in foster care, as well as how they might impact both their physical and emotional health. Medical professionals can use this information to address the special requirements of this vulnerable group by providing guidelines for initial health screenings, complete health evaluations, and guidance. The trauma-informed care approach also includes conversations on how trauma can influence numerous areas of health and development, which is important for oral health professionals who may frequently treat children with complex trauma histories.

Barnett, E. R., Cleary, S. E., Butcher, R. L., & Jankowski, M. K. (2019). Children's behavioral health needs and satisfaction and commitment of foster and adoptive parents: Do trauma-informed services make a difference? *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), 73–81. <https://doi.org/10.1037/tra0000357>

In this study, the authors investigate the important role trauma-informed care plays in the foster care system, especially how these services affect the satisfaction levels of the foster and adoptive parents when trauma-informed services are provided. The researchers performed a statewide survey to analyze the effects of trauma-informed child welfare and mental health services on the negative impacts of children's behavioral health needs. According to the findings, improved trauma-informed mental health care for foster parents is associated with better satisfaction and commitment, which could moderate the stress caused by children's behavioral health difficulties. These findings highlight the necessity of providing high-quality trauma-informed mental healthcare in order to enhance the foster care experience and outcomes for children.

Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma-Informed Child Welfare Systems—A Rapid Evidence Review. *International Journal of Environmental Research and Public Health*, 16(13), 2365. <https://doi.org/10.3390/ijerph16132365>

This article compiles evidence on the use of trauma-informed care in the child welfare system. It describes an evaluation of 21 studies analyzing methods and their efficacy at the state/regional organizational and agency levels. The results show that there were positive outcomes from trauma-informed care training for staff and the establishment of trauma-focused programs, showing possible advantages for children in the welfare system's mental and emotional well-being, reducing caregiver stress, and increasing placement stability. Even though there were limitations of the research design, this evaluation provides early data supporting the usefulness of trauma-informed care in child welfare settings.

Sullivan, K. M., Murray, K. J., & Ake, G. S. (2015). Trauma-Informed Care for Children in the Child Welfare System. *Child Maltreatment*, 21(2), 147–155. <https://doi.org/10.1177/1077559515615961>

The National Child Traumatic Stress Network's trauma-informed parenting workshop program for foster, adoptive, and kinship caregivers is evaluated in this article. The study, which included 159 different resource parents, assessed changes in caregiver knowledge and ideas on how trauma-informed parenting has changed over time. The findings revealed substantial gains in knowledge and self-efficacy in parenting traumatized children following the session, as well as high levels of patient satisfaction. The study emphasizes the need for trauma-informed treatment in child welfare and the success of the workshop.

Connell, C. M., Lang, J. M., Zorba, B., & Stevens, K. (2019). Enhancing Capacity for Trauma-informed Care in Child Welfare: Impact of a Statewide Systems Change Initiative. *American Journal of Community Psychology*, 64(3-4), 467–480. <https://doi.org/10.1002/ajcp.12375>

This article evaluates the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT). This is a multi-year program that has the goal of improving the capacity of the child welfare system for trauma-informed treatment. It employs a multifaceted strategy that includes workforce development, trauma screening, legislative reform, increased access to evidence-based therapies, and targeted assessments. The study uses statewide stratified random sampling of child welfare staff to measure changes in system capacity over a five-year period. Significant gains in the capacity to deliver trauma-informed treatment suggested the efficacy of a comprehensive, system-wide strategy. This study is important to the field of child welfare and trauma-informed care since it provides evidence for the effectiveness of systematic interventions to improve trauma-informed practices in child welfare settings.