

# Will positive interventions on our foster care system decrease adulthood mental illness and transiency?

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3014.0: Design and Evaluation of Intervention for Special Populations,  
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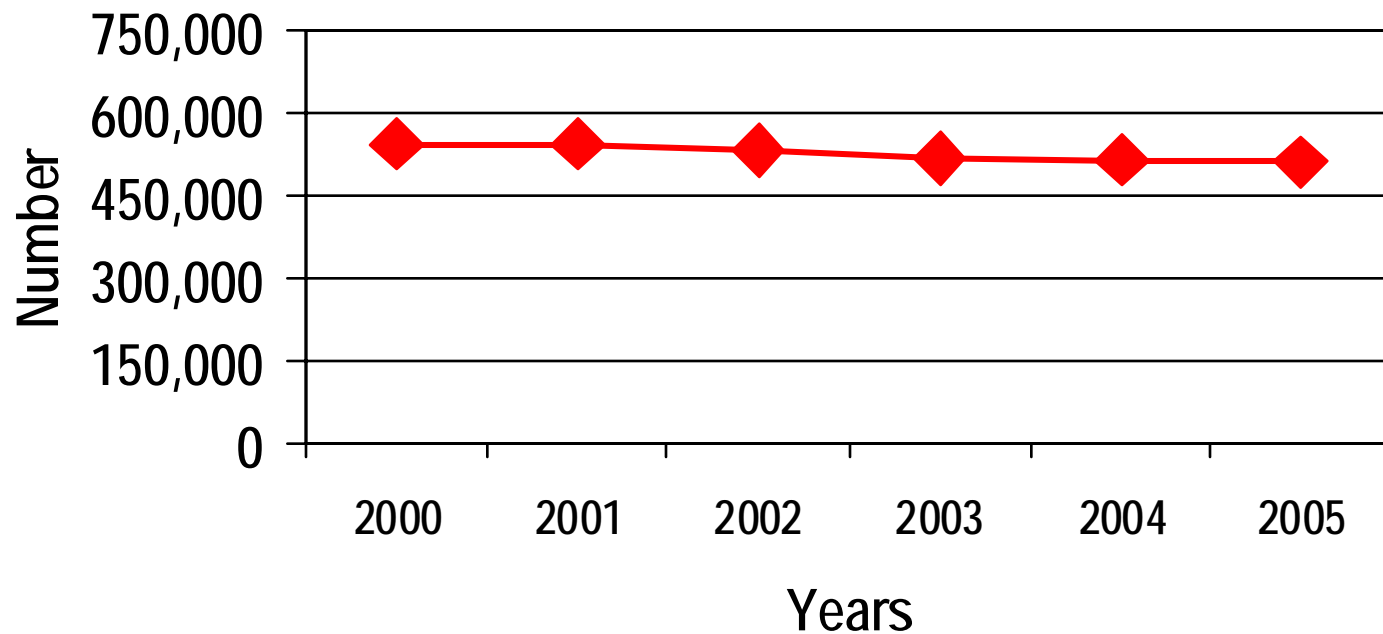
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California Policy Research Ctr  
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# Background

## Adoption and Foster Care Analysis and Reporting System (AFCARS)

In Foster Care on Last Day of Year



# Background

## Some Associations: Homelessness and Foster Care

Homeless parents with  
Substance Abuse/Mental Health  
Problems



Children living in  
out-of-home and foster  
placements

Aged-out of Foster  
Care or Group Homes



Homeless Youth/Adults

Childhood Foster Care



Homeless Adults



# Other Background

## Attachment Theory

- Ability to form relationships
- Sense of self

## Life course

- Legacy of trauma and illness
- Environmental influences



# Research Question

Are *childhood* histories of foster care associated with *adulthood*:

- mental health problems;
- problems with daily function; or
- transiency?



## Methods

### California Health Interview Survey (CHIS)

- largest statewide survey
- designed to make population-based estimates
- 42,000 households - 34,508 adults using RDD
- contains a rich array of variables including whether the respondent had ever been “removed from the home by the state, county or court as a child”



# Methods

## Sampling Design of CHIS Data Set

- multi-stage sample design - 41 geographic sampling strata, random digit dialing selection of households, within household an adult, age 18 or over
- interview was conducted in five languages including Spanish in 2003



# Methods

## Survey

- variables include many domains: physical, mental and oral health; services access and use; health behaviors; health insurance; employment and income history; public program use; neighborhood and housing; demographics
- average survey took 33 minutes to complete
- 60.0% completion rate of the 55.9% screener rate
- Weights created for multistage sampling design





# Results

## Demographics by History of Childhood Foster Care

	HX Foster Care (n=1180)	No HX Foster Care (n=33,320)
Gender - Male	49.1%	51%
Age<35 Years <sup>***</sup>	41.2%	33.1%
Ethnicity/Race <sup>***</sup>		
African-Am/Black	12.5%	7.7%
Latino	17.3%	18.1%
White	55.9%	63.4%
No HS Diploma <sup>***</sup>	24.0%	11.9%
Income <100% FPL <sup>***</sup>	22.6%	9.7%

Percentages weighted

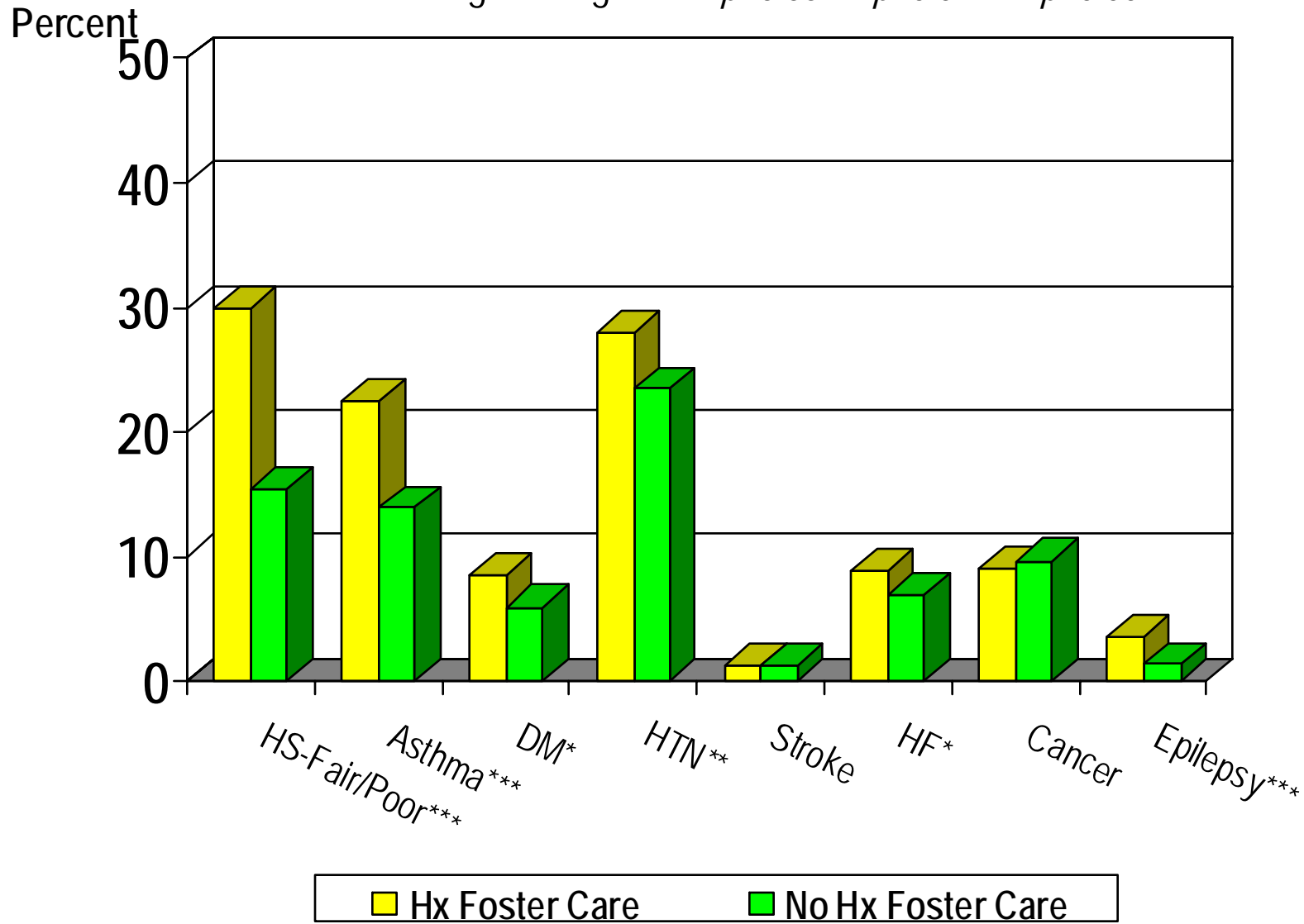
<sup>\*\*</sup> $p < 0.01$

<sup>\*\*\*</sup> $p < 0.001$



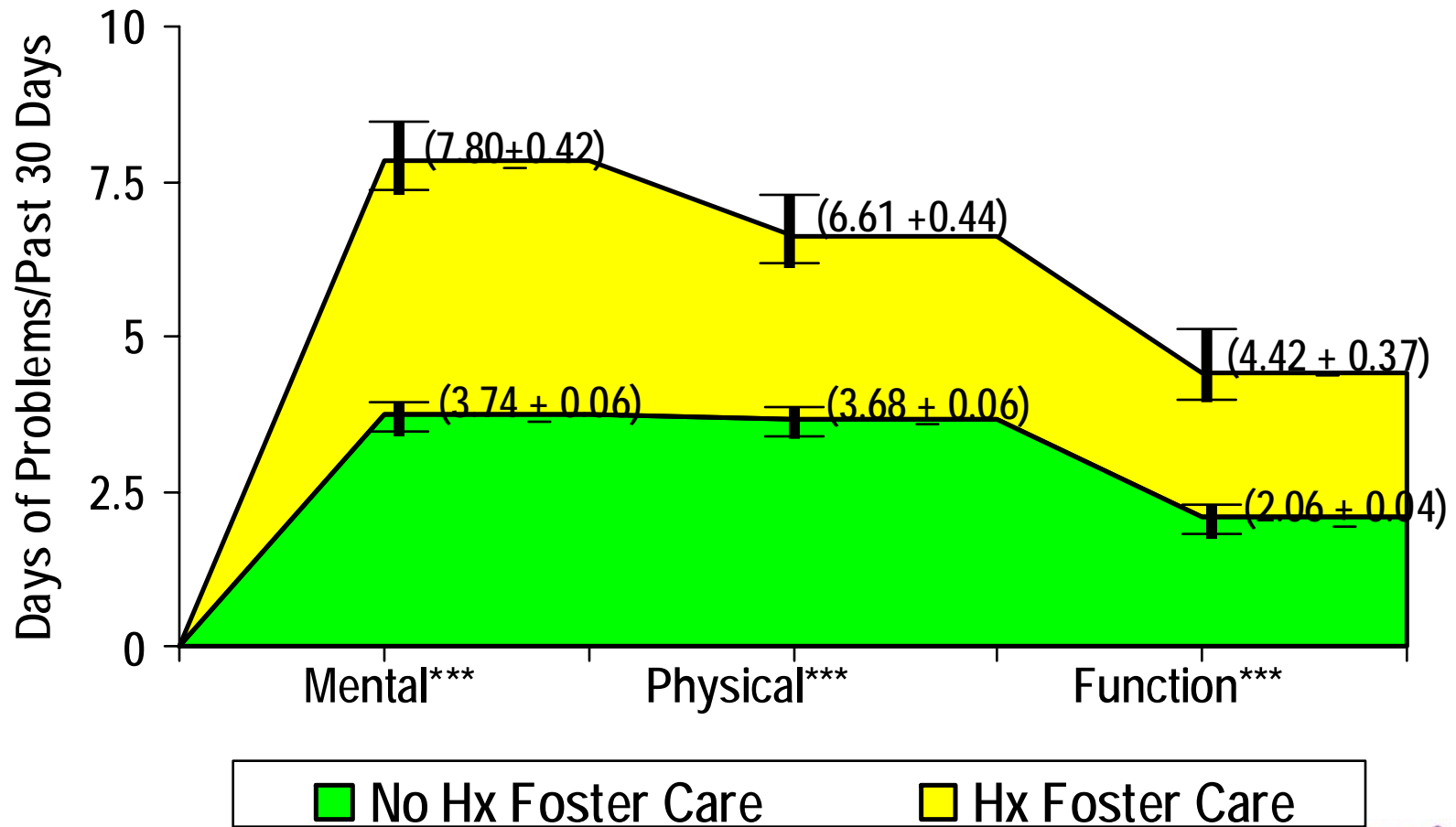
# Results – Morbidity by Hx Childhood Foster Care

Percentages weighted \* $p < 0.05$  \*\* $p < 0.01$  \*\*\* $p < 0.001$



# Results

Days Experienced Problems in Past 30 Days (means  $\pm$  SD)

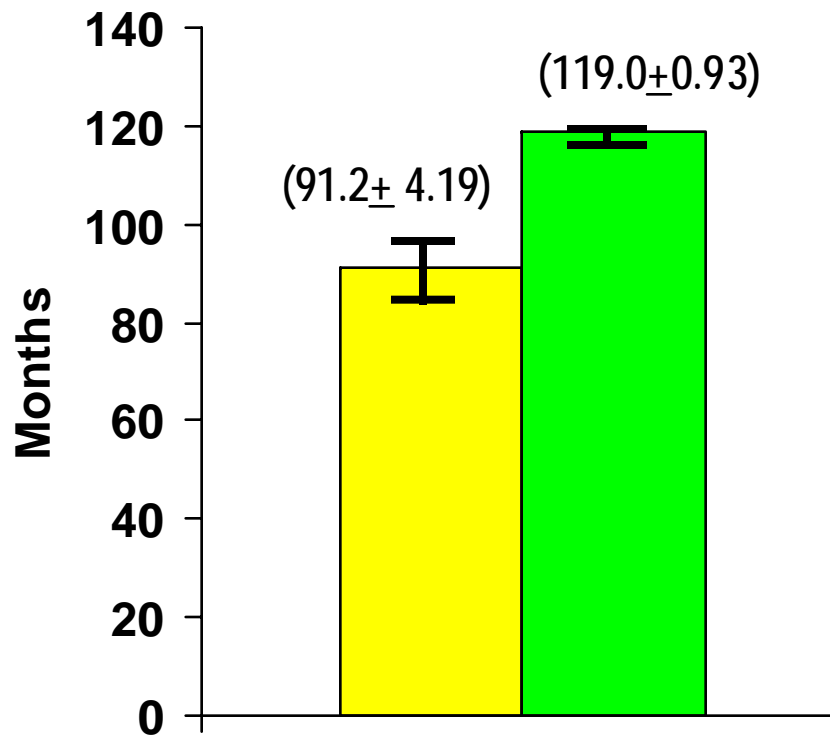


Percentages weighted \*\*\* $p < 0.001$



# Results

Months Living in Same Address  
(means and standard deviations)



-  Hx Foster Care
-  No Hx Foster Care

Percentages weighted \*\*\* $p < 0.001$



## Results - Logistic Regression Models

	Mental Health Problems/30 d	Function Pr MH/ Physical H/30 d	At Address <12 months
Foster Care	1.71 (1.44-2.02) <sup>***</sup>	1.50 (1.70-1.77) <sup>***</sup>	1.65 (1.31-2.08) <sup>***</sup>
<b><u>Demographics</u></b>			
Age>35 yrs	1.54 (1.43-1.66) <sup>***</sup>	1.02 (0.94-1.11)	3.54 (3.15-3.97) <sup>***</sup>
Male	0.59 (0.55-0.63) <sup>***</sup>	0.71 (0.67-0.77) <sup>***</sup>	0.82 (0.74-0.92) <sup>***</sup>
White Race	1.08 (1.01-1.16) <sup>*</sup>	1.19 (1.10-1.30) <sup>***</sup>	1.35 (1.19-1.53) <sup>***</sup>
<b><u>Social/Econ.</u></b>			
<High School	1.11 (0.98-1.25)	1.07 (0.94-1.22)	0.96 (0.79-1.16)
Married	0.67 (0.63-0.71) <sup>***</sup>	0.71 (0.66-0.76) <sup>***</sup>	0.79 (0.71-0.89) <sup>***</sup>
Health Ins.	0.80 (0.72-0.89) <sup>***</sup>	0.96 (0.85-1.07)	0.75 (0.64-0.87) <sup>***</sup>
< 100% FPL	1.30 (1.15-1.47) <sup>***</sup>	1.37 (1.21-1.56)	1.49 (1.26-1.77) <sup>***</sup>

$p < 0.05^*$   $p < 0.01^{**}$   $p < 0.001^{***}$



# Conclusions

- The trauma associated foster care is not addressed in childhood, resulting in adulthood mental health and physical manifestations.
- Histories of childhood foster care may be linked to transiency. Coupled with the early trauma of childhood foster care, and continuing mental and physical sequelae, it is not surprising to find the relationships between childhood foster care and adulthood homelessness.
- History of being in childhood foster care may be functioning as a sentinel event.



## Some Study Limitations

- Survey - self-report - RDD
- No information on duration of foster care, age when respondent entered foster care, experience in foster care (e.g., number of foster care placements, quality of foster care placements)
- Cross - sectional study design



# Practice and Policy Implications

- Mental health evaluation and treatment needs to be provided to all children entering the foster care system in the US.
- During the history portion of a comprehensive health examination, the practitioner needs to inquire if the child/youth/adult has had a childhood history of foster care.

