

Equitable Healthcare for Youth and Young Adults

Recommendations and solutions for youth-serving providers, health care professionals, and policymakers to improve at-risk youth & young adults' healthcare experiences and outcomes

Access to healthcare is crucial for young people to achieve stability, overcome obstacles, excel in education and the workforce, and thrive as adults. Despite this, many of Texas' at-risk or systems-impacted youth and young adults (YYA) face many challenges with accessing care and youth-friendly health education and resources, making it difficult for them to ensure their health needs are met.

With support from Episcopal Health Foundation, TNOYS sought to understand and address the challenges YYA face by listening to and learning from hundreds of young people and the professionals that serve them. This brief summarizes our findings and recommendations for policies and practices to ensure stronger, healthier futures for Texas' most vulnerable yet resilient youth and young adults.

Understanding Health Access for Vulnerable YYA

Each year, thousands of YYA ages 10-26 are impacted by or at-risk of experiencing systems such as child welfare, housing and homelessness services, and juvenile and criminal justice. The events that trigger their systems involvement, as well as their interactions with those systems, are often traumatic and have long-term physical and mental health consequences. Moreover, YYA who experience one system are more likely to be involved in many during the journey to adulthood, exposing them further to traumatic experiences that can jeopardize their health.

The unique circumstances of these young people present challenges for service providers, policymakers, and advocates to address, and in no arena is this more true than healthcare.

Systems-impacted and at-risk YYA face a range of health barriers that too often set them on a path to poor health outcomes, including:

- Access barriers which make it practically difficult for YYA to obtain healthcare. This includes the steep cost of medications, medical services, and insurance. Limited transportation options may also be considered an access barrier, as many YYA do not have access to a car, live outside of walking distance to medical offices, or cannot take off work to attend an appointment.
- Knowledge barriers which make it challenging for YYA to navigate the healthcare system. YYA may be unfamiliar with processes, medical terminology, and how to interact with medical providers and professionals. YYA also lack awareness of their medical history and have limited access to records to make fully-informed medical decisions.¹
- Interpersonal barriers which make YYA hesitant to engage with medical professionals due to general distrust of adults in positions of authority,² cultural stigma against treatments such as vaccination or mental healthcare, and traumatic experiences and encounters while receiving medical care.

The impact of these barriers on YYAs' healthcare behaviors and outcomes include:

- Not seeking out preventative care, including immunizations, dental care, and blood tests,
- Not addressing diagnosed or symptomatic healthcare issues until emergency room visits are necessary, and
- A higher prevalence of obesity, sexually transmitted infections and diseases, physical and sexual abuse, mental health issues, substance abuse disorders, and chronic conditions.³

TNOYS' Recommendations Across Policy, Practice, and Partnership

This brief presents a vision of a healthcare system in which the barriers that YYA face are well-understood, YYA feel heard and that their needs are considered, and YYAs' health outcomes improve dramatically. The following recommendations are informed by nine listening sessions that TNOYS hosted with 110 youth-serving providers and four listening sessions with 73 YYA, as well as by peer-reviewed research. Although this brief calls upon data and testimonies from at-risk and systems-involved YYA, the recommendations are also applicable for serving Texas YYA generally.

To ensure a holistic approach to the health and well-being of Texas YYA, TNOYS recommends interventions in our healthcare system at three levels:

1. *Practices* which healthcare organizations and youth-serving providers can implement unilaterally.
2. *Partnerships* in which healthcare professionals and their YYA patients make decisions together.
3. *Policies* which aim to create systems-level change.

The objectives of these recommendations are to:

- Remove the barriers young patients encounter in accessing healthcare.
- Educate YYA about the healthcare system and empower them to make decisions about their healthcare.
- Develop strong youth-adult partnerships that counter feelings of discomfort and distrust with the healthcare system and adults.
- Address the needs of each young person as an individual and expand availability of the most crucial healthcare services for YYA who are vulnerable to systems-involvement.

1. Getting in the Door — Improving Accessibility to Care

With healthcare costs ever increasing, expenses like insurance or paying medical bills are too often far beyond YYAs' means. YYA who are systems-involved or at-risk are frequently without employer-sponsored or parental insurance, or they have not received information about affordable options for which they may be eligible. When YYA go without health insurance, they tend to forgo essential preventative care, prescriptions, and crucial medical appointments simply because those necessities are out of reach financially.

I would have health appointments scheduled to get my medication, but then I had to figure out how to get off of work. My fear was being without a job and being homeless. So I would reschedule, putting my health on the backburner. I also wasn't able to take my medication at the prescribed time because of work, and I was struggling with insomnia and already not getting enough sleep at the time. It got to the point where I went off on everybody and an officer had to take me to the hospital where I was able to finally get some rest, eat a regular portion of food, and be monitored."

– Montoya, Age 27
TNOYS young adult partner

Moreover, many YYA report missing medical appointments because of transportation expenses, the prospect of lost wages, or even losing their job due to missing work. When they do miss appointments, many opt to find a new doctor to avoid paying a fee for the missed appointment. Consequently, many delay necessary care and miss the opportunity to establish a vital relationship with a healthcare provider. Public transportation infrastructure is also a factor: many YYA report that options in their area are limited and/or cumbersome to navigate, creating additional obstacles to accessing healthcare.

The combination of high costs, inflexible scheduling, and limited public transportation lead to many YYA only receiving the care they need when facing a crisis. Although YYA understand the importance of preventative care, they feel that their only option is to wait until a health condition becomes serious enough to warrant a visit to the emergency room. More needs to be done to ensure YYA can get preventative care and address their health concerns so that fewer manageable issues spiral into emergencies. TNOYS recommends the following:

Practice

- Reserve appointments on a practice's schedule for potential "urgent" last-minute bookings by YYA clients to prevent missed appointments due to scheduling.
- Provide transportation support by offering bus, rideshare, or taxi vouchers, thereby removing the cost of transportation, time-intensive bus transfers, or the need to navigate a new bus line. This will result in fewer cancellations and no-shows and can build goodwill with the client.
- Make healthcare more convenient by offering mobile or satellite clinics in the places YYA already are such as transit hubs, schools, workplaces, and community institutions.

Partnership

- Ask clients about the difficulties they experience attending appointments and strategies to support them. Consider steps the practice can take to act on these recommendations, such as offering late-night or weekend hours or creating a mobile clinic.
- Help clients with Medicaid in using their insurance benefit of transportation to and from appointments.
- Make telemedicine options available to those who prefer it.
- Ensure any referrals made to specialists accept the patient's insurance. Work with YYA to find a specialist with whom they will be comfortable and who is accessible to them.

Policy

- Expand access to health insurance for young people who cannot access their parents' insurance.
- Continue to increase broadband accessibility programs to expand access to telehealth.
- Within public transit systems, create low-fare/no-fare options for low-income YYA, foster youth, and homeless youth.

2. Knowledge is Power — Empowering YYA in their Healthcare Journey

Healthcare can be confusing for everyone, but particularly for YYA who have not benefited from the guidance of supportive adults in navigating the system. Among YYA who have health insurance, TNOYS frequently hears that they do not know how to use it, find doctors that accept their plan or insurance type, or estimate the ultimate cost of their care. Young adults who aged out of foster care acknowledged learning how to use insurance but had other, more pressing challenges at the time and were unable to put this knowledge to use. Furthermore, significant life disruptions (such as transitioning out of systems) make it extremely difficult for YYA to keep track of important medical records, creating a critical gap in their personal medical awareness.

Finally, systems-involvement often prevents young people from having agency over their day-to-day lives, which can cause them to be ill-prepared or ill-equipped to make healthcare decisions. By providing young people with foundational health information and coaching them to take ownership of their healthcare decisions, providers can empower YYA in their healthcare journey.

Practice

- Ensure the young patient is centered in discussions about healthcare needs and treatment options, not their medical consentor. Use simple, age-appropriate language.
- Healthcare and youth service providers should support YYA and their families with navigating insurance, enrolling/re-enrolling in Medicaid, CHIP, and other health insurance programs, selecting in-network providers, and determining healthcare costs in advance.
- Provide support to YYA with tracking their medical history. Help them consider low-lift, secure solutions with technology they already use (such as their phones, email apps, Google Drive, etc).⁴
- Medicaid health plan providers should update their in-network provider lists with greater frequency.

Partnership

- Support YYA as they work to identify a specialist to meet their needs; help them to identify providers that accept their insurance.
- Educate YYA about the fundamentals of healthcare, including managing physical and mental health as well as dental and vision care, navigating insurance, and the importance of preventative care. Consider providing information in multiple formats such as classes, videos, pamphlets, 1-on-1 discussions, etc.
- Support YYA in compiling their medical history. Walk them through the process of requesting records and transfer available health records to them as possible.⁵
- Inform YYA of their legal rights to privacy in relation to their parent/guardian/caseworker and be clear about the healthcare provider's obligations in reporting or sharing their information.⁶

“Transitioning into adulthood can be very difficult for young people without any guidance. I needed help retrieving medical records and just learning how to make doctor’s appointments.”

– TNOYS Young Adult Leadership Council (YALC) member

I went through a lot in my time in foster care. All I wanted or needed was someone patient enough to give me time to adjust and accept my situation.

– TNOYS YALC member

3. A Different Systems-Involvement Experience — Overcoming Discomfort and Distrust

When helping YYA access healthcare, tasks such as navigating the system and understanding their insurance are only part of the challenge; building trust with healthcare providers is equally essential. Conversations with YYA reveal that young people tend to be wary of

healthcare providers because they often do not have trusting or respectful relationships with other adults in their lives. An effective healthcare provider-patient relationship is often in stark contrast with YYAs' experiences in systems because it requires the YYA to be vulnerable with an adult and provides them with a safe space to discuss "taboo" topics and their own identity.

To build a foundation of trust and mutual respect, it is critical to listen to YYA, demonstrate sensitivity to their trauma histories with consistency, and answer the YYAs' questions. Building trust can be strenuous: YYA report frustration with doctors asking intimate questions, only to demonstrate later that they do not remember the previous conversations. Such missteps can result in patients grouping doctors with "all the other adults" who do not listen and who the YYA do not trust. Further, it is important to be cognizant of and responsive to the relationships YYA patients have with the adults in their lives — for example, YYA in foster care report discomfort opening up to doctors when foster parents or caseworkers are in the room. Trusting relationships with YYA are key to their healthcare success and their retention as patients.

Practice

- Healthcare clinics should focus on improving bedside manner to build trusting relationships with YYA. Institute ongoing training, evaluation, and standardization of interpersonal communication to support providers in communicating with YYA and building trust.⁷
- Proactively reach out to and follow up with clients to encourage return/follow-up visits, explain test results, and address concerns.
- Reach out to YYA in partnership with community institutions that have established trust with them. These may include churches, community centers, service providers, etc.
- Market medical practices as specializing in treating YYA and any other applicable special populations (LGBTQ+-affirming, trauma-informed, etc.)
- Train all staff serving YYA in trauma-informed care such as Trust-Based Relational Intervention (TBRI®).
- Ensure medical practice staff are familiar with the specific confidentiality rights that depend on YYAs' circumstances. For example, the caseworker of a young person experiencing homelessness may not be entitled to the same information as a young person's foster parent. Advise a patient of their ability (or lack of ability) to consent to treatment on their own. As possible, create a private space for YYA to discuss their medical concerns separate from adults.

Partnership

- Take time with YYA to determine the best physician match for them based on their preferences in gender, values, and style.
- Provide survivors of trauma with a safe space. Allow patients to share about experiences of trauma in their own time and be mindful of victim-blaming. Watch for potential triggers and avoid retraumatization.

- Take thorough patient visit notes and review those notes prior to new appointments. Remembering details — especially anything personal or vulnerable — about a YYAs’ history and interests helps to build trust, whereas forgetting those details can be alienating.
- Prioritize client comfort. Check in with patients to gauge discomfort with the subject matter being discussed. Be prepared to adjust your approach, answer questions, and explain why a discussion topic is important.
- Understand the YYAs’ preferences and comfort for information-sharing, decision-making, and privacy regarding the adult(s) that accompany them to an appointment. For example, ask how the young person feels the adult(s) should be involved. Encourage or ask adults to leave the room to allow the YYA to be more open with their questions and answers. Do not speak about the patient to a medical consentor as though the young person is not in the room. In telemedicine circumstances, ask, “Are you in a place where you can talk openly?”
- Proactively, but respectfully, raise sensitive health topics such as the young person’s mood, relationship with parents or caregivers, possible substance use, or sexuality.⁸ Utilizing a tool to open up discussions, such as the A Safe Environment for Every Kid (SEEK) questionnaire, can be effective and ensure a comprehensive assessment by every provider.⁹

Policy

- Make trauma-informed care training such as TBRI® available to healthcare providers.

4. Critical Healthcare Gaps — Key Treatment Areas and Discussion Topics for YYA

Three areas — sexual health, family planning, and mental healthcare — present significant challenges due to cultural stigma, insufficient investment, and gaps in education. In listening to and learning from YYA, TNOYS found that these factors frequently intersect, adversely impacting how YYA seek and access resources. For example, stigma and inadequate mental health and sexual health education disconnect YYA from services that can address other health needs. Furthermore, limited investments in these areas, coupled with ongoing political conflicts, have consistently hindered access statewide.

The family circumstances of YYAs and the availability of health access and information within their families can also shape YYAs’ future health outcomes. For example, a parent’s substance use may result in their child experiencing instability, poverty, trauma, and even systems-involvement. Conversely, a young person who can model healthy behavior from a parent and engage in age-appropriate conversations will be better equipped in their own health journey. It is essential to recognize that family support and education are equally vital preventative measures when combined with direct support for young people themselves.

TNOYS’ listening sessions uncovered the impact of these factors on YYA and the specific interventions that may benefit them. YYA report:

- Being overdiagnosed and misdiagnosed, as well as being over-prescribed medication, making them not feel like themselves.
- Wanting to learn what “mental health” is earlier and how they could support their own mental health.
- Wishing for more mental health support and services while systems-involved and to prevent going into systems.

- Having a hard time staying on needed medications because of life disruptions, like switching foster homes, aging out of care or leaving home and not knowing how to maintain contact with a doctor for their prescription.
- Wishing they had an adult in their life that they trusted to discuss sex. YYA wish they received more comprehensive information about reproductive health, safe sex, and healthy relationships. YYA stress that learning earlier could have enabled them to avoid consequences like unwanted pregnancy and STDs.

A quick survey of available data demonstrates the magnitude of their negative health disparities:

- Without appropriate treatment and support, young adults facing mental health challenges are more likely to become involved in various systems and potentially become more deeply entrenched within systems they are already part of. For instance, in 2019, 39% of young people referred to juvenile probation departments in Texas had identified mental health needs, 18% had substance abuse issues that were known but untreated, and 17% had both mental health and substance use challenges occurring simultaneously. The situation is even more concerning for those who are committed to state-secure facilities, where 75% of the youth in the state's care have been diagnosed with psychiatric conditions, and 56% are prescribed psychotropic medications.
- 20% of YYA involved in child welfare nationally are sexually active by age 13, compared to 8% of the general population.¹⁰ More than half of teen girls who age out of Texas foster care or are in extended care become pregnant before they turn 20.¹¹
- 14% of 13-15-year-old girls experiencing homelessness nationwide experience pregnancy, versus 1% of non-homeless girls.¹²
- YYA who report sexual activity and sexual risk-taking are more likely to report experiencing homelessness.¹³
- YYA experiencing homelessness are at high risk of commercial sexual exploitation (CSE) or sex trafficking and often engage in survival sex (exchanging sex for food, money, a place to sleep, or drugs).
- YYA ages 14-24 experiencing homelessness are 6-12 times more likely to become infected with HIV than their peers.¹⁴

Practice

- Make sexual education available within a medical practice, and/or partner with trusted community organizations. Provide information in multiple formats: classes, videos, pamphlets, etc. and include foundational information such as human sexuality, healthy relationships and consent, safe-sex practices, and biological/medical aspects of sexual health.
- Keep on hand a referral list for mental health providers and therapists whom YYA can seek out for additional support. Listed providers should understand the needs of YYA, accept Medicaid, and be identified as to whether they provide trauma-informed, culturally-competent, or LGBTQ+ affirming care.
- Healthcare professionals should be trained in a validated, evidence-based sexual exploitation screening tool. TNOYS recommends the Commercial Sexual Exploitation-Identification Tool (CSE-IT) because it effectively filters out user bias, is geared for YYA ages 10 and over, and it is quick and easy to use.
- Make free contraceptives and period products readily accessible to patients.

Partnership

- Youth services professionals should help YYAs' families navigate healthcare decisions and insurance as necessary.
- Provide sexual health information and ask nonjudgmental questions relating to sexual history or health with consideration for and affirmation of the client's sexuality and gender identity.
- Discuss contraception options with patients. Make pragmatic recommendations that acknowledge their potential to experience life disruptions. For example, contraception methods that require diligence and regularity (such as oral contraceptives) may not be well-suited for YYA whose lives are prone to significant change.
- Recommend using appropriate, pragmatic sexual healthcare interventions such as PrEP and regular STI testing, and direct clients to free/low-cost resources to do so.
- Provide pregnancy care, or make referrals to specialists with a specific eye to the barriers and needs of young, systems-involved mothers. These may include a lack of a support system, limited transportation access, limited funds to purchase supplies like diapers and baby food, inability to take time off work, and cost of care.
- Explain the importance of mental healthcare and normalize therapy as part of regular self-care.
- Discuss patients' current mental health diagnoses and medications to assess each patient's sentiment. For example, do they understand and agree with their diagnoses? Do they feel their medication benefits their mental health? Do they take their medication as prescribed? Is there a need for re-diagnosis?
- Ask YYA if they have questions around sexual health, mental health, and how they practice self care and promote their mental health.
- Stress to patients the importance of consistently taking medications, communicating with a provider regarding changing dosages, and not "self-medicating" or ceasing taking medications because they "feel better." Discuss strategies to maintain access to medications amid life changes.

Policy

- Create a school mental health allotment for school districts to provide supports for positive student mental health and student well-being, as well as connect students to appropriate, early mental health interventions.
- Provide all foster youth and homeless youth with sex education and education on prevention of sex trafficking and sexual violence at their school.
- Explore regulatory and policy changes to lessen the burden on mental health and youth service providers serving clients with Medicaid.

Conclusion

YYA who have experienced or are at-risk of systems-involvement face unique healthcare challenges. The events that trigger their systems-involvement and their interactions with those systems are often traumatic and have long-term physical and mental health consequences. Moreover, TNOYS' research shows that knowledge, access, and interpersonal barriers are often more difficult for these young people to navigate and overcome than their peers.

Stakeholders such as youth-serving providers, healthcare professionals, and policymakers all play a role in strengthening the health outcomes of Texas youth and young adults. After listening

to and learning from dozens of YYA and providers, TNOYS recommends strategies to remove barriers to healthcare access, connect YYA with key healthcare knowledge, and overcome distrust and cultural stigma. TNOYS also recommends interventions in three critical areas — sexual health, family planning, and mental healthcare — that present complex challenges and require additional attention.

It is critical for youth-serving professionals, healthcare professionals, and policymakers to make changes and work together to truly meet the health and behavioral health needs of young people. An important first step is listening to and learning from YYA and including them in the policies and practices that are meant to support them. By working across systems and with young people to improve access, increase YYAs' healthcare knowledge, and build trust, we can all work towards youth-serving systems where young people can grow into healthy, thriving adults.

Sources

- 1) J.L. Collins, R. Jimenez, & L.J. Thomas. (2018) Health out of foster care as young adults age out of foster care: A phenomenological exploration of seeking healthcare services after aging out of the US foster care system. *Child Abuse and Neglect*, 81, 322-331. <https://doi.org/10.1016/j.chiabu.2018.05.012>
- 2) Sala-Hamrick, K.J., Isakson, B., De Gonzalez, S.D.C. et al. Trauma-Informed Pediatric Primary Care: Facilitators and Challenges to the Implementation Process. *J Behav Health Serv Res* 48, 363–381 (2021). <https://doi.org/10.1007/s11414-020-09741-1>
- 3) S.A. Deutsch, & K. Fortin., (2015) Physical Health Problems and Barriers to Optimal Health Care Among Children in Foster Care. *Current Problems in Pediatric and Adolescent Health Care*, 45 (10) 286-291. <https://doi.org/10.1016/j.cppeds.2015.08.002>
- 4) J.K.P. Greeson, A.R. Garcia, F. Tan, et. al. (2020) Interventions for youth aging out of foster care: A state of the science review. *Children and Youth Services Review*, 113. <https://doi.org/10.1016/j.childyouth.2020.105005>
- 5) Ibid
- 6) Bora Kim & Kate White (2018) How can health professionals enhance interpersonal communication with adolescents and young adults to improve health care outcomes?: systematic literature review, *International Journal of Adolescence and Youth*, 23:2, 198-218, DOI: 10.1080/02673843.2017.1330696
- 7) Ibid
- 8) Ibid
- 9) Sala-Hamrick, K.J., Isakson, B., De Gonzalez, S.D.C. et al. Trauma-Informed Pediatric Primary Care: Facilitators and Challenges to the Implementation Process. *J Behav Health Serv Res* 48, 363–381 (2021). <https://doi.org/10.1007/s11414-020-09741-1>
- 10) James S, Montgomery SB, Leslie LK, Zhang J. Sexual Risk Behaviors Among Youth in the Child Welfare System. *Child Youth Serv Rev*. 2009 Sep;31(9):990-1000. doi: 10.1016/j.childyouth.2009.04.014
- 11) Texans Care for Children. (2018) "Fostering Healthy Texas Lives." Available at <https://txchildren.org/s/fostering-healthy-texas-lives.pdf>
- 12) R. Levin, E. Bax, et al. (2005) Wherever I Can Lay My Head: Homeless Youth on Homelessness. Center for Impact Research. Available at: <https://www.issuelab.org/resources/338/338.pdf>
- 13) Rice E, Barman-Adhikari A, Rhoades H, et. al. Homelessness experiences, sexual orientation, and sexual risk taking among high school students in Los Angeles. *J Adolesc Health*. 2013 Jun;52(6):773-8. doi: 10.1016/j.jadohealth.2012.11.011
- 14) Santa Maria D, Daundasekara SS, Hernandez DC, et al. Sexual risk classes among youth experiencing homelessness: Relation to childhood adversities, current mental symptoms, substance use, and HIV testing. *PLoS One*. 2020 Jan 3;15(1):e0227331. doi: 10.1371/journal.pone.0227331