



Incorporating Social Determinants of Health and Equity in Practice to Address Sexual and Reproductive Health for Young People Involved in Foster Care

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We've updated text for the third Social Determinant of Health, "Health care access and quality," in the paragraph describing application to foster care (on page 4). Specifically, we added language to provide greater clarity around consent for receiving sexual and reproductive health to indicate that important policy variations exist across states.

Introduction

This brief aims to provide child welfare practice professionals (e.g., caseworkers) information about the societal conditions that influence young peoples' sexual and reproductive health—the “social determinants of health”—and offer them guidance on incorporating this knowledge in daily practice.

Social determinants of health are the social, economic, and environmental conditions present in communities where people live, work, and gather.^{1,2} Social determinants of health cover five key areas:

1. Neighborhood and built environment
2. Education access and quality
3. Health care access and quality
4. Economic stability
5. Social and community contexts

While these conditions can affect young people's sexual and reproductive health experiences and access to services in all communities,³ their effects may be amplified for young people in foster care.⁴ For example, young people in foster care may miss school-based sexual health education due to placement changes and removal from their family of origin before these conversations occur. Adults within the foster care system (e.g., caseworkers, group home staff, residential care staff, court appointed special advocates (CASAs)) and parents (biological, kinship, foster, adoptive) may vary in their comfort levels with directly and openly addressing sexual and reproductive health.⁵

Research finds that sexual and reproductive health outcomes among young people in foster care are worse than among the general population (for example, young people in foster care report first having sex at younger ages than the general population, and young women in foster care experience higher rates of teen pregnancy).⁶ However, research also shows that understanding and addressing the ways in which social determinants of health influence the sexual and reproductive health of young people in foster care is imperative to providing them with effective services and improving

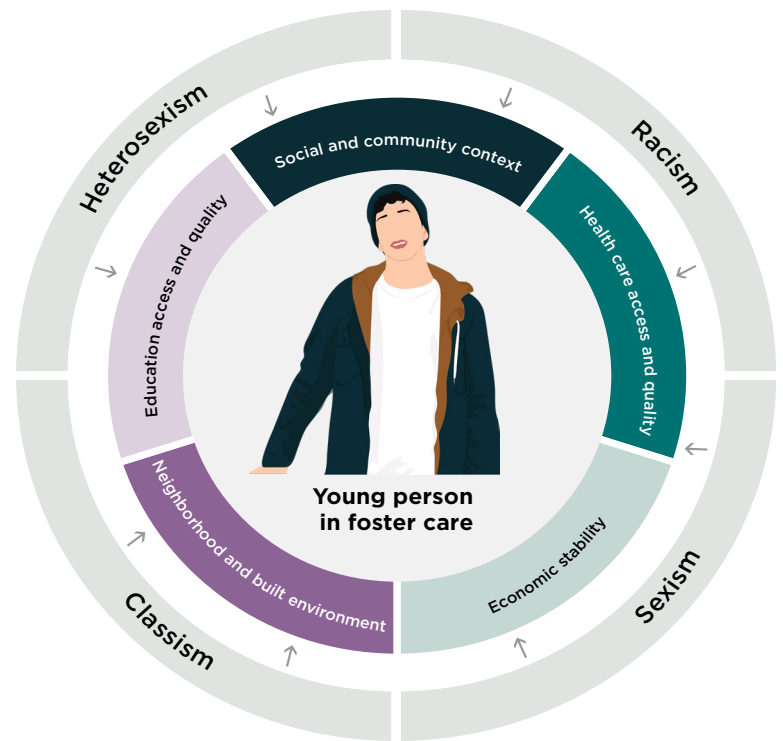
Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals aims to bridge the gap between research and practice in support of the Office of Population Affairs' mission to prevent teen pregnancy and promote adolescent health. Activate translates research into practice by creating resources for use by professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from work and school (i.e., opportunity youth).

Structures and systems influence how power and resources are distributed within communities through policies, practices, and cultural norms. These resources are often not distributed equitably due to root causes such as racism, sexism, classism, and heterosexism.

outcomes related to their sexual and reproductive health. Youth in foster care experience unique conditions that caseworkers and others working within the foster care system should be aware of and mindful toward, such as separation from family of origin, decreased social support,⁷ placement instability, and lack of voice and bodily autonomy over medical decisions.⁸ These conditions are further magnified by root causes of inequity⁹ such as racism, sexism, heterosexism, and classism. For example, racism is associated with certain types of placements in foster care (for example, youth of color are more likely to be placed in congregate care than their White peers¹⁰),^{11,12} sexism may influence what types of sexual and reproductive health information professionals provide to youth,¹³ and heterosexism may result in LGBTQ+ youth not having access to appropriate and relevant sexual health education.¹⁴

In this resource, we define each social determinant of health and describe how it connects to sexual and reproductive health. Then, we discuss how each determinant relates specifically to the sexual and reproductive health and health care experiences of young people involved in foster care; this includes young people in out-of-home care and transitioning out of foster care and into adulthood. Throughout, we provide additional context to highlight inequities within the systems and structures encountered by young people in foster care, many of which may influence their sexual and reproductive health. Last, we provide practice tips for foster care caseworkers to help address barriers related to each social determinant of health. The practice tips for addressing social determinants of health related to sexual and reproductive health are informed by research and by interviews the project team conducted with youth who have lived expertise in foster care and youth-supporting professionals.^a We also encourage youth-supporting professionals to think about other factors that may influence access to sexual and reproductive health, such as local or state policies (e.g., school district policies on sexual health education) that may introduce further barriers to addressing social determinants of health among young people in foster care.

Figure 1. Social determinants of health and root causes of inequity



^a The project team conducted two interviews with youth with lived expertise and six interviews with youth-supporting professionals (e.g., an independent living specialist, sexual and reproductive health educators, and other direct service practitioners) focused on social determinants of health, sexual and reproductive health care, and how to navigate these factors within the foster care system. All interviews lasted 30 minutes to 1 hour and were conducted virtually via Microsoft Teams.

Five Social Determinants of Health

Neighborhood and built environment

Social determinants of health in the neighborhood and built environment refers to the ways in which a person's neighborhood, community, and environment are associated with their health. These determinants include housing quality and segregation, availability of safe recreational spaces, access to transportation, access to healthy foods, air and water quality, and levels of neighborhood crime and violence.

Connection to sexual and reproductive health

Adolescents living in “distressed” neighborhoods (i.e., those that are characterized by high poverty rates, vandalism, and other environmental stressors) experience disproportionately higher rates of sexually transmitted infections (STIs) and unintended pregnancies and lower rates of contraceptive use, and are more likely to become sexually active at younger ages.¹⁵ Additionally, Black, Brown, and Latinx youth¹⁶ may experience disproportionately negative sexual and reproductive health outcomes due to their experiences of discrimination and systemic racism (e.g., forced sterilization, provider bias). For example, due to systemic racism, neighborhoods with a greater proportion of residents who are Black are more likely to have an overconcentration of stores that sell alcohol, compared to neighborhoods with a greater proportion of White residents.¹⁷ Increased access to alcohol leads to higher rates of risky sexual behaviors among adolescents.

Application to foster care

The impacts of distressed neighborhoods and built environments on sexual and reproductive health are compounded for youth in foster care. Youth in foster care face barriers to accessing high-quality reproductive health care to prevent or address STIs and unintended pregnancies, accessing contraceptives, and receiving supportive care. Barriers include a lack of community-based resources, limited access to clinical resources and staff members to support sexual and reproductive health, and lack of peer support programs that are trauma-informed and equipped to help young people in foster care work through complex reproductive health issues (such as pregnancy and parenting while in care, gender and sexuality, and recovering from sexual assault or trauma).¹⁸

Education access and quality

Education access and quality as a social determinant of health refers to the ways in which education is associated with one's health and includes factors such as high school graduation rates, overall educational attainment, literacy levels, and access to early childhood education and development.¹⁹

Connection to sexual and reproductive health

Education access and quality is particularly important for adolescent sexual and reproductive health. Schools are the settings in which youth are equipped with literacy and critical thinking skills important for making decisions about their health and well-being, and sexual health education is often provided in middle and high school settings.^{20,21} Furthermore, the quality of a young person's sexual health education is associated with their sexual and reproductive health outcomes.²² Throughout their time in school, young people should receive comprehensive sexual health education²³ that is inclusive of lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth (e.g., discusses topics of sex and prevention beyond sex between one man and one woman)²⁴ and avoids sexist (e.g., reinforces gender roles or allows for sexual harassment to go unaddressed) and racist language (e.g., viewing Black children as more adult-like or older than they are and assuming their behavior is sexualized).²⁵ Sexual health education that is designed for or uses language that is not inclusive of LGBTQ+ youth or that uses sexist or racist language can perpetuate harm and may not provide needed information to youth of all identities.

Application to foster care

Barriers to education access and quality are exacerbated by involvement in foster care. These barriers directly influence the sexual and reproductive health of young people in foster care, who may be removed from their family of origin and their community school. These youth may also experience multiple placements while in foster care. Removal from family and community and placement instability can result in school instability, which can lead, in turn, to lower educational attainment.^{26,27} Given that higher educational attainment is associated with lower risky sexual behavior (e.g., sex at a young age, unprotected sex), all young people should have opportunities to complete high school and pursue post-secondary training.²⁸ Lack of access to stable education may prevent young people in foster care from receiving critical sexual and reproductive health education from the school system.²⁹

Health care access and quality

Health care access and quality refers to the combination of access to, experiences with, and utilization of health care services and is associated with factors such as health insurance coverage, availability of providers in an area, previous treatment by health care providers, and health literacy.³⁰ By asking young people about these topics, instead of assuming what their answers will be, providers can have open and honest conversations with youth.

Connection to sexual and reproductive health

Several root causes of inequity are associated with sexual and reproductive health care access and quality, including geographic location,³¹ ageism,³² racism,³³ gender (sexism),³⁴ and sexual orientation (homophobia/transphobia).³⁵ These inequities leave some populations at risk of not receiving needed sexual and reproductive health care services. Furthermore, these factors may prevent many women from receiving person-centered family planning care when needed.³⁶ One way to address inequities is for providers to ask questions of young people and to avoid making assumptions about their sexual orientation, gender identity, or sexual activity.³⁷

Application to foster care

Young people in foster care may experience additional inequities in access to health care, including sexual and reproductive health care, and in their receipt of high-quality health care. For example, although federal law allows youth who have aged out of foster care to access Medicaid until they are 26, the implementation of the law varies among states.^{38,39} Information provided to youth about managing health insurance after exiting care is often limited, leaving many youth unable to use their medical insurance and access providers.^{40,41,42} When young people are unable to use their medical insurance, they may not have a primary care physician or other medical provider with whom they feel comfortable and safe discussing sexual and reproductive health. State policies vary in terms of requirements for adult consent for youths' sexual and reproductive health care. Depending on the state and the type of health care service involved, young people in foster care may not need consent for some sexual and reproductive health care. Caseworkers and other youth-supporting professionals must understand their states' consent policies. Then, they should tell young people about the services that do and do not require consent from an adult, and help them determine which adult is able to provide consent. Finally, medical providers may not provide trauma-informed care, which can be triggering or inflict further emotional harm for young people in foster care due to previous traumatic experiences.⁴³

Economic stability

The economic stability social determinant considers the connection between one's health and one's financial resources, including employment, housing stability, and socioeconomic status.⁴⁴

Connection to sexual and reproductive health

Economic stability and employment are connected to sexual and reproductive health through access to health insurance and the ability to afford necessary health care in the United States. While some employers provide health insurance to employees and their families, others do not, creating inequities in who has access to affordable sexual and reproductive health care.⁴⁵ Housing stability is also associated with access to health insurance—and with access to, and selection of, birth control methods—which can limit access to sexual and reproductive health care and impede family planning efforts.⁴⁶ Furthermore, individuals living in poverty or who have lower levels of socioeconomic status experience additional barriers to accessing sexual and reproductive health: Low-income communities often lack access to comprehensive sexual health education, receive misinformation about contraceptive options, have limited access to medical providers, and have limited access to abortions/information about abortions.⁴⁷

Application to foster care

Young people in foster care are more likely to experience economic instability than their peers who are not in foster care. Findings from the California Youth Transitions to Adulthood Study indicate that 55 percent of youth transitioning from foster care earned below the federal poverty level, compared to 35 percent of youth in the general population.⁴⁸ Economic instability among youth in foster care makes it difficult for them to consistently access medical care and health insurance for coverage of services.⁴⁹ Importantly, economic instability can increase risk for participation in systems of [sexual exploitation](#) (e.g., sex trafficking or sex work) among young people in foster care, who already experience an increased risk for sexual exploitation compared to their peers in the [general population](#).^{50,51}

Social and community context

The social determinants related to social and community context refer to how characteristics like social connection and support, discrimination, and incarceration impact health.⁵²

Connection to sexual and reproductive health

Highly connected social networks that have appropriate, accurate, and relevant information can positively influence sexual and reproductive health outcomes (e.g., networks of individuals who practice safe sex may influence individuals to also have safe sex).⁵³ Sexual health programs that promote social connectedness with peers, family, and partners are positively associated with sexual and reproductive health by delaying age of first sexual activity, improving contraceptive use, and reducing pregnancy rates.⁵⁴ Furthermore, the social and cultural norms within a community can influence how the community views sexual and reproductive health (e.g., positive views of comprehensive sex education and access to contraceptives), which can then impact young people's access to these services and information.⁵⁵

Application to foster care

Young people in foster care often lack social networks and support due to placement changes, making it more difficult for them to obtain the benefits of having a strong social support network.⁵⁶ Youth of color and LGBTQ+ youth are disproportionately represented in foster care and experience higher levels of discrimination than their White, cisgender,^b and heterosexual peers in foster care, which can impact their ability to access sexual health services and the quality of the sexual health services they access.^{57,58} Youth of color and LGBTQ+ youth also experience more frequent placement changes, which can lead to them missing sex education in school and which prevents them from building social support networks that would benefit their sexual and reproductive health.^{59,60}

^b Cisgender refers to people whose gender identity matches their sex assigned at birth.

Practice Tips for Professionals Who Support Youth in Foster Care

This resource has established the parameters for five categories of social determinants of health and described ways in which these determinants impact young people's sexual and reproductive health—especially for those in foster care. Within this context, we worked with youth-supporting professionals and youth with lived expertise to identify practice tips for navigating social determinants of health when working with youth in foster care. These tips cover various social conditions and inequities that may arise when talking to youth about sexual and reproductive health. Each item features a general practice tip that applies across all social determinants of health, along with an example of how to apply it within specific social determinant categories.

- *General guidance:* Ensure that young people have someone to whom they feel safe speaking about sexual and reproductive health.
- *Application to health care access and quality and education access and quality:* Young people in foster care may not have equitable access to high-quality sexual and reproductive health care education and services.

Caseworkers should help young people identify a medical provider or school staff member with whom they feel safe speaking about sexual and reproductive health, and provide resources to support those conversations. For example, caseworkers can help a young person identify and establish supportive adult relationships in school or establish a relationship with a trusted medical provider. Caseworkers can also provide these trusted adults with information about [how to communicate](#) about sexual and reproductive health with young people.

- *General guidance:* Tailor information to individual young people and ensure that these conversations are inclusive of different experiences (e.g., tailored to meet the needs of LGBTQ+ young people).
- *Application to health care access and quality and social and community context:* Young people in foster care are disproportionately youth of color and/or LGBTQ+ youth. They may experience less access to relevant sexual and reproductive health education and services and more discrimination when they receive sexual and reproductive health education and services.

Caseworkers can help young people by providing [relevant resources](#) and tailoring sexual and reproductive health information to individual young peoples' needs, experiences, and communities. For example, caseworkers can provide sexual and reproductive health information to meet the needs of LGBTQ+ young people in ways that are [gender-affirming](#) and trauma-responsive .

- *General guidance:* Always make space for youths' input and let them drive the conversation.
- *Application to education access and quality:* The ways young people in foster care experience and receive education, including sexual and reproductive health education, may influence their belief in their bodily autonomy and the ways in which they experience safety, confidentiality, and consent for care.

Caseworkers can help young people by consistently making space for youths' input in, and ownership of, conversations about sexual and reproductive health and allowing them to control the conversation. For example, caseworkers can let young people pick the topic of the conversation, ask questions about topics of their choice, and set boundaries on what they do or don't feel comfortable disclosing.

- *General guidance:* Do not assume anything about the young person's identity, sexual behaviors, or knowledge.
- *Application to neighborhood and built environment:* Adults often make assumptions about the level of sexual activity, sexual orientation/gender identity, and knowledge about sexual health behaviors among young people in foster care due to biases about the young person's background.

Caseworkers can help young people by refusing to make assumptions and judgements about young peoples' identities, sexual behaviors, and knowledge. For example, caseworkers should avoid assumptions about gender and sexual identity, or about whether young people are sexually active, and instead speak with the young person to establish an understanding of their sexual experiences.

- *General guidance:* Ensure that conversations are non-punitive. Young people cannot feel worried that they will get in trouble for being honest.
- *Application to health care access and quality:* Young people in foster care experience challenges in maintaining ownership over their individual decision-making authority and agency due to oppression rooted in inequities across all social determinants of health. Due to this lack of individual autonomy, professionals often find that young people are afraid to be honest about their sexual and reproductive health and health care needs and are concerned about the potentially negative consequences of their honesty.

Caseworkers can help young people by assuring that conversations about sexual and reproductive health are not punitive and remain confidential (unless the topic requires mandated reporting) and ensuring that young people do not experience negative consequences stemming from honest conversations and attempts to seek help. For example, if a young person discloses a risky sexual behavior, caseworkers should ensure that there is not a punishment for that behavior, but rather a discussion of why that behavior could be considered risky and a review of alternative options.

- *General guidance:* Present all available options and let the young person pick what works for them, or what they're most comfortable with at that moment—even if some options conflict with the caseworker's personal beliefs.
- *Application to health care access and quality:* Young people in foster care often receive minimal information about sexual and reproductive health due, in part, to limited access to services and education.

Caseworkers can help young people by presenting all available options (e.g., contraceptive options, abortion) and helping them select an appropriately tailored sexual and reproductive health service and/or health aide that makes them feel most comfortable at the time. For example, caseworkers can provide guidance during discussions about the range of [contraceptive options](#), based on youths' circumstances and interests, or connect the young person with a colleague or medical provider who is able to have such conversations.

- *General guidance:* Ensure that conversations are held in the young person's preferred language and address language barriers (e.g., offer resources and handouts in the young person's preferred language, hire an interpreter).
- *Application to social and community context:* Young people in foster care come from racially and ethnically diverse backgrounds and should be given the option to engage in conversations in their preferred language.

Caseworkers can help by ensuring that young people have access to interpreters or linguistically and culturally diverse staff to engage in conversations. For example, if a young person’s preferred language is Spanish, a caseworker should try to find a Spanish-speaking colleague or hire an interpreter if needed. Caseworkers can proactively offer this option to young people and let them decide whether to take advantage.

- *General guidance:* When possible, provide resources to which young people can refer back. Be sure to vet resources provided via social media or other online sources.
- *Application to health care access and quality:* Conversations about sexual and reproductive health can often be overwhelming or sensitive. When young people can access resources for later reference, they face less pressure to remember everything that was discussed.

Caseworkers can help by providing vetted resources to young people on the topics discussed. For example, if a caseworker is discussing birth control options, they may want to provide a resource that summarizes each [option](#).

- *General guidance:* Build a broad network of professionals to connect young people within communities.
- *Application to social and community context:* Young people often have smaller social support networks and experience severed ties to supportive adults due to their system involvement.

Caseworkers can help by cultivating a network of professionals to whom they can connect young people to ensure that youth receive relevant and helpful information. For example, a caseworker might have a pool of approved mentors or other supportive adults with varied lived experiences who have agreed to be connected with young people.

- *General guidance:* Provide preventative care and conversations. Don’t just reach out when something happens.
- *Application to health care access and quality:* Young people in foster care may not have consistent access to preventative health care services such as a yearly pelvic exam.

Caseworkers can help by connecting young people to preventative care while in foster care and ensuring that sexual and reproductive health care is built into case plans and regularly discussed with young people. For example, a caseworker may indicate in a young person’s case plan that they will receive preventative sexual and reproductive health care that is age-appropriate and inclusive while in foster care.

- *General guidance:* Provide access to resources such as transportation or financial support for services.
- *Application to economic stability:* Young people may not have access to reliable transportation or the financial support necessary to access sexual and reproductive health services.

Caseworkers can help by providing transportation to appointments or providing bus passes for young people. Additionally, caseworkers should ensure that young people can afford any copays, prescriptions, or other follow-up needed to access sexual and reproductive health services. For example, a young person may not be able to attend an appointment because they do not have transportation, but a caseworker could drop them off or provide a bus pass.

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