Prioritizing Quality, Family-Centered, Culturally Responsive Care, and Reducing Disparities

Health Disparities Based in Race and Ethnicity

Research has consistently demonstrated that race and ethnicity play a significant role in health disparities for young children and their families.[1,2] Access to care, social determinants of health, socioeconomic status, and systemic racism are all important, and often overlapping, contributing factors in health disparities for young children/families.[1,2,4,5,6]

There are deep racial and ethnic disparities in the health outcomes of mothers and babies of color, with the starkest differences found among Black and American Indian/Alaska Native families.[3] These include receipt of prenatal care and maternal mortality, preterm births, low birth rate, infant mortality, and access to preventive care, such as well-child medical visits, dental visits, and vaccinations.[3] Black and Brown babies have less positive outcomes than their White peers in nearly every metric used to assess early childhood well-being, and the rate of poverty for Black and Brown children is nearly twice that of White children.[4,5] Given this well-documented history of health disparities in the U.S. based in race and ethnicity, we must commit to better understanding, addressing, and reducing these disparities.

The Role of HealthySteps in Reducing Disparities

Providing culturally and linguistically responsive care and ultimately reducing health disparities is a multi-faceted process complicated by multiple factors.[7] A key step, however, is our ability to collect data to begin to understand and "describe" the children/families we serve. Data helps us better understand what disparities exist and determine how to address the disparities we uncover as we strive to provide more equitable care. However, data collection challenges currently limit the scope and quality of available data.

Barriers to collecting race, ethnicity, and language data include a lack of standardization of data collection in health care settings and limited (federally defined) categories families can choose from, which often do not reflect how they identify.[8,9] Families also express concerns around privacy and potential discrimination based on their racial or ethnic identity.

Despite the complexity of the issue, while the federal government considers amending the categories and questions about race, ethnicity, and language, and even while health care systems grapple with how to understand race, ethnicity, and language data, there is room to make progress.

HealthySteps sites are uniquely positioned to center family, community, and culture in their services and data collection and to be leaders in the effort to ensure quality pediatric care and reduce health disparities.

HealthySteps sites, because of the ongoing, trusting relationship with families, can access and understand important information about their patients' culture, race, ethnicity, and language(s) that is foundational to providing quality care and addressing disparities. HealthySteps Specialists often have unique knowledge about the cultural priorities of families and the ways their parenting views/practices are culturally influenced, creating a supportive context for partnering with families and promoting healthy development. This consideration for family and culture are foundational to ensuring equitable care and outcomes for all children/families – particularly marginalized communities.

So how do we, as HealthySteps Specialists and sites, come to know and understand the family, the community, and the culture of the children/families we serve? How do we learn about and "hold" what's important to families while we walk alongside them in a culturally responsive and family centered way? And how can we reduce disparities by ensuring that we are providing accessible and equitable care? Review a practice example and use this self-assessment tool to help guide your next steps.

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