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Developing Strategies to Reduce Children’s Health Care Disparities

D Byas

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Abstract

Dear Editor,

Reducing health disparities among children should be a high priority due to increases in disease prevalence throughout the world. Poor economic growth in various cities, unhealthy living, health care disparities, and lack of health educational awareness appear to be primary reasons why chronic disease rates among children continue to rise. The increased prevalence of chronic conditions has greatly changed the face of child health and the types of conditions observed by child health care professionals (Perrin, Bloom, Gortmaker, 2007). Recent research reports concluded that more than half of the children which were examined between 2010 to 2011 were diagnosed as having a chronic disease and almost one-quarter of those children were classified as developmentally disabled (Bethell, Kogan, & Strickland et. al., 2011). New evidence has shown that there is not only an association between obesity, cardiovascular disease (CVD) risk factors, diabetes, and cancer, there is also evidence which suggests that there continues to be a growth in both prevalence and mortality rates in children diagnosed with these types of chronic conditions (Rodriguez, Fujimoto, & Mayer-Davis, et.al. 2006).

Since 1980, obesity prevalence among children and adolescents has almost tripled. Obesity has also been known as a risk factor in children that may be associated with diabetes, CVD, sedentary lifestyles, and socioeconomic status (Rodriguez, Fujimoto, & Mayer-Davis, et.al. 2006). The association between socioeconomic status and health holds true for children in that low-income children have higher rates of mortality (even with the same condition), may have higher rates of disability, and may be more likely to be diagnosed with multiple chronic conditions (Wise, Kotelchuck, Wilson, & Mills, 1985). Children from low-income families and children whose parents had less than a high school education were far more likely to be in fair or poor health when compared with other children, and when low-income children have health problems, they tend to suffer more severely (Newacheck, Jameson, & Halfon, 1994). Children whose parents have lower education levels and lower paid occupations also tend to have worse health than their more economically advantaged peers (Adler, Boyce, & Chesney, 1993).

Numerous studies have also documented racial and ethnic disparities in health (Lieu, Newacheck, & McManus, 1993). White children are half as likely as Black and Latino children not to be in excellent or very good health (Children’s Defense Fund, 2006). Some disparities are starkest between White and Black children. For example, Black children were reported as more likely to have a limitation of activity and more than twice as likely to have elevated blood lead levels. Disparities are also apparent in access to quality health care. Children who lack sufficient resources due to family income or insurance status and children of color face greater problems in receiving appropriate quality health care (Newacheck, Hughes, & Stoddard, 1997).

Quality health care should focus on enhancing health promotion and disease prevention and the inclusion of measurement and evaluation of services provided by various medical facilities to ensure that these objectives have been substantially met. Another factor to examine when establishing a quality health care environment would be cultural competence or awareness. Children’s health practitioners should receive the appropriate training necessary to achieve an effective level of cultural competence in the health care environment. This idea may help to eliminate some of the existing ethnic and racial disparities and additionally increase cultural awareness

among children's health care providers and practitioners.

Medical facilities should provide children's health providers and practitioners with continuing educational opportunities to enhance both learning and awareness of the application of the various practices that may be required to ensure quality health care for children. Health care staff should also be required to receive continuous cultural competence educational training and resources to help to reduce ethnic and racial disparities among children. Socioeconomic disparities for children may be alleviated through ensuring that children have access to quality health care facilities and special programs which may help to provide support to children who reside in impoverished or underrepresented communities. Finally, each community children's medical establishment should attempt to practice health literacy assessment for all educational materials that may be provided to community members serviced by each facility as a method of promoting health educational awareness in which written health information and resources could be more easily interpreted and understood by the target population.

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Author Information

Damien Byas, Ph.D.
Department of Nursing and Health Care Administration, Health Care Administration Unit, University of Phoenix