Introduction: Child Health Disparities and Health Literacy

Demographic changes in the United States bring diverse cultures, languages, and challenges to health care delivery, particularly for children. Providing high-quality health care that is patient centered and equitable requires tailored care and a focus on both health care disparities and health literacy. Major connections between health literacy and disparities include a common focus on improving quality of care, improving patient-provider communication, overcoming language barriers, understanding the health beliefs of patients, and a need for pediatric-focused research.

Reports by the Institute of Medicine have highlighted health-disparity reduction and health-literacy improvement as critical components for high-quality health and health care for Americans. Although more is understood about the state of child health disparities and health literacy since the release of Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care and Health Literacy: A Prescription to End Confusion, compared with adults, more work is needed to better understand and ameliorate child health disparities and determine where children fit in a national health-literacy agenda.

Eliminating health disparities is an overarching goal of Healthy People 2010, and increased attention is being directed toward health and Healthy People 2010 defines a health disparity as “…differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities or sexual orientation.” Others have defined health disparities as “inequitable differences” in health, health care, and developmental outcomes that are “potentially systematic and avoidable.” Minority and low-income children experience many disparities including health conditions (e.g., asthma, oral health), access to services, and health care utilization. To effectively address health-equity issues, examining health disparities from a life-course perspective (starting with a focus on health status, health care, and outcomes in children) is a strategy that can potentially mitigate health disparities as children grow up and become adults.

Health literacy is defined as “the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Health literacy is a growing problem for Americans, with studies reporting 90 million adults with a limited understanding of basic health information and services. Half of all parents have difficulty reading and understanding patient education materials, and many struggle to comprehend medical advice that is critical to the care of their child. Through effective communication, pediatricians can help patients and their families understand health information, make informed decisions, and more independently manage their child’s health and disease. Improvements in the health care system that advance the knowledge and health-related behavior of families may improve
overall outcomes; tailored interventions may be needed for families with lower literacy. Improving health literacy of parents and children/adolescents is a concrete method for improving communication throughout the health system and helping to reduce health disparities. A number of studies have suggested that health literacy may be an important factor in mediating health disparities.\textsuperscript{8–10}

Health equity is a universal principle in the American Academy of Pediatrics agenda for children. The Academic Pediatric Association’s vision and strategic plan emphasize an “equitable children’s health agenda.” To examine and increase the attention given to health-disparity and health-literacy issues, problems, and opportunities specific to children and children’s health, 2 conferences were held in November 2008. The combined volume of articles in this supplement to Pediatrics includes commissioned articles that were presented at these conferences. Recommendations to address child health disparities and health literacy are included.

REFERENCES

4. Institute of Medicine. Unequal Treatment:

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