In their report in this month’s issue of *Pediatrics*, Toomey et al analyzed data from the National Survey of Children's Health related to parental rating of their children’s receipt of care coordination. The authors found that 41% of all parents, and 72% of parents of children with special health care needs, reported that their child needed some type of care coordination. However, almost one-third of those reporting the need for care coordination perceived their needs to be unmet. Not surprisingly, Latino and African American children, low income, uninsured children and those with public insurance, non-English speaking families, single-parent households, children without a personal healthcare provider, and children and youth with special health care needs were more likely to report ineffective care coordination. In the multivariable analyses, receipt of culturally competent, family-centered care mitigated the racial/ethnic disparities in care coordination.

The study demonstrates that family-centered care, a central characteristic of which is cultural sensitivity and competency, helps to mitigate racial/ethnic disparities in the receipt of care coordination. Cultural competency is an emerging field in medical practice and medical education, and it is increasingly recognized as critically important to effective health care communication. Improvement in the quality of primary care, structured around the medical home, must include improving the interpersonal aspects of care, cross-cultural interactions and communication, and increasing patients’ involvement in care. All providers should be trained to improve their cross-cultural interpersonal interactions to engage patients from all racial and ethnic backgrounds equally. Cultural competency training should be emphasized in undergraduate and graduate medical education as a core aspect of medical history taking and communication. Culturally effective communication with minority children and families, and/or families from classes or cultures different from our own, is a critical step toward providing effective care coordination in a comprehensive medical home, thereby promoting health equity and reducing health and health care disparities.

Importantly, however, the multivariable analyses from this study also demonstrated that having a regular provider and experiencing family-centered care did not eliminate disparities associated with social and environmental determinants of health (eg, health status, family structure, or insurance status). Moreover, the authors of the study also examined the rating of care coordination by families of children with different types of conditions. Those with brain injuries and mental health conditions reported higher rates of unmet needs for care coordination than those with physical health conditions. Although studies have revealed that care coordination, as an element of the
medical home model of care, improves both the processes and outcomes of care,5–6 this study revealed that current medical home model of care is less effective in meeting the needs of children with complex developmental (eg, autism or brain injury) and mental health conditions, and children impacted by social and environmental determinants of health. This suggests, as indicated by other reports such as the Task Forces on Mental Health, that more comprehensive models of care are needed that expand the perimeter of practice and care coordination beyond its primary focus on physical health.7 To enable pediatricians to engage in effective care coordination, and prepare them to meet the social, environmental, and behavioral health needs of their patients, new models of care delivery and care coordination should be explored that address behavioral health and social and environmental determinants of health.

Children's health and health care disparities due to social and environmental determinants are, in the words of a recent American Academy of Pediatrics report on minority children, “extensive, pervasive, and persistent, and occur across the spectrum of health and health care.”8 Moreover, poverty is increasing among children and is more concentrated among minority and single-parent families.9 The demographics of American society are changing as well: the majority of births are now to minority parents, and minorities will constitute half of US children by 2040. Poverty, family disruption, and the toxic stress associated with deprivation have been demonstrated to have negative effects on the developing brain, and ultimately on both the physical and mental health of children and adults.10 These and other trends should be a call to pediatricians to identify, confront, and address the divides that separate the health and well-being of children impacted by social and environmental inequities, many of which are associated with race and ethnicity.11

The study by Toomey et al1 helps underscore the importance of family-centered care and care coordination in the mitigation of racial/ethnic child health care disparities. However, the article also indicates that to achieve child health equity, pediatricians need to (a) identify new approaches to family-centered care that can address the broad range of social and environmental health determinants, and (b) develop new strategies that extend beyond the medical home to address the root causes of social determinants of children's health and health care.

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Promoting Child Health Equity: Family-Centered Care Coordination Is Just One Piece of the Puzzle

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