

FACT SHEET



PEDIATRICS

AMERICAN PHYSICAL THERAPY ASSOCIATION

Section on Pediatrics, APTA

1111 North Fairfax Street
Alexandria, VA 22314-1488

Phone 800/999-2782, ext 3254
E-mail: peditrics@apta.org

www.pediatricapta.org

Understanding Health Disparities

The life expectancy and health for people in the United States has improved steadily over the last few decades. However, inequities exist across age, racial, ethnic, disability, socioeconomic, geographic, gender, and other factors that are not simply explained by genetic or biologic differences.¹ Complex cultural and socioeconomic factors are playing a role in the inequality of health services and health outcomes, including rehabilitation for these groups. As a whole, these inequities are called *health disparities* and are the focus of study and policy change to improve health outcomes for all individuals.

The purpose of this resource document is to provide some basic information about health disparities and the importance of understanding these disparities for pediatric physical therapy practice.

Definition

There are several definitions for health disparities. For the purposes of this resource document, National Institutes of Health and Healthy People 2020 provide the most common definitions and complete descriptions of the groups included.

The National Institutes of Health (NIH) defines health disparities as “. . . differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States”²

Healthy People 2020 expands this definition to:

. . . a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion³

Health Disparities and Children with Special Health Care Needs

For children with special health care needs and disabilities, disparities in access, insurance, and health outcomes persist in health domains (eg, dental care, immunization rates, evaluation and diagnosis, specialty care, mental health, and therapeutic services) across racial and ethnic groups.⁴⁻⁶ African American and Latino children are more likely to be in fair or poor health.⁶ Rates of conditions and disabilities like asthma, learning disabilities, dental, speech, vision, behavior, and emotional problems are higher among Native American, African American, and Latino groups when compared to other groups.^{5,6} Almost one third of Native American, African American, and Latino children are overweight, and obesity rates for adolescents with disabilities are significantly higher when compared to other groups.^{6,7} African American, Native American, and children who are multi-racial have higher rates of conditions that limit their abilities and are more in need of special therapy for those limitations.^{4,6} However, these same groups of children are less likely to have health and dental insurance and less likely to have their medical needs met.^{4,6}

Disparities for children exist across disability, socioeconomic, and geographic groups as well. Children with special health care needs, delays, and disabilities are less likely to receive services and supports.^{4,7-9} Children with special health care needs who are poor, do not have insurance, or have more severe ability limitations are more likely to have unmet needs in access and adequate therapy service and assistive technology for mobility, vision, and hearing. Data from the 2003 National Survey of Children’s Health showed that there were disparities in the use of occupational, physical, and speech therapy among children across the country.¹⁰ The most significant factor was region of residence. For example, young children with developmental issues or concerns about speech were less likely to use rehabilitative services if they lived in the South and less likely to receive speech/language services if they lived outside of the Northeast. Young children in the most vulnerable groups, like those in foster care, continue to experience higher rates of delay and disability and are less likely to receive all of their needed rehabilitative and mental health services.

Cultural Competence

One of the steps to improve practice and alleviate health disparities is to understand and provide culturally competent services. *Cultural competence* is the manner in which individuals and organizations behave or operate to promote better access and outcomes for all individuals.

The American Physical Therapy Association's (APTA) Department on Minority and Women's Initiatives states that *cultural competence* ". . . is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. . . ."11

The National Center for Cultural Competence (NCCC)¹² defines *cultural competence* as individuals and organizations possessing:

- ". . . the values, principles and skills to demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally. . . ."
- ". . . the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve"
- ". . . [the capacity to] incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities"

Organizations and individuals can gain a greater understanding about cultural competency in practice through self-assessment and reflection. The National Center on Cultural Competence has several tools to guide reflection specific to their practice settings:

National Center for Cultural Competence: Self-Assessment Tools

www11.georgetown.edu/research/gucchd/nccc/resources/assessments.html

Promoting Cultural & Linguistic Competency Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings

www11.georgetown.edu/research/gucchd/nccc/documents/ChecklistEIEC.pdf

Promoting Cultural & Linguistic Competence: Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities and Special Health Care Needs and Their Families

www11.georgetown.edu/research/gucchd/nccc/documents/ChecklistCSHN.pdf

Addressing Disparities

Across the health care spectrum, many national efforts to understand the causes and to research ways to improve health outcomes to traditionally underserved populations are underway.

The Affordable Care Act was signed into law in 2010 and has provisions to address health disparities through improving preventative care, promoting community health coordination for chronic conditions, improving cultural competence, training more diverse providers, increasing providers in underserved areas, ending discrimination, and increasing insurance coverage.¹³

Similarly, the Healthy People initiatives have evolved from recognizing or reducing disparities in access and outcomes for all individuals to creating outcomes designed to eliminate disparities and achieve health equality for all individuals.¹³

Addressing Disparities and Cultural Competence in Pediatric Physical Therapy Practice

- APTA's Section on Pediatrics recognizes that disparities exist in access to physical therapy and outcomes for children, youth, and families in traditionally underserved groups. To close the gap in disparities, the Section on Pediatrics has created a number of initiatives to prepare diverse service providers, improve cultural competence as an organization, and provide guides for research.
- House of Delegates RC 41-03 Racial and Ethnic Disparities in Health Care
www.apta.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=37522
- 2007 APTA Strategies and Guidelines for Physical Therapy Health Disparities Research
www.apta.org/AM/TextTemplate.cfm?Section=Home&CONTENTID=62954&TEMPLATE=/CM/ContentDisplay.cfm
- APTA's Section on Health Policy and Administration (www.apta.org) Global Health Special Interest Group. (GHSIG)
www.apta.org/displaycommon.cfm?an=1&subarticlenbr=18

Operational Plan on Cultural Competence

APTA's Board of Directors approved the "Operational Plan on Cultural Competence," developed by the Committee on Cultural Competence in May 2007. The plan has 3 main goals: (1) Integrate the process of cultural competence within the physical therapy profession; (2) Facilitate the development of physical therapist practices that assure physical therapy professionals are committed to serving the underserved and eliminating health disparities; and (3) Increase the number of physical therapists and physical therapist assistants from racial/ethnic minority groups to reflect the changing demographics of US society.

www.apta.org/AM/Template.cfm?Section=Minority_Affairs1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=77110

More information

For more information about health disparities and cultural competence, explore the resources sited in this document or from the list below:

National Resources

Office of Minority Health and Health Disparities, Center for Disease Control and Prevention: www.cdc.gov/omhd/

National Partnership for Action to End Health Disparities: minorityhealth.hhs.gov/npa/

National Center for Cultural Competence: www11.georgetown.edu/research/gucchd/nccc/

National Institutes of Health, National Center on Minority Health and Health Disparities (NCMHD):

www.nih.gov/about/almanac/organization/NCMHD.htm

References

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2. National Institutes of Health. Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities Volume I Fiscal Years 2002-2006. US Department of Health and Human Services website. www.nimhd.nih.gov/our_programs/strategic/pubs/Volumel_031003EDrev.pdf. Accessed December 27, 2011.
3. Healthy People 2010, US Department of Health and Human Services. www.healthypeople.gov/. Accessed December 27, 2011.
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5. Flores G, Tomany-Korman SC. Racial and ethnic disparities in medical and dental health, access to care and use of services in US children. *Pediatr.* 2008;121:e286-298.
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10. Center for Disease Control and Prevention, National Center for Health Statistics. National Survey of Children's Health website. www.nschdata.org/Content/Default.aspx. Accessed December 27, 2011.
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12. The National Center for Cultural Competence website. nccc.georgetown.edu/foundations/frameworks.html#ccdefinition. Accessed February 6, 2012.
13. Healthcare.Gov. www.healthcare.gov/law/infocus/disparities/index.html. Accessed February 6, 2012.

FOR MORE INFORMATION:

If you have additional questions, would like to order additional copies of this fact sheet, or would like to join the Section on Pediatrics, please contact the Executive Office of the Section on Pediatrics of the American Physical Therapy Association at: APTA Section on Pediatrics, 1111 North Fairfax Street, Alexandria, VA 22314, 800/999-2782, ext 3254. Or visit the Section's website at www.pediatricapta.org.