

Racial and Ethnic Disparities in Pediatric Experiences of Family-Centered Care

Guerrero, A. D., Chen, J., Inkelas, M., Rodriguez, H. P., & Ortega, A. N. (2010). Racial and ethnic disparities in pediatric experiences of family-centered care. *Medical Care*, 48(4), 388–393.

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An article review by Erica Tooker, CCLS, on behalf of the GLACLP Research Committee.

Prior research suggests that family-centered care has many benefits, including improved health outcomes, satisfaction scores, and use of health care resources. Family-centered care is integral in reducing racial and ethnic disparities in health care quality, including core components of “respect, honoring family diversity, sharing information, collaboration, and partnership” (Guerrero, Chen, Inkelas, Rodriguez & Ortega, 2010). Additionally, many professional organizations are prioritizing family-centered care as a pillar of their quality standards. Because of those, more research is needed to evaluate the general population’s experience with family-centered care as opposed to just patients with special health care needs.

The goal of this study was to determine if Black and Latino parents reported receiving worse family-centered care when compared with White parents. 10,268 patients and parents were chosen to complete the study with 42% of participants reporting as White, 16% as Black, 35% as Latino, and 7% as “other race”. Parents were asked four questions from the Consumer Assessment of Healthcare Providers and Systems quality of care questionnaire, measuring responses in two categories; sometimes/never and always/usually. Surveys were offered in both English and Spanish. Many independent variables were also considered, including child characteristic, socioeconomic characteristics, and access to care factors.

Results showed that parents generally report positive experiences of family-centered care, however there are clear disparities across racial and ethnic groups. White children were more likely to receive all four components of family centered care compared to (1) Latino children with parents interviewed in Spanish, (2) Latino children with parents interviewed in English, and (3) Black children. Latino children with parents interviewed in Spanish reported receiving the least amount of family-centered care at 81%. These findings are consistent with previous research, showing differences in the adequacy of time spent as well as quality of explanations given between White patients and their Latino counterparts.

These articles have a significant impact on the way healthcare providers serve patients and families, emphasizing a greater need for inclusive care. Physicians can narrow health disparities by taking specific steps to improve patient understanding, especially those with low health literacy or language barriers. Some examples provided in this article were using medical interpreters, providing action-oriented steps, and utilizing interactive communication loop techniques. Additionally, supplementing verbal information with appropriate reading level materials can lead to improved communication between patient and provider.

This problem is not solely the responsibility of healthcare staff, but through support from the system as a whole. Physicians frequently feel rushed and do not have full control over the time they can spend with patients, making it difficult to address each patient and family’s understanding of information. In conclusion, there are definite cultural disparities in healthcare, especially between Latino and White populations. Because of this, it is integral to provide programs/policies that improve education for parents, overall health literacy, and quality of

provider information given. As family-centered care continues gain priority within healthcare, we must consider each family's individual needs.