Fostering Resiliency in Minority Families: The Value of Cultural Attunement

Health Equity

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It's not hard to grasp that certain children in this country face extreme differences in their health and well-being for factors that are outside of their control. This National Minority Health Month, we have an important opportunity to highlight the reality of one of those factors: health disparities among racial/ethnic minorities, while also highlighting the role that cultural attunement and resiliency can play in creating a more equitable world for all children.

To begin a talk about disparities in pediatric care, we first need to define disparities. In my work in this area, I abide by the National Academy of the Sciences' definition, which is, "differences in treatment or access not justified by the differences in health status or preferences of the groups." Sadly, pediatric medicine has followed in the footsteps of adult medicine with significant challenges with health disparities, as many of my colleagues—including Drs. Tiffani Johnson and Nadia Dowshen—have outlined. With respect to psychiatric and behavioral health care, recent literature reviews have indicated that ethnic/racial minority children with mental health difficulties don't receive the same level of prevention, access to care, quality treatments and outcomes of care relative to their non-Latinx white counterparts. These findings are significant not only for today's children and adolescents, but estimates of the future U.S. population project substantial demographic changes in the ratio of racial and ethnic minority populations. In fact, by 2060 **64% of children under the age of 18 in the U.S. are predicted to belong to racial and ethnic minorities.**

Racial Disparities in Pennsylvania

A recent survey completed by ZERO TO THREE and Child Trends, the “State of the Babies Yearbook 2019,” reflected the challenges as well as the resilience that racial and ethnic minority families in Pennsylvania face. For instance, the data showed that “as many as 39% of infants and toddlers live in households with incomes less than twice the federal poverty line (in 2017, about $50,000 a year for a family of four).” Furthermore, the data indicated higher rates of racial and ethnic minority infants and toddlers were living in poverty compared to their non-Latinx white peers. Importantly, we now know that poverty places children at greater risk for poor outcomes; children in families who can’t meet basic needs like quality housing and nutrition or live in communities with higher degrees of violence and trauma often face poor cognitive, social-emotional and behavioral health.

This survey also looked at caregivers’ health and well-being given that a caregiver’s health directly impacts their child’s health and well-being. Despite Pennsylvania caregivers reporting higher rates of adverse childhood events than the national average, parents and caregivers also endorsed higher rates of family resilience than the national average. Resilience essentially means the ability to adapt to difficult circumstances and is fostered through strong social supports and reinforced when one feels welcome and supported in their community. In this survey, resiliency was defined as the ability to “cope with challenges that impact their well-being.” Families were asked to respond to their perceptions about their abilities to problem-solve together, remain optimistic, collectively make decisions, decrease conflict and communicate well. The survey illustrated resilience via “strong families,” highlighting the importance of nurturing relationships because the families self-reported resilience in the face of adversity, including lack of resources for basic needs, child care support and family leave policies.

How Resiliency Affects Health

One of the most important ways to foster resilience in families from diverse cultures and backgrounds is to acknowledge how their cultural background influences their parenting patterns. Too often, physicians don’t recognize, emphasize or even acknowledge differences in parenting practices and cultural beliefs. By understanding that differences exist and asking about them, we have better insight into the lives of diverse young children and families.

Just as one example, literature on television viewing in early childhood has repeatedly shown that young children of color watch more TV than their non-Latinx white counterparts irrespective of viewing guidelines and restrictions for young children. To gain a deeper understanding of this television viewing disparity, I worked with a research team in 2013 to complete a study on television viewing in early childhood that asked families about their beliefs. We learned that non-English speaking parents saw television as an important teacher of English for their children, helping them to assimilate more rapidly. Other racial and ethnic minority parents saw television viewing as an opportunity for their children to learn pre-educational skills that would help them in school. And, another group of parents thought that having their young children watched specific programs with diverse characters, was a way for them to have representation by seeing “someone like them” on TV. By recognizing that racial and ethnic minority parents have distinct attitudes and beliefs with respect to television viewing and other child-rearing practices, and inquiring about them, we support resilience in families and engender trust in our practice, which can in turn help families open up about their experiences and lead to better care.

Addressing racial and ethnic disparities and fostering resiliency in racial and ethnic minority children will take many different efforts, including improving workforce diversity so that clinicians better reflect the communities they serve and ensuring that providers are aware of their own biases. Developing cultural attunement, humility and familiarity with the core beliefs of the communities that clinicians care for is just one piece of this complicated, yet attainable puzzle. With all of us working together as a team, and acknowledging that significant problems exist, we can ensure that all children receive the same quality of care.

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