Children's Hospital of Philadelphia PolicyLab

Child Health Equity and Primary Care

Visit Article

Child health disparities in terms of access to high-quality physical and behavioral health services and social needs supports are rampant and pernicious in the United States. These disparities reflect larger societal health inequities (social injustice in health) and lead to preventable population-specific differences in wellness outcomes with marginalized children facing substantial and systematically disproportionate health burdens. Primary care, and specifically the pediatric patient-centered medical home (P-PCMH) model, is a theoretically well-positioned platform to address whole-child health and wellness needs, yet often does so in a way that is inequitable for marginalized populations. This article delineates how the integration of psychologists within the P-PCMH can advance child health equity. This discussion emphasizes roles (i.e., clinician, consultant, trainer, administrator, researcher, and advocate) that psychologists can undertake with explicit intentionality toward promoting equity. These roles consider structural and ecological drivers of inequities and emphasize interprofessional collaboration within and across child-serving systems of care using community-partnered shared decision-making approaches. Owing to the multiple intersecting drivers implicated in health inequities-ecological (e.g., environmental and social determinants of health), biological (e.g., chronic illness, intergenerational morbidity), and developmental (e.g., developmental screening, support, and early intervention)-the ecobiodevelopmental model is used as an organizing framework for psychologists' roles in promoting health equity. This article aims to advance the platform of the P-PCMH to address and promote policy, practice, prevention, and research in child health equity and the important role of psychologists within this model.

Journal:

American Psychological Association
Authors: Jennifer Mautone