Expanding Pediatric Psychology Beyond Hospital Walls to Meet the Health Care Needs of Ethnic Minority Children

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Objective: To discuss the need for an ecological model and new approaches for meeting the psychological and physical health care needs of minority children.

Method: I support approaches that are informal, empowerment oriented, and culturally sensitive and that address illness prevention and health promotion.

Discussion: Assessment, intervention, and research challenges involved in implementing these approaches are identified, and some strategies for overcoming these challenges are discussed.

Conclusions: Pediatric psychology can be expanded to embrace the advocated model and intervention approaches to better meet the health care needs of minority children.

Key words: minority; intervention; culturally sensitive model.

The alarming state of affairs regarding the health of ethnic minority children in the United States clearly suggests that provision of appropriate and consistent health care to these children needs to be a national priority. High rates of hospitalization, disabilities, and missed school days among these children result in numerous negative consequences including interference with their psychosocial development (Canino & Spurlock, 2000). Additionally, minority children experience preventable diseases at a higher rate than their white peers.

In recent years the public has turned much needed attention to the disparities in health care access and use between ethnic minority American families and white American families. Economically disadvantaged ethnic minority families typically lack good health maintenance and seek medical care only during a medical crisis or after a disease has progressed (Canino & Spurlock, 2000).

Clearly, new approaches to health care, illness prevention, and health promotion among ethnic minorities in the United States are needed. Approaches based on an ecological conceptual model (McLeroy, Bibeau, Steckler, & Glanz, 1988) seem most appropriate, as this framework considers five levels of influence on health behavior, all of which appear to be particularly important in understanding and modifying the health behaviors of ethnic minority groups:

1. the individual level, including beliefs, values, education level, skills and other individual factors;
2. the interpersonal level, including interpersonal relationships between individuals;
3. the organizational level, which covers the way relevant institutions are organized and man-
aged; (4) the community level, including the communities that individuals operate in (e.g., professional networks, associations, neighborhoods), community attitudes and the relationship among different institutions within communities; and (5) the policy level, which refers to policies and regulations affecting intervention participants and the institutions in which they function. (cited in Newes-Adeyi, Helitzer, Caulfield, & Bronner, 2000, p. 2)

Because pediatric psychologists have knowledge of and experience with multidimensional approaches (e.g., biopsychosocial intervention approaches) for understanding and modifying health-related behavior of children, pediatric psychologists are especially well suited for developing and implementing ecological model–based approaches for improving health care among ethnic minority children. To do so, however, will involve expanding pediatric psychology beyond hospital walls.

The Need for Expanded Health Care Approaches

There is strong evidence that the existing formal health care system in the United States, which includes health service delivery through hospitals, emergency clinics, public health clinics, and private physicians, psychiatrists and psychologists, is not meeting the health care, illness prevention, and health promotion needs of our children. This evidence includes reports that an estimated 50% of the approximately 40 million American youths between the ages of 10 and 19 years old engage in two or more of the four major categories of high-risk behaviors (i.e., drug and alcohol use and abuse; unsafe sex, teenage pregnancy, teenage parenting; delinquency and crime; and school underachievement, failure, and dropout), with approximately 10% of these youths engaging in at least one behavior within each of these four categories (Dryfoos, 1990). Additionally, it has been found that health-risk behaviors, contagious childhood diseases, tuberculosis, and rheumatoid fever continue to occur at higher rates among ethnic minority youths than among other youths (Mitchell & Heagarty, 1991).

The latter finding is especially alarming, given the prediction that by 2050 the current ethnic/racial minorities may be the majority population in the United States (Chen, 1999). This population growth projection suggests that without new health care approaches, the prevalence of health problems will be higher among future generations of American youths. The additional findings that many ethnic minorities underutilize formal mental health services and that cultural groups differ in their help-seeking behavior (Giordano & Giordano, 1977; Tseng & McDermott, 1981) suggest the need for pediatric psychology in settings where ethnic minorities tend to seek other services and social and emotional support (e.g., churches, schools, and community centers).

Characteristics of Needed Expanded Health Care Approaches

There is growing attention to identifying the descriptive characteristics of health care approaches or interventions that will likely better meet the psychological and physical health needs of ethnic minority children. Given the available health care literature and the five levels of influence on health behavior enunciated by the ecological model, these health care approaches should be informal, empowerment-oriented, culturally sensitive, and should address illness prevention and health promotion.

Informal Care Approaches

Informal care has been defined as the practice of alleviating physiological and psychological problems through eliciting the involvement of diverse groups (e.g., traditional healers and family members), using measures that do not require a prescription from or intervention by a physician (e.g., lifestyle modifications), and utilizing mechanisms or settings outside of formal, institutional settings such as hospitals and physicians’ offices (Chen, 1999). In contrast, formal care is the practice of alleviating physiological and psychological problems by Western-trained allopathic and osteopathic medical practitioners and associated health professionals through institutionally based settings such as hospitals and clinics.

The settings for informal care include schools, community centers, churches, and the homes or offices of unconventional health care providers such as traditional healers. Informal care often incorporates alternative and complementary medicine. Specific types of informal care include (1) traditional Chinese or Oriental medicine (including acupunc-
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Culturally Sensitive Approaches

Even though there is wide agreement that cultural sensitivity in health care delivery is important, there is no universal agreement as to what is meant by this term (Stewart et al., 1999). I believe that cultural sensitivity is communicating or displaying culture-related knowledge, skills, and awareness in ways that make patients and others feel that their culture is respected and that make them trust the health care they receive. Cultural sensitivity includes being aware of one’s own culture and cultural biases, viewing cultural differences as differences rather than as deficits or inadequacies, and

ture and moxibustion); (2) Ayurvedic medicine; (3) body/mind medicine (including biofeedback, imagery, and yoga); (4) chiropractic; (5) exercise; (6) herbal medicine, Native Hawaiian La’au Lapa’au; (7) self-care; and (8) prayer (Chen, 1999).

Informal care seems acceptable to many ethnic minorities, given the estimation that as many as half of the racial/ethnic populations in the United States use informal care (Chen, 1999). This estimation and research indicating the effectiveness of informal care with ethnic minority pediatric patients support the expansion of pediatric psychology beyond the walls of hospitals. An example of such research is a study investigating pain among ethnic minority children with sickle cell disease that concluded that the integration of assessment strategies into home-based pain management programs may improve the health outcomes of these children (Graumlich et al., 2001).

The appeal by researchers at the Centers for Disease Control and Prevention to psychologists to join with schools to improve the health of children and adolescents further evidences the growing recognition of the potential value of informal health care (Kolbe, Collins, & Cortese, 1997). Pediatric psychologists can work in schools and in communities (e.g., in churches and community centers) to help implement and evaluate the effects of interventions to modify and prevent health-risk behaviors among ethnic minority youths and to help analyze the associations between educational outcomes and health behaviors/status among these youths. Consistent with an ecological model, these psychologists would involve the target ethnic minority children and their parents, as well as leaders and unconventional health practitioners in the community in the development, implementation, and evaluation of investigated interventions.

Empowerment Approaches

Empowerment connotes enabling or allowing people power and control for self-determination of life direction and experiences. When this term is used in the context of health care, it refers to having active control over the identification of needed health care, health care delivery, health promotion policies, and health-related resources. Such control and participation in the United States typically come with high socioeconomic and educational status and with physicians, hospital administrators, health insurance company owners, and legislators with the legal authority to control the dissemination of health resources or medications and to set health policies.

Due in part to historical events such as disenfranchisement (e.g., movement of Native Americans and Japanese from their lands), economic exploitation (e.g., slavery of African Americans and their African ancestors), and medical abuse (e.g., the Tuskegee Study) of many ethnic minorities by majority groups, ethnic minority children and their families are overrepresented in the low socioeconomic classes in the United States and thus have little control over or power to change the quality, quantity, or source of health care delivery to them. Given the indication from the 1990 census that each of the racial/ethnic minority populations in the United States grew faster than the majority population (U.S. Department of Commerce News, 1991), empowerment of ethnic minorities for illness prevention, treatment of mental and physical health problems, and health promotion among their children is an investment in the future health and life of our nation (Chen, 1999).

Pediatric psychologists can help promote this health empowerment by collaborating and advocating with ethnic minority parents and with school and community leaders to obtain educational, counseling, and financial resources for use in their communities to promote health, prevent illness, and promote the use of formal and informal health care services. Additionally, pediatric psychologists can forge collaborative partnerships among community leaders, community businesses, and hospital administrators that enable each to provide financial and human resources to support the health delivery and health promotion mechanisms desired by the community.
recognizing the roles of economic and cultural differences between the majority culture and ethnic minority cultures in the disproportionately high incidence of psychological and physical health problems among ethnic minority children and their families.

Cultural sensitivity by pediatric psychologists in their actions to extend their services beyond hospital walls to meet the psychological and physical health needs of minority children can be demonstrated in several ways. These psychologists can provide their services in ethnic minority neighborhoods close to public transportation; provide some evening and night walk-in service times; utilize the services of receptionists, co-therapists, and traditional healers (e.g., curanderos) who share the cultural and linguistic backgrounds of their patients; and create in their offices an ambience that reflects the cultural heritage of the client population (Rogler, Blumenthal, Malgady & Costantino, 1985).

Illness Prevention Approaches

Because minority families in the United States are less able to pay for medicines and hospitalization, illness prevention and health promotion should be emphasized in needed approaches to extend health care beyond hospital walls. Yet it has been estimated that the United States devotes less than 1% of its budget to the prevention of mental health problems (Nelson, Prilleltensky, Laurendeau, & Powell, 1996) and spends very little on early intervention to prevent physical health problems (McCain & Mustard, 1999).

Prevention intervention approaches need to be directed toward all systems that affect ethnic minority children, which include the following: (1) the micro-system, which refers to the child’s family and social network; (2) the exosystem, which refers to the child and her or his family in relation to the larger society (i.e., work settings, schools, religious settings, neighborhoods); and (3) the macro-system, which refers to economic policies, social norms, social class, and societal safety nets (Belsky, 1993; Prilleltensky & Nelson, 2000). This ecological systems approach recognizes that prevention of illness among ethnic minority children cannot occur through individual, family, group therapy, or consultation alone; interventions must take into consideration the power structures (e.g., economic class structure) that affect these children and their families.

Pediatric psychologists can promote prevention of psychological and physical health problems by forming coalitions among themselves and with children’s advocacy groups to formulate and then advocate for ways that communities, schools, states, the federal government, private foundations, and businesses can promote the economic and educational advancement of ethnic minority families to reduce psychological and physical health risks among their children. Pediatric psychologists can also facilitate family-school-community-business-government partnership education and mentoring programs designed to help each partner identify and then implement strategies to prevent crime, school dropout, obesity, and other health-risk conditions in ethnic minority neighborhoods.

Health Promotion Approaches

In recent years, there has been growing support for the view that actions must be taken to promote the physical and psychological health of all children (Lerner, 2000; Lerner, Sparks, & McCubbin, 1999).

Adoption of an ecological, social responsibility action approach to promoting health and wellness is being advocated. This approach views health and wellness of children as universal benefits, and thus everyone has a stake in promoting them. Consequently, actions to promote health and wellness of all children must be the responsibility of parents, communities, and governments (Evans & Wekerle, 1997; Griffin Cohen, 1997; Kitchen, 1995).

To promote psychological and physical health and wellness among ethnic minority children, pediatric psychologists can assume advocacy, education, and partnership building roles. These professionals can also advocate for and help develop and evaluate community-based and school-based culturally sensitive health care and wellness promotion programs for ethnic minority children.

Overcoming the Challenges to Expanding Pediatric Psychology

There are noteworthy challenges to successfully expanding pediatric psychology beyond hospital walls using an ecological health care model. These challenges relate to (1) conducting assessments to gather needed information for tailoring expansion approaches to the target population, (2) effectively implementing the decided upon expansion ap-
proaches, and (3) conducting research to evaluate the impact of the expansion approaches. Strategies for overcoming these challenges must be formulated in collaboration with all involved in implementing these approaches.

Assessment Challenges and Strategies for Overcoming Them

It is important to obtain multidimensional information on the family and community of any potential beneficiaries of expanded pediatric psychology that embraces an ecological health care model, including their culture, socioeconomic status and related challenges, psychological and physical health status and related beliefs, and interest in interventions to improve their children’s health-related quality of life. Pediatric psychologists will likely encounter several challenges in efforts to collect this assessment data.

One challenge is that of gaining community acceptance so that assessment or background information can be obtained and working partnerships can be formed. Pediatric psychologists can meet this challenge by informing community leaders (e.g., religious leaders, spiritual healers, political leaders, school leaders, and teachers) of their motivations to identify and address the psychological and physical health needs of the children in that community. Additionally, pediatric psychologists can become aware of cultural biases in existing psychological diagnostic instruments and criteria and in their own worldview. Evaluators (e.g., pediatric psychologists) must be self-reflective regarding their own cultural norms and practices versus those of their clients and consider the influence of revealed differences when interpreting assessment information obtained. Evaluators themselves are the most important instruments in conducting culturally sensitive assessments (Canino & Spurlock, 2000).

A second assessment challenge is implementing culturally appropriate multidimensional assessment methods. To meet this challenge, pediatric psychologists can obtain training in conducting culturally sensitive assessments and can involve assessment partners who know the native language of the target intervention family and community. Individuals culturally similar to the target family may be ideal members of an assessment team; however, training in culturally sensitive assessment is paramount.

A third assessment challenge is finding incentives for data collection participation, including a list of the specific benefits of participating and monetary incentives/payments. The latter will require mini-grants from hospitals, foundations, businesses, or government agencies (e.g., NIMH and NIH) interested in the health and wellness of minority children.

Intervention Challenges and Strategies for Overcoming Them

Pediatric psychologists will likely encounter three major intervention challenges in their efforts to implement intervention approaches for expanding pediatric psychology beyond hospital walls. One is finding adequate time and resources for intervention approach planning and program development. Because of large clinical loads, pediatric psychologists typically do not have the time to develop the ecological model–based, multilevel intervention programs needed to meet the health needs of minority children (Canino & Spurlock, 2000). Thus, pediatric psychologists need to negotiate with their employers for the time and resources to plan and implement these needed programs, pointing out in the process the long-term economic advantages of tangibly supporting such program development.

A second major intervention challenge for pediatric psychologists is to obtain training in organizational and program development adapted to ensure that trainees will be culturally competent. Such adaptations are consistent with the national call for cultural competence by the Child and Adolescent Service System Minority Initiative issued in 1999 to improve services for children who are members of racial and ethnic groups of color. As reported by Williams (1999), cultural competence is “the convergence of program structure and climate as well as a congruent set of behaviors, policies, and practices that enable programs and service providers to operate effectively with people from diverse backgrounds.”

The third major intervention challenge for pediatric psychologists is sustaining family participation in health care–related programs over time. Many minority families face multiple stressors (e.g., financial problems, unsatisfactory school performance by their children, racial discrimination, etc.) that distract them from consistent and long-term participation in intervention programs. To meet this challenge, these programs must be easily accessible, include some periodic monetary incentives
for participating in each program phase, include any needed participation transportation and childcare services, and include some immediate family or child assistance (e.g., tutoring for children who are failing).

Research Challenges and Strategies for Overcoming Them

Pediatric psychologists must conduct research to evaluate the effectiveness of the approaches and interventions that they implement outside of hospital walls and further identify the contributors to illness prevention, illness treatment, treatment adherence, and health promotion among minority children. As a part of this research, these psychologists can also respond to the need for data on the efficacy of specific types of informal/unconventional health care practices and interventions among ethnic minorities—data that have proven difficult to obtain (Chen, 1999; Canino & Spurlock, 2000). This important research will provide the impetus and support for funding of informal, empowerment-oriented, culturally sensitive, illness prevention and health promotion approaches to meet the health care needs of ethnic minority children and their families.

Conducting this important research is not without challenges. One challenge is developing existing data collection instruments and culturally sensitive methods. Some strategies for meeting this challenge include using at least some qualitative data collection approaches, using written assessments in the native language of and at the education level of the persons completing them, and involving a multicultural research team in collecting and analyzing the data to promote objectivity (Gil & Bob, 1999). It is also useful to pilot-test planned assessment instruments and methods with individuals similar to those with whom they will be used in the actual research.

Another research challenge is to develop a large pool of researchers who focus on minority health. To meet this challenge, universities and teaching hospital faculty and administrators should actively recruit, train, mentor, and fund minority graduate students to become culturally competent and culturally sensitive pediatric psychology researchers.

Given the underrepresentation of ethnic minorities in clinical trials, getting them to participate in research related to expanding pediatric psychology beyond hospital walls will also likely be a challenge. In addition to paying minority research participants for their time and travel for research participation, researchers should clearly specify in writing and in verbal form the reasons for the research, how the research data will be used, and what will be done to protect research participants’ rights as human subjects. Recruitment of family members to serve as research participant recruiters is also recommended, given that their explanations of the research may be viewed as more credible than explanations by the professional researchers, especially when the professionals are not ethnic minorities.

Mechanisms for Expanding Pediatric Psychology

Consultation services, therapeutic communities, school-based programs, and community-based programs to modify and prevent health-risk behaviors or to promote health and wellness among ethnic minority children and their families are examples of mechanisms for expanding pediatric psychology beyond hospital walls. These mechanisms differ in their structure and breadth and thus in the level of human and physical resources needed to launch and sustain them.

Consultation Services

As consultants, pediatric psychologists can assume numerous roles within schools. For example, they can educate minority parents and students as well as school personnel and community members about the links between physical health problems and psychological problems and the importance and availability of resources for addressing both problems. These psychologists can also consult with school health professionals on strategies for promoting psychosocial adjustment of ethnic minority children with disabilities or who are experiencing academic failure, evidencing behavior problems, or living with a chronic illness. Culturally sensitive pediatric psychologists can help identify the roles of ethnicity, race, and culture in psychological, academic, and physical health problems of schoolchildren. Additionally, these psychologists can encourage the recognition of the culture-related strengths of ethnic minority children and make sure that this information is considered in assessments and interventions with these children and their families.
Therapeutic Communities

Given that ethnic minority children, like other children, are influenced to do what they see others consistently around them do, it is no surprise that ethnic minority children who live in communities where there is much drug and alcohol abuse, delinquency, teen sex, and truancy are at high risk of engaging in these health-risk behaviors. Thus, culturally sensitive community interventions to treat, modify, or prevent these health-risk behaviors have great potential for reducing them.

Pediatric psychologists can work with religious organizations (e.g., churches), youth organizations (e.g., girls and boys clubs), after-school tutoring programs, counseling centers at community-based colleges and universities, minority youth mentoring programs, and large health-focused organizations (e.g., hospitals and mental health centers) to develop community-wide prevention-oriented and treatment-oriented services and activities for promoting the physical and psychological health of minority children. These psychologists can also assume leadership in collecting needed empirical data on the effectiveness of these therapeutic communities.

School-Based Programs

Because schools offer an organizational structure for multidimensional interventions to promote positive development in children, they are perfectly suited for programs that expand pediatric psychology beyond hospital walls. An example of a school-based intervention program for minority youths that can serve as a model for integrating the work of pediatric psychologists into schools is a school mental health program developed by the Family Academy in Harlem (Canino, 1996). This model program includes schoolchildren, families, and educators in extended day and school year activities that include family education workshops on health, parenting, and home management. This program emphasizes prevention of health-risk behaviors and community involvement, provision of integrated services, collaboration with private and public supporters, and inclusion of an appreciation of ethnic history and culture in its curriculum. Thus, it is consistent with an ecological intervention model.

Pediatric psychologists have the credibility, knowledge, and skills to provide interventions to promote health and to treat and prevent illness as part of a school curriculum or via school-community outreach activities and programs such as health fairs and parent training workshops. Pediatric psychologists can also train teachers and school counselors in strategies to modify behavior problems and other health-risk behaviors.

A University-School-Community Research-Based Model Partnership Education Program

The University-School-Community Research-Based Model Partnership Education Program (Tucker, 1999; Tucker et al., 1995), commonly referred to as PEP, is an example of an ecological program established by a psychologist. Thus, it provides a good example of the kind of program development in which pediatric psychologists are especially capable of engaging. PEP is an after-school community-based program to improve academic achievement and adaptive skills (i.e., communication, socialization, daily living, and future job skills), promote health, and reduce health-risk behaviors of African American children in grades one through twelve from socioeconomically disadvantaged neighborhoods. It is implemented by multiple partners, including psychologists and psychology students at the University of Florida, teachers at local schools, parent and community volunteers, and business leaders. It has received funding from individual donors, foundations (i.e., the Jessie Ball duPont Fund and the Hitachi Foundation) and Florida’s Department of Education. PEP is implemented in the education annex of a church (Mt. Olive AME Church) located in the heart of a low-income minority community in Gainesville, Florida, and is in its twelfth year of operation.

The theoretical underpinning of PEP is the self-empowerment theory of achievement (Tucker, 1999). This theory recognizes that the multiple external factors (e.g., economic, social, and political factors) that often negatively affect the life course of African American children typically cannot be eliminated in the school lifetime of a child and thus advocates teaching these children self-empowering knowledge, skills, and behaviors for achieving overall academic success and good health.

Using a wait-list control group research paradigm to assess the effectiveness of PEP, Tucker (1999) and Tucker et al. (1995) found that at 2-year and 4-year follow-up periods, children in the PEP
evidenced better grades than the control children. Qualitative measures showed that participation in the PEP improved adaptive skills and reduced behavior problems among participating African American children (Tucker, 1995). Physical health outcomes were not assessed.

Pediatric psychologists can establish a version of the PEP focused on physical health outcomes. Given their research training, pediatric psychologists are especially prepared to evaluate the impact on health and the cost-effectiveness of such a health-focused community-based program. Indeed, such program evaluation research is needed to justify and institutionalize the expansion of pediatric psychology beyond hospital walls.

Conclusions

The failure of the current health care delivery system to adequately meet the physical and psychological health care needs of ethnic minority children in the United States clearly indicates the need for new, innovative, culturally sensitive health approaches. Given the multiple ecological factors that affect the psychological and physical health of minority children, these approaches should be anchored in an ecological intervention framework; that is, these approaches ideally should be multi-level and collaborative. Specifically, approaches to promote health and prevent illness among minority children must involve the target children and their families, their communities, and their health care providers, as well as leaders of institutions and policy makers at the local, state, and national levels who control or influence economic or health care policies. Existing research and literature on needed intervention programs to address health-risk behaviors of minority children additionally indicate the need for these approaches to be informal, empowerment-oriented, and culturally sensitive.

Because of their health-related research skills and their knowledge of how physical, psychological, cultural, and social factors interact to influence physical and psychological health of children, pediatric psychologists are especially well trained to participate in and evaluate the effectiveness of new multilevel collaborative approaches to meet the health needs of minority children. To do so will require working beyond hospital walls and informing hospital administrators of the potential hospital cost-containment benefits of this expansion of pediatric psychology. This expansion of work roles by pediatric psychologists will also likely require these professionals to join other psychologists in acquiring additional training to enhance their skills in organizational development and their cultural competence.

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