

HealthySteps Helps Reduce Disparities and Promote Equity



HealthySteps practices aim to provide culturally and linguistically responsive pediatric care, and in doing so, prioritize family-centered, quality service delivery and reduce disparities.

As the medical assistant brings first-time patient, José, age 18 months, and his mom, Catalina, to the exam room, she notices they have not completed the screener given to them at check in. Catalina, clearly upset, tells the medical assistant, *“I don’t know what to do! He hits/bites and does not listen and they want to kick him out of daycare!”* The medical assistant alerts the team, and the pediatrician and HealthySteps Specialist (HS Specialist), Sophia, go into the room to introduce themselves. The pediatrician says, *“Sophia helps families with babies and toddlers. She is especially good at helping with things like behavior. I will let you all talk first.”*



Sophia sits down across from Catalina and begins by asking: *“What language do you feel most comfortable using?”* Catalina says she is comfortable with English today, but says she speaks mostly Spanish at home. They discuss Catalina’s close family (including extended family members) who all live together. Sophia asks about the things they enjoy doing as a family and routines and traditions that are important to them. Catalina shares how talkative and smart José is, and also describes his tantrums and aggressive behavior at both home and childcare.



HealthySteps is a strength- and relationship-based model that plays an important role in building the trust required for caregivers to feel comfortable sharing their values, cultural beliefs, and practices. This approach is foundational to providing family centered, culturally responsive care.

Toward the end of the visit, the HS Specialist clarifies *“What language do you feel most comfortable reading information in?”* Catalina says that she prefers to receive written information in Spanish. Sophia provides Catalina with handouts in Spanish and puts an alert in the chart indicating to providers and staff that the family prefers written information in Spanish and is comfortable speaking in both English and Spanish.

When the family returns to the practice for a follow-up visit, the medical assistant notes the alert in the chart and provides Catalina screeners in Spanish.

The HS Specialist, Sophia, joins. *“Thank you for completing this screener, Catalina. We ask all our families to complete these so that we can understand any concerns. I see that you still have concerns about José’s behavior and if it’s okay, I would like to talk more about that. But I also want to know what you think is most important for us to talk about today.”*

Catalina shares important details about their family and culture.

Sophia continues, *“Thanks Catalina, for sharing how close your family is and how involved your mom is in caring for José. And for helping me understand parenting practices in Cuba and how they are different than practices in the U.S. I wonder how you would feel having your mom join us for your next appointment?”*



Family experience in health care practices is enhanced when they see artwork that reflects their culture, when they see people who look like them, when office materials are in their primary language, and when staff express curiosity and seek to understand their cultural priorities.

Sophia, the HS Specialist, wraps up by saying, *“Thank you for all you have shared to help me understand what is important to your family and in your culture. At the first appointment, the front desk usually asks all our families questions about how they identify their race, ethnicity, and language. This information plays an important role in our understanding of communities so we can best provide quality care to ALL families. Would it be okay if I checked with you to be sure that the information we currently have is accurate?”*

Catalina and Sophia review/amend the information on record; Catalina shares that she typically just says White when asked about race, but they are actually multiracial.

Sophia closes out the visit, *“Do you have questions or concerns about why we ask these questions or what we do with this information?”*



While HS Specialists are not typically the first to collect data on race, ethnicity, or language, their trusted relationship and partnership with families provides a unique opportunity for families to self-report the information, which is the gold standard for collecting this data.

Considerations for staff: They may feel more comfortable asking patients personal questions if they understand what disparities exist, why they occur, and what their role is in identifying and addressing disparities.

Considerations for families: They may be more willing to participate in data collection when they understand how the data will be used to monitor and improve the quality of care, and when they have developed a trusting relationship with the person asking.

The pediatrician and HS Specialist are happy to welcome Catalina and her mother to José’s 24-month well-child visit. The team celebrates José’s rapidly developing language skills in both English and Spanish, as well as his emerging pretend play. Catalina and her mom also share their frustration with his aggression and tantrums and convey their different beliefs about how to manage these behaviors. Catalina and her mom report differences in not only how to respond to behavior challenges, but also about what language to speak at home, where José should sleep, and feeding practices.



Engaging José’s (multigenerational) family and understanding and respecting their cultural values, beliefs, and priorities allows the health care team to effectively and responsively partner with the family to address concerns.

Catalina and her mom continue to bring José to his well-child visits together. The HS Specialist and full team strive to provide culturally responsive care. The family trusts and feels respected by their health care team. Through this partnership, including collaboration with child care, José's behavior improves and he begins to thrive.

The Office of Minority Health developed national standards for Culturally and Linguistically Appropriate Services (CLAS). CLAS are services that are respectful of and responsive to each person's culture and communication needs.

CLAS help providers take into account the cultural health beliefs, preferred languages, health literacy levels, and communication needs of each family. CLAS helps make services: [Respectful, Understandable, Effective, and Equitable](#).



During reflective clinical supervision, Sophia discusses her appointments with José's family with her HealthySteps supervisor. She reflects on her memories growing up with her own live-in grandmother and how she often finds herself feeling protective of José's grandmother during the appointments. Reflective supervision also allows Sophia the time and space to share her personal experience as a Latina woman in the practice and the larger health system.

HS Specialists, providers, and staff are encouraged to engage in personal and professional reflection to understand their own culture and its interaction with patient care, as well as the role of culture for the children and families they serve.

Reflective supervision that incorporates the [HS Specialist Competencies](#) can be a powerful vehicle for providing culturally and linguistically responsive care.



Learn about ZERO TO THREE's [commitment](#) to diversity, equity, and inclusion and visit healthysteps.org for more information about HealthySteps.