

- **Child maltreatment.** Although there has been a slow decline in the prevalence of child maltreatment, there were over 760,000 reported cases of abuse in 2009. The majority (71%) of children were neglected; 16% suffered physical abuse, and nearly 9% were victims of sexual abuse.
- **Current social and economic stress on the U.S. population.** There are considerable societal stresses affecting the physical and mental health of children, including rising unemployment associated with the economic slowdown, financial turmoil, and political unrest. Millions of families have lost their homes or are at risk for losing their homes after defaulting on mortgage payments.
- **Toxic stress in childhood leading to adult health challenges.** The growing understanding of the interrelationship between biologic and developmental stresses, environmental exposure, and the genetic potential of patients is helping us recognize the adverse impact of toxic stressors on health and well-being. Pediatricians must screen for and act upon factors that promote or hinder early development to provide the best opportunity for long-term health.
- **Military deployment and children.** Current armed conflicts and political unrest have affected millions of adults and their children. There are an estimated 1.5 million active duty and National Guard/Reserve servicemen and women, parents to over a million children. An estimated 31% of troops returning from armed conflicts have a mental health condition (alcoholism, depression, and posttraumatic stress disorder) or report having experienced a traumatic brain injury. Their children are affected by these morbidities as well as by the psychological impact of deployment on children of all ages. Child maltreatment is more prevalent in families of U.S.-enlisted soldiers during combat deployment than in nondeployed soldiers.
- Children with Medicaid/public coverage are less likely to be in excellent health than children with private health insurance.
- Access to care for children is easier for whites and for children of higher income families than for minority and low-income families.

CHANGING MORBIDITY: THE SOCIAL/EMOTIONAL ASPECTS OF PEDIATRIC PRACTICE

- **Changing morbidity** reflects the relationship among environmental, social, emotional, and developmental issues; child health status; and outcome. These observations are based on significant interactions of **biopsychosocial** influences on health and illness, such as school problems, learning disabilities, and attention problems; child and adolescent mood and anxiety disorders; adolescent suicide and homicide; firearms in the home; school violence; effects of media violence, obesity, and sexual activity; and substance use and abuse by adolescents.
- Currently 20% to 25% of children are estimated to have some mental health problems; 5% to 6% of these problems are severe. Unfortunately it is estimated that pediatricians identify only 50% of mental health problems. The overall prevalence of psychosocial dysfunction of preschool and school-age children is 10% and 13%, respectively. Children from poor families are twice as likely to have psychosocial problems than children from higher income families. Nationwide, there is a lack of adequate mental health services for children.

Important influences on children's health, in addition to poverty, include homelessness, single-parent families, parental divorce, domestic violence, both parents working, and inadequate child care. Related pediatric challenges include improving the quality of health care, social justice, equality in health care access, and improving the public health system. For adolescents, there are special concerns about sexuality, sexual orientation, pregnancy, substance use and abuse, violence, depression, and suicide.

HEALTH DISPARITIES IN HEALTH CARE FOR CHILDREN

Health disparities are the differences that remain after taking into account patients' needs, preferences, and the availability of health care. Social conditions, social inequity, discrimination, social stress, language barriers, and poverty are antecedents to and associated causes of health disparities. The disparities in infant mortality relate to poor access to prenatal care during pregnancy and the lack of access and appropriate health services for women, such as preventive services, family planning, and appropriate nutrition and health care, throughout their life span.

- Infant mortality increases as the mother's level of education decreases.
- Children from poor families are less likely to be immunized at 4 years of age and less likely to receive dental care.
- Rates of hospital admission are higher for people who live in low-income areas.
- Children of ethnic minorities and children from poor families are less likely to have physician office or hospital outpatient visits and more likely to have hospital emergency department visits.

CULTURE

Culture is an active, dynamic, and complex process of the way people interact and behave in the world. Culture encompasses the concepts, beliefs, values (including nurturing of children), and standards of behavior, language, and dress attributable to people that give order to their experiences in the world, offer sense and purpose to their interactions with others, and provide meaning for their lives. The growing diversity of the United States requires that health care workers make an attempt to understand the impact of health, illness, and treatment on the patient and family from their perspective. This requires open-ended questions, such as: "What *worries* (concerns) you the most about your child's illness?" and "What do you *think* has caused your child's illness?" These can facilitate a discussion of parents' thoughts and feelings about the illness and its causes. Addressing concepts and beliefs about how one interacts with health professionals as well as the family's spiritual and religious approach to health and health care from a cultural perspective allows the pediatrician, patient, and family to