We are pleased to serve as co-guest editors of this issue of Pediatric Annals, which focuses on health care disparities among children and youth with special health care needs (CYSHCN). The population of CYSHCN is large and ever growing; approximately 20% of children in the United States (younger than age 18 years) have a defined special health care need. This population experiences serious adversities that affect their health and well-being in childhood as well as future adult trajectories. It is well known that children with special health care needs experience a variety of disparities and that these disparities are exacerbated by system fragmentation and missed opportunities. In this issue, we have chosen to focus on aspects of health care disparities that have been underrepresented in the literature with respect to CYSHCN, such as access to early childhood supports, delayed developmental and educational services, community participation, and behavioral health.

In the first article, “Health Disparities and Child Development After Prematurity,” Frances A. Carter and Dr. Michael E. Msall explore the double jeopardy that persists with respect to prematurity, minority ethnicity, and family support. To date on a policy-level, there has been little recognition that children surviving prematurity, who are often disproportionately African American and impoverished, frequently confront barriers when trying to access comprehensive early childhood supports. The authors highlight some guidelines to proactively address these barriers.

In the second article, “Prolonged Hospital Discharge for Children with Technology Dependency: A Source of Health Care Disparities,” Drs. Sarah A. Sobotka, Rishi K. Agrawal, and Msall focus on why children who require specialized technology (ie, ventilators) as part of their routine care remain hospitalized longer than medically necessary. They explore the ways in which prolonged hospitalization negatively affects development, which is especially vital for children already at risk for developmental delays because of their underlying diagnosis. Lastly, they present a model program in the hospital-to-home pipeline that could help reduce the disparities associated with prolonged hospital discharge.

Health care disparities are well-documented for transition-aged youth with disabilities. However, these youth also experience disparities in outcomes in other life domains, such as education, employment, and relationships. In the third article, “Disparities in Life Course Outcomes for Transition-Aged Youth with Disabilities,” Dr. Kruti Acharya, Regina Meza, and Dr. Msall review disparities that transition-aged youth with disabilities experience beyond health and health care. To represent a range of disabilities, they highlight data from three populations: autism spectrum disorders, Down syndrome, and cerebral palsy. In an emerging era of population health, the authors underscore the importance of care coordination throughout the patient-centered medical home to promote overall well-being in adolescence and into adulthood.

The last two articles both address behavioral health care albeit from different perspectives. In the fourth article, “Racial and Ethnic Health Disparities and Trauma-Informed Care for Children Exposed to Community Violence,” Drs. Bradley C. Stolbach and Seeba Anam explore how community violence contributes to observed mental and physical disparities among ethnic minority youth. They discuss the critically important role of health professionals to address this major American epidemic. Lastly, in the final article, “Behavioral Health...
Disparities Among Children and Youth with Special Health Care Needs,” Drs. Anne Elizabeth Glassgow and Benjamin Van Voorhees focus on the importance of behavioral health supports for vulnerable children and adolescents with special health care needs. They identify gaps in behavioral health assessment research that are needed to facilitate system change and how a proactive systems approach has the capacity to reduce adverse adult outcomes.

We send a special thank you to all of the contributors to this issue and to the Editor-in-Chief, Dr. Joseph R. Hageman, for the opportunity to present this information. Reducing disparities for CYSHCN requires opportunities to share and develop collaborative models that integrate comprehensive primary care with developmental enrichment, behavioral health, and community participation. It is our hope that these articles provide an interesting and valuable overview of a biopsychosocial life course framework for clinicians and researchers alike. We hope clinicians will apply these new strategies in clinical practice to reduce disparities in their vulnerable pediatric and adolescent populations. We hope researchers will use these articles as a guide to continued evaluation of integrated developmental and behavioral health management. In this way, we can continue our important roles in improving the psychosocial and medical outcomes of people with special health care needs and the well-being of their families.

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About the Guest Editors

**Kruti Acharya, MD,** is a board certified Developmental and Behavioral Pediatrician and Internist and Assistant Professor in the Departments of Disability and Human Development, Pediatrics and Medicine at the University of Illinois at Chicago. She completed training in Medical Ethics at the MacLean Center for Clinical Medical Ethics at The University of Chicago. Dr. Acharya provides comprehensive care to adolescents and young adults with developmental disabilities as they transition from pediatric to adult systems of care. Her research is focused on the intersection of disability and ethics including topics such as genetic testing and health care disparities. She is also the director of Illinois LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program, one of 52 programs funded by the Maternal Child Health Bureau focused on building workforce capacity to care for people with neurodevelopmental disabilities across the lifespan.

Address correspondence to Kruti Acharya, MD, via email: acharyak@uic.edu.

**Michael E. Msall, MD,** is a Professor of Pediatrics and the Associate Director of the Kennedy Research Center on Intellectual and Neurodevelopmental Disabilities at The University of Chicago Pritzker School of Medicine. He is also the Chief of Developmental and Behavioral Pediatrics at Comer Children’s Hospital. For the past 3 decades, he has been involved with understanding the complexity of child, adolescent, and young adult developmental outcomes after translational technologies whether neuroprotective, genetic, or neurorehabilitative. His clinical and teaching priorities have been to develop interdisciplinary systems of care in settings of scarce resources for children at highest risk for neurodevelopmental disabilities whether biological or social. With colleagues at The University of Chicago, he has created the first developmental and behavioral pediatric fellowship program in Illinois to address the epidemics of developmental complexity. His current collaborative projects include adult outcomes of preterm children who had received neonatal intensive care; health, developmental, and adaptive skills in children with monogenic diabetes; using new technologies for the earliest identification of children at highest risk for cerebral palsy; optimizing communicative environments in early childhood interventions to optimize outcomes in ethnic minority children with autism; and multicenter collaborations on a population level to optimize health, functioning, and participation across the life course for people with cerebral palsy, Down syndrome, intellectual disability, and autism.

He has received the Sir James Carreras International Variety Club Award for Physician Leadership in Neurodevelopmental Disabilities in Western New York, the Rhode Island Kids Count Leadership Award, and the Pathways Pioneer Award for Leadership in Research and Advocacy for Children in Illinois at Risk of Neurodevelopmental Disability.

Address correspondence to Michael E. Msall, MD, via email: mmsall@peds.bsd.uchicago.edu.