AMERICA WITHOUT LIMITS:

Attacking Racial Health Disparities at Birth and Beyond

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A Message from the CEO

America, long considered a global superpower, has been hit harder by the COVID-19 pandemic than nations with demonstrably fewer resources.

The COVID 19 pandemic has thrust the interrelated topics of health disparities, economic stability, and systemic racism into mainstream awareness unlike any other time in recent history. Health disparities by race and ethnicity in the United States exist and have widened in the COVID-19 era. These racial health disparities exist across geography, income status, and other demographics. The reasons? First, there is disparity in the social conditions that are fundamental to creating health, and second, there is also disparity of access to quality medical care.

According to the American Academy of Pediatrics, "Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults and their families." I agree with the AAP that the pediatric community has a pivotal role to play in "[beginning to untangle] the thread of racism sewn through the fabric of society and affecting the health of pediatric populations."[1]

We must summon the courage to use all of the tools at our disposal. Children's hospitals can then dramatically reduce health disparities in childhood, including inequalities resulting from systemic racism, discrimination, and implicit bias.

In the previous white papers in this series, I explain the power of addressing the social determinants of health (SDOH) in childhood. It's no coincidence that the root causes of racial health disparities in this country align with inadequate or absent attention to the social determinants of health in populations or communities of color. How can Americans of any race, ethnicity or gender identity be healthy if they lack the necessary access to the resources, education, safety, and other factors so critical to health?

Children's hospitals have traditionally committed to providing medical care to all children, regardless of race or ability to pay. Yet, as children's hospitals, we can take an even more proactive role to create health equity.

Helping children thrive by addressing their needs outside the walls of our world-class hospitals will do more to address racial disparities than the essential care we provide within the walls.

We can do more. We can do better.

The Ugly Truth

The ongoing pandemic and the broader movement for racial justice have made racial health disparities[2] and health equity a front-page topic. Numerous reports indicate that coronavirus impacts people of color disproportionately, including children of color, who "are infected at higher rates than white children, and hospitalized at rates five to eight times that of white children."[3]

The disparities are so extreme that states are building health equity considerations into efforts to contain the virus. In October, California implemented reopening metrics that were tied to health equity,[4] and Wisconsin's governor announced the creation of a racial equity program with $2.6 million in funding.[5]

Racial health disparities are morally unacceptable in our society and undermine the economic future of America. "Economically, if we were to eliminate American racial health disparities, we would save over $300 billion per year,"[6] explained Daniel E. Dawes, Esq., Morehouse School of Medicine, in his recently published book *The Political Determinants of Health.*

Racism, discrimination and bias undermine our national economic future. In July 2020, Raphael Bostic, president and CEO of the Atlanta Federal Reserve Bank, wrote, "By limiting economic and educational opportunities for a large number of Americans, institutionalized racism constrains this country's economic potential. The economic contributions of these Americans, in the form of work product and innovation, will be less than they otherwise could have been. Systemic racism is a yoke that drags on the American economy."[7] In September 2020, Federal Reserve Chair Jerome Powell explained, "The productive capacity of the economy is limited when not everyone has the opportunity, the educational background and … the health care and all the things that you need to be an active participant in our workforce." He added that while the Federal Reserve Bank pays attention to inequities, the power to change policies lies with elected officials.[8]

Nationally elected officials have recognized the challenges to health brought about by racism.[9] To ensure that senators, representatives, and leaders at all levels of the government remain focused on these challenges, broad and ongoing public support is required. Children's hospitals can play a role in increasing public awareness, broadening coalitions, and direct lobbying to elevate the public discourse about addressing racial health inequity.

"Economically, if we were to eliminate American racial health disparities, **we would save over $300 billion per year**." *— Daniel. E. Dawes, Esq.*

More Than Enough Evidence: Racism Undermines Health, American Prosperity

Americans of color suffer from poorer health outcomes based on race. The term "excess deaths" has been coined to describe the fact that "if Blacks and whites had the same mortality rate, nearly 100,000 fewer Black people would die each year in the United States. Even educated African-Americans are sicker and die younger than their educated white peers."[10]

"Annually, unconscious racism harms patient health, cuts short patient lives, increases health care costs, and diminishes health care quality," explains professor and health care attorney Dayna Bowen Mathew.[11] She cites numerous examples, including data from the National Academy of Medicine, which lay out "comprehensive and systematic proof that health disparities are associated with the fact that minorities in this country receive unequal health care from medical providers."[12] The following studies illustrate how racial bias in American society, including within the medical community, contributes to preventable and costly racial health disparities:

Unconscious Physician Bias: A 2007 study, funded by Massachusetts General Hospital, provided, "the first evidence of unconscious (implicit) race bias among physicians, its dissociation from conscious (explicit) bias, and its predictive validity. Results suggest that physicians' unconscious biases may contribute to racial/ethnic disparities in use of medical procedures such as thrombolysis for myocardial infarction."[13]

False Beliefs About Race: The authors of a 2016 study published in the Proceedings of the National Academy of Sciences found that "half of a sample of white medical students and residents" endorsed false beliefs such as "Black people's skin is thicker than white people's skin" and that those who believed these misconceptions "rated the Black (vs. white) patient's pain as lower and made less accurate treatment recommendations."[14]

Premature Biological Aging: "In fact, merely being Black in America triggers exposure to stressors linked to premature biological aging. Research indicates that Blacks get sick at younger ages, have more severe illnesses, and are aging, biologically, more rapidly than whites … Racial bias is partly to blame for these inequities, according to an October 2015 report in JAMA Internal Medicine, published by the American Medical Association."[15]

America's Future: Racial Health Disparities and the Next Generation

As the U.S. population becomes increasingly diverse, securing our collective economic future requires closing racial health gaps in the most effective, efficient way possible: in childhood.[16] Yet, as the statistics in Table 1 illustrate, Black children and their families are experiencing alarming health disparities that are well within America's power to address.

In the United States, Black children are …	
3	Three times more likely to die in infancy than white children.[17]
7	More likely to die from asthma attacks, with an average annual mortality rate seven times higher than white children. [18]
>3	More than three times more likely to die after elective outpatient surgery than white children. [19]

Table 1: Examples of Racial Health Disparities Among Black Children

How might these health disparities be addressed? The authors of the studies cited in Table 1 offer insights, such as the following:

Increase Diversity Among Medical Practitioners: The study's authors found that having a Black attending physician decreased the chances of a Black infant dying by half.[20]

Improve Access to Care: For racial disparities in asthma deaths, the study's authors conclude that "Variation in the location of pediatric asthma deaths by race/ethnicity may imply differential access to care. Understanding these differences may guide future interventions more effectively."[21]

Multipronged Efforts That Include Social Determinants: For healthy Black children undergoing inpatient surgery, the study's authors conclude that "racial disparity in health care outcomes is a multifactorial challenge that encompasses the interface of patient factors, family dynamics, social determinants, health care provider factors and hospital variables. To be effective, efforts to reduce disparity in health outcomes (including postsurgical morbidity and mortality) will have to be multipronged."[22]

These and many other studies suggest that creating more health equity is not only possible, but readily achievable with buy-in from institutions, companies, communities and government leaders. By systematically attacking the causes of racial health disparities among Black children, America can make significant progress toward "eliminating the gap" in health outcomes for the next generation and beyond.

Children's Hospitals Hold the Keys to Health Equity

At Nemours Children's Health, we offer examples of a children's hospital working to attack and manage the causes of racial health disparities. Nemours serves diverse populations of children in two very different regions of the United States, the northeast and the southeast. "A critical part of addressing systemic racism, discrimination and bias is to continuously evaluate the systems we use to provide care," explains Cindy Bo, who oversees Nemours' award-winning Office of Health Equity and Inclusion and the enterprise-wide Diversity, anti-Racism, Inclusion, Value and Equity (DRIVE) initiative. Bo also explains that the initiative includes further diversifying staff and gaining a better understanding of how employees feel about race, discrimination and bias. She cites the following examples of projects underway at Nemours:

Identifying disparities using the health system's metrics, developing an action plan and measuring progress. From immunization to patient communication and engagement, Nemours is aggressively assessing and continuously refining care delivery to close gaps based on race and ethnicity.

Increasing health equity education and resources for pediatric health providers. This includes mandatory online and facilitated training at Nemours, Grand Rounds, personal coaching and more for the next generation of pediatric health providers.

Advocacy for policy changes at the local, state and federal levels to address health equity. From the National Office, Nemours raises awareness about the importance of policies that promote health equity in childhood and convenes community, state and national leaders to advocate for and advance the health of America's children.[23]

Children's Hospitals Hold the Keys to Health Equity (CONTINUED)

Like most children's hospitals, Nemours understands that critical social factors outside of its walls have the most significant influence over a child's health. In coordination with community partners, Nemours has expanded access to SDOH programming, creating more health for more children.[24]

Nemours believes America can have a more equitable, effective and financially sustainable health care system if this approach is the rule, rather than the exception. Adopting this approach and benefiting from it requires two fundamental changes:

1) The definition of child health must expand to include the multitude of factors beyond medical care that create health

   and

2) The way we pay for health care must evolve so that we pay for health, rather than the volume and complexity of medical service delivered.

Nemours understands that **critical social factors** outside of its walls have the most **significant influence** over a child's health.

In 2020, **Nemours launched D.R.I.V.E., the Diversity, anti-Racism, Inclusion, Value and Equity** initiative, ensuring that health equity and inclusion goals are at the top of the organization's short- and long-term planning priorities.

Conclusion

Imagine a World Where...

Every child, regardless of race, has the opportunity to reach their full potential.

By eliminating racial health disparities in childhood, America would "earn back" over $300 billion per year.

We create generations of truly healthy Americans, and that those behaviors and traits are passed on in perpetuity with no additional cost.

America leads the world in children's health and well-being outcomes to the same extent that we lead the world in delivering complex, high-end care to children with rare and complex diseases.

If we tragically enter another pandemic, racial health disparities will not be a factor.

Such a world is within reach.

Endnotes

1. Maria Trent, Danielle G. Dooley and Jacqueline Dougè. The Impact of Racism on Child and Adolescent Health Pediatrics Vol. 144, Issue 2 1 Aug 2019 https://pediatrics.aappublications.org/content/144/2/e20191765

2. The Office of Disease Prevention and Promotion defines health disparities as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

3. Rabyn, Roni C. "Why the Coronavirus More Often Strikes Children of Color," *The New York Times*. Sept.1, 2020 https://www.nytimes.com/2020/09/01/health/coronavirus-children-minorities.html

   For more information, including the Centers for Disease Control data cited in the article above, visit: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

4. Cornish, A. "To Tackle Racial Disparities In COVID-19, California Enacts New Metric For Reopening," *All Things Considered,* National Public Radio, Oct. 6, 2020 https://www.npr.org/sections/coronavirus-live-updates/2020/10/06/920814386/to-tackle-racial-disparities-in-covid-19-california-enacts-new-metric-for-reopen

5. Potter, P. "$2.6M Fund Going Toward Racial Equity In Coronavirus Recovery", *Patch* via Yahoo News, Sept. 30, 2020 https://news.yahoo.com/2-6m-fund-going-toward-182335820.html

6. Dawes, Daniel. The Political Determinants of Health. (Baltimore: Johns Hopkins University Press, 2020), 145

7. Bostic, R. *A Moral and Economic Imperative to End Racism.* The Federal Reserve Bank of Atlanta. June 12, 2020 https://www.frbatlanta.org/about/feature/2020/06/12/bostic-a-moral-and-economic-imperative-to-end-racism

8. Transcript of Chair Powell's Press Conference. Board of Governors of the Federal Reserve System, Sept. 16, 2020 https://www.federalreserve.gov/mediacenter/files/FOMCpresconf20200916.pdf

Endnotes (CONTINUED)

9. Crises like maternal mortality are directly related to racism, and Congress has passed bills related to addressing such crisis. Examples of recent, proposed legislation related to addressing racial health disparities include the following:

Proposed Legislation — 116 Congress (2019-2020)	
S. 3721	COVID-19 Racial and Ethnic Disparities Task Force Act of 2020
H.R.6638	Reducing COVID-19 Disparities by Investing in Public Health
H.R.6142	Black Maternal Health Momnibus Act of 2020
H.R.7546	Minority Community Public Health Emergency Response Act of 2020
H.Res.1069	Declaring Racism a Public Health Crisis

For the current status of each resolution or bill, visit www.congress.gov.

10. Lavizzo-Mourey, R. and Williams, D. "Being Black Is Bad for Your Health". *U.S. News and World Report.* April 14, 2016. https://www.usnews.com/opinion/blogs/policy-dose/articles/2016-04-14/theres-a-huge-health-equity-gap-between-whites-and-minorities

11. Mathew, D. *Just Medicine: A Cure for Racial Inequality in American Health Care,* (New York: New York University Press, 2015), 55

12. Mathew, D. *Just Medicine,* 57

13. Alexander R. Green, Dana R. Carney, Daniel J. Pallin, Long H. Ngo, Kristal L. Raymond, Lisa I. Iezzoni, and Mahzarin R. Banaji. "Implicit Bias Among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients" *Journal of General Internal Medicine* 2007;22:1231–1238 DOI: 10.1007/s11606-007-0258-5 https://pubmed.ncbi.nlm.nih.gov/17594129/

14. Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between Blacks and whites" PNAS, April 19, 2016 113 (16) 4296-4301, https://doi.org/10.1073/pnas.1516047113 https://www.pnas.org/content/113/16/4296#abstract-2

For additional perspectives on how present day medical training continues to have a basis in racist beliefs, see *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet A. Washington, a summary and excerpt of which is available here.

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15. Lavizzo-Mourey, R. and Williams, D. "Being Black is Bad for Your Health". *U.S. News and World Report.* https://www.usnews.com/opinion/blogs/policy-dose/articles/2016-04-14/theres-a-huge-health-equity-gap-between-whites-and-minorities

See also

Chyu L. & Upchurch D. M. (2011). Racial and ethnic patterns of allostatic load among adult women in the United States: Findings from the National Health and Nutrition Examination Survey 1999-2004. Journal of Women's Health (2002), 20, 575–583. Doi:10.1089/jwh.2010.2170 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

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16. Krogstad, J. A. view of the nation's future through kindergarten demographics. The Pew Research Center. July 31, 2019 https://www.pewresearch.org/fact-tank/2019/07/31/kindergarten-demographics-in-us/

17. Brad N. Greenwood, Rachel R. Hardeman, Laura Huang, and Aaron Sojourner "Physician–patient racial concordance and disparities in birthing mortality for newborns" PNAS September 1, 2020 117 (35) 21194-21200 https://doi.org/10.1073/pnas.1913405117

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22. Olubukola O. Nafiu, Christian Mpody, Stephani S. Kim, Joshua C. Uffman and Joseph D. Tobias "Race, Postoperative Complications, and Death in Apparently Healthy Children" *Pediatrics* August 2020, 146 (2) e20194113; DOI: https://doi.org/10.1542/peds.2019-4113 https://pediatrics.aappublications.org/content/146/2/e20194113

23. For more information about the Nemours National Office of Policy and Prevention, visit https://www.nemours.org/about/policy.html.

24. Learn more about SDOH programming and download the first two white papers in this series at https://www.nemours.org/about/sdoh.html.

About Nemours Children's Health System

Nemours is an internationally recognized children's health system that owns and operates two freestanding children's hospitals: the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, Fla., along with outpatient facilities in six states, delivering pediatric primary, specialty and urgent care. Nemours also powers the world's most-visited website for information on the health of children and teens, **KidsHealth.org**, and offers on-demand, online video patient visits through the **Nemours App**. **Reading BrightStart!** is a program dedicated to preventing reading failure in young children, grounded in Nemours' understanding that child health and learning are inextricably linked, and that reading level is a strong predictor of adult health.

Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours provides pediatric clinical care, research, education, advocacy and prevention programs to families in the communities it serves.

Nemours® Children's Health System