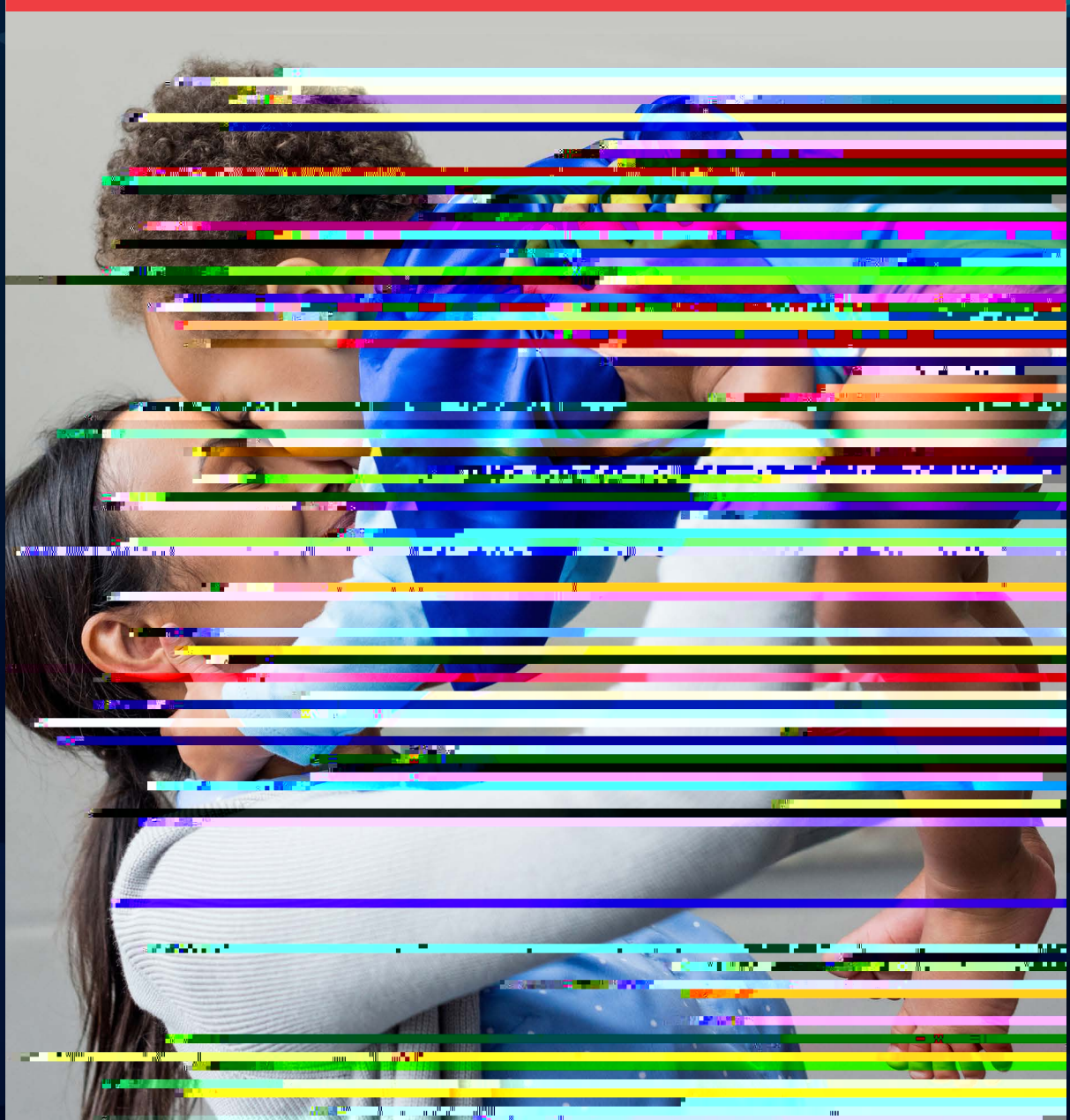


AMERICA WITHOUT LIMITS:

Attacking Racial Health Disparities at Birth and Beyond



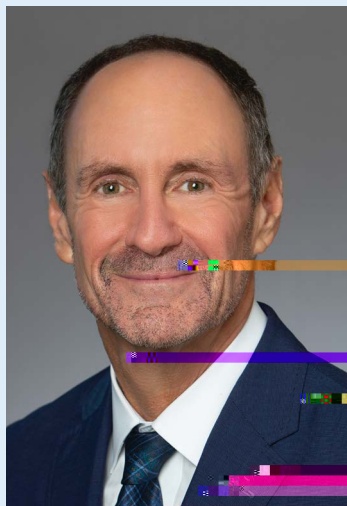
R. Lawrence Moss, MD, FACS, FAAP, President and Chief Executive Officer, Nemours Children's Health System



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A handwritten signature in black ink that reads "R. Moss". The signature is written in a cursive, flowing style.

R. Lawrence Moss, MD, FACS, FAAP
President and Chief Executive Officer
Nemours Children's Health System

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 disparities² 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.





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



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 (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:

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

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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]

Crimmins E. M., Kim J. K., & Seeman T. E. (2009). Poverty and Biological Risk: The Earlier "Aging" of the Poor. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 64, 286–292. Doi:10.1093/geron/gln010 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

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>
18. Arroyo, A., Chee, C. P., Camargo, C. A., Jr, & Wang, N. E. "Where do children die from asthma? National data from 2003 to 2015"
17. Brad N. Greenwood, Rachel R. Hardeman, Laura Huang, and Aaron Sojourner "Physician–patient racial concordance and disparities in birthing mortality for newborns"

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21. Anna J. Chen Arroyo, Christine Pal Chee, and Ewen Wang, "Where Do Children with Asthma Die? A National Perspective from 2003 to 2014" *The Journal of Allergy and Clinical Immunology*, Volume 139, ISSUE 2, SUPPLEMENT February 01, 2017
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