Tackling Health Disparities in Children: Improving Outcomes for Children of Color

Joseph L. Wright, MD, MPH, FAAP

Professor and Chairman of Pediatrics and Child Health
Howard University College of Medicine

Adjunct Professor of Emergency Medicine and Health Policy
George Washington University Schools of Medicine and Public Health
Washington, DC

Congressional Allergy & Asthma Caucus
Congressional Black Caucus
Congressional Hispanic Caucus
July 30, 2015
Faculty Disclosure

• In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.

• This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.
The only such NIH-funded center focusing exclusively on health disparities in children, adolescents and young adults.
Demographic Trends in the US

• 74 mil children (24%); projected to increase to 76.3 mil by 2030

• By 2020, more than half of children will be part of a minority race or ethnic group

• 22% of children are living in poverty compared to 18% in 2008

• Racial and ethnic minorities are disproportionately represented among the socially and economically disadvantaged:
  - 11% of non-hispanic white children
  - 30% of Hispanic children
  - 39% of African-American children

Currently living in poverty
Large differences in perinatal mortality rates were seen across the United States in 2010–2011. In 2010–2011, perinatal mortality rates in the United States ranged from a low of 3.65 per 1,000 in Vermont to a high of 8.91 in Mississippi (Figure 5). Several states had rates under 5.0 (Alaska, Iowa, New Hampshire, New Mexico, and Vermont) for 2010–2011; three states (Alabama, Delaware, and Mississippi) and the District of Columbia had rates higher than 8.0.

Figure 5. Perinatal mortality rate, by state: United States, 2010–2011

NOTE: Perinatal mortality rate is the number of infant deaths under age 7 days and fetal deaths at 28 weeks of gestation or more per 1,000 live births and fetal deaths at 28 weeks of gestation or more.

Definition

- **Social Determinants of Health** – The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels and are mostly responsible for health inequities.

  - World Health Organization (WHO)
Place Matters:

Life Expectancy by County

- Robert Wood Johnson Foundation (RWJF)
Disparities: A Life Course Perspective

Model of Children’s Health and Its Influences

Coverage Does Not Equal Access

- Despite high levels of insurance coverage, many barriers keep children from receiving primary and specialty health care in community-based settings.

- Uneven distribution of primary and specialty care providers significantly impede access to care.

- Many children rely on the Emergency Department for care and are treated for conditions that could otherwise be prevented *(ambulatory care sensitive)*
Asthma in the District of Columbia: Tale of Two Cities

Primary Care Access

Poverty

EMERGENCY DEPARTMENT VISITS IN WASHINGTON, DC - 2010
Asthma as Primary, Secondary or Tertiary Diagnosis (5 - 14 years)

Visits per ZIP Code
(Rate for every 10,000 people)
- Up to 127
- 128 - 292
- 293 - 436
- 437 - 607
- >607 to Mor (413)
- No ED Visits Recorded
- Non-residential

Providers per 100,000 children <18 yrs
- 0 - 30
- >30 - 50
- >50 - 70
- >70 - 90
- >90

Washington, DC
Maryland

Teach et al. Pediatrics. 2006;117:S78
Behavioral Health Resources are **not** located where children live in D.C.

- DC Health Matters, courtesy Child Health Data Lab

http://www.dchealthmatters.org
Reframing the Disparities Agenda: A Time to Rethink, a Time to Focus

Ivor B. Horn, MD, MPH; Fernando S. Mendoza, MD, MPH

- Local, “high touch” community participatory efforts notwithstanding, at the macro level, little measurable change has occurred.

- Leveraging the ACA to focus efforts on eliminating systemic inequities in quality of care.
**Childhood Developmental Trajectories**

**Significant Adversity**

**Healthy Developmental Trajectory**

**Impaired Health and Development**

Supportive Relationships, Stimulating Experiences, Health-Promoting Environments

Adapted from Harvard Univ. Center on the Developing Child
Protective Interventions: Building Resilience

Significant Adversity

New Protective Interventions

Healthy Developmental Trajectory

Supportive Relationships, Stimulating Experiences, Health-Promoting Environments

Adapted from Harvard Univ. Center on the Developing Child
A man is standing by a river when he hears a cry for help. He sees someone struggling in the water, on the verge of drowning. Being an expert swimmer, he jumps in and rescues the victim. Before he has time to rejoice in his success, however, he sees someone else floating by, also crying for help. As soon as he rescues this person, he discovers a third....then a fourth and a fifth. More and more victims float by, taxing his swimming stamina. Finally he walks away. When asked where he is going, he replies, "I'm going up the river to try to stop people from falling in."
Equity Does Not Always Mean Justice