

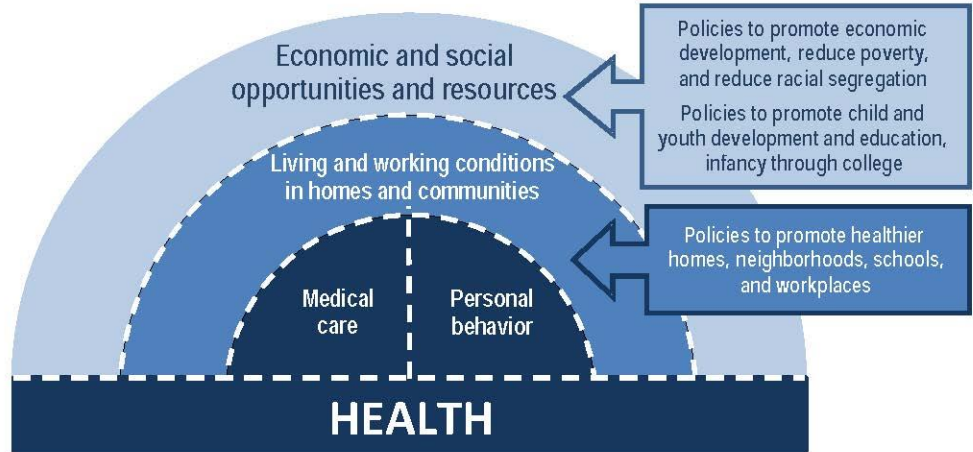
Top 10 Things We Know About Young Children and Health Equity...

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HEALTH DISPARITIES ARE PREVENTABLE.

A significant share of the health problems experienced by children is the result of preventable health disparities (inequities) that themselves are rooted in economics, class and race/ethnicity.

While there have been major medical advances in the treatment of biomedical health issues among both children and adults, the major determinants of a child's health are social and economic in origin. These social determinants include poverty and the impact of poverty on the availability of resources.



When children are very young, the discrimination and marginalization that their

parents experience can be transmitted into the quality of care and support parents are able to provide to the child. These negative parental experiences affect the healthy development of the child. Poverty itself often is a consequence of disadvantage related to personal, institutional or structural racism.

Braveman, Paula A., et al. "American Journal Of Preventive Medicine." *American Journal of Preventive Medicine*, vol. 40, no. 1, 10 Dec. 2010, pp. S4-S18

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Martin Luther King, Jr.

Healthy People 2020 defines health equity as "achieving the highest level of health for all people." Health inequities exist when there is a difference in the quality of health and health care across different populations. These differences cannot be explained by strictly bio-medical factors. Health inequities can occur as the result of different access to health care, which can be the result of personal, institutional or structural racism. In particular, discussions of health equity usually draw on dramatic differences in health across racial and ethnic groups in health outcomes, access to health services and conditions that are recognized to impact health. These extend to include many measures of child health and well-being, starting even with the birth of a child. The access, health, family and environmental indicators (figures 1 & 2) highlight

large disparities by race and ethnicity. For example, black and Hispanic mothers are twice as likely as white mothers to access prenatal care late, or not at all.

Figure 1.

Access and Health Indicators			
National	White, non-Hispanic	Black, non-Hispanic	Hispanic
Late/No Prenatal Care ⁱ	4.0%	10.0%	7.0%
Infant Mortality/1,000 Live Births ⁱⁱ	4.8	11.4	5.2
Low Birthweight ⁱⁱⁱ	7.0%	13.7%	7.3%
Immunization (children 19-35 months) ^{iv}	72.2%	64.1%	71.0%
Children (2-8 yrs) with Untreated Dental Caries ^v	9.5%	19.3%	19.8%

Figure 2.

Family and Environmental Indicators			
National	White, non-Hispanic	Black, non-Hispanic	Hispanic
Food Insecure Households ^{vi}	15.4%	36.1%	29.5%
Child live in a safe neighborhood? Somewhat or definitely disagree ^{vii}	3.1%	10.7%	9.8%
Foster Care Placement/1,000 (0-4 years) ^{viii}	5.5%	10.7%	5.2%
Children Whose Mother's Mental/Emotional Health Status is Fair or Poor ^{ix}	4.9%	8.2%	4.6%

Clearly, race and ethnicity play a role in a family’s health, access to resources and success. In order to address disparities effectively we must recognize the impact that historical and structural racism has had, and continues to have, on families of color. Trying to address these disparities without taking about race and ethnicity would do little to help us achieve health equity—the highest level of health for all people.

ⁱ 007-2015 Population Reference Bureau analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). <https://datacenter.kidscount.org>

ⁱⁱ Centers for Disease Control and Prevention, National Center for Health Statistics <https://bit.ly/2IJdDVR>

ⁱⁱⁱ The Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports (NVSR), Vol. 67, No. 1: Births: Final Data for 2016, January 31, 2018.

^{iv} Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. Vaccination Coverage Among Children Aged 19–35 Months — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2017;66:1171–1177. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6643a3>

^v QuickStats: Prevalence* of Untreated Dental Caries† in Primary Teeth§ Among Children Aged 2–8 Years, by Age Group and Race/Hispanic Origin — National Health and Nutrition Examination Survey, 2011–2014

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6609a5.htm>

^{vi} Federal Interagency Forum and Child and Family Statistics. America’s Children: Key National Indicators of Well-Being 2015. https://www.childstats.gov/pdf/ac2015/ac_15.pdf

^{vii} National Survey of Children’s Health, 2016

Retrieved 11/21/2017 from <http://www.childhealthdata.org/browse/survey/results?q=4757&r=1&g=606>

^{viii} United States Department of Health and Human Services, 2012 Adoption and Foster Care Analysis and Reporting System (AFCARS)

^{ix} National Survey of Children’s Health. NSCH 2016.

Retrieved 11/21/2017 from <http://www.childhealthdata.org/browse/survey/results?q=4770&r=1&g=606>

Additional Resources:

- World Health Organization: Social Determinants of Health: The Solid Facts, 2nd Edition, 2003 http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf
- World Health Organization: 10 Facts about Early Child Development as a Social Determinant of Health http://www.who.int/maternal_child_adolescent/topics/child/development/10facts/en/
- Bruner, C., Michelle Stover Wright, M., & Noor Tirmizi, S., (2007) *Village Building and School Readiness: Closing the Opportunity Gaps in a Diverse Society*. https://www.cfpciowa.org/documents/news/VBSR_28BD615D7FCCA.pdf
- Annie E. Casey Foundation: Race for Results <http://www.aecf.org/resources/2017-race-for-results/>