



HEALTH EQUITY: A SNAPSHOT OF A POLICYLAB RESEARCH PORTFOLIO

In the United States and around the world, a child's health outcomes are often determined by a number of factors that have little to nothing to do with their genetic history. These factors range from the neighborhood they live in to their country of origin to their parents'

educational attainment. Unfortunately, certain populations, such as LGBTQ, minority and immigrant children, are particularly affected by factors that lead to poorer health outcomes. For example:

POPULATIONS AFFECTED BY FACTORS LEADING TO POORER HEALTH OUTCOMES



MINORITY INFANTS & MOTHERS

African American children have twice the infant mortality rate of white children,¹ and African American mothers are more than three times as likely to die in child birth than their white counterparts.²



LGBTQ CHILDREN

Nearly one in five lesbian and gay youth meet clinical criteria for major depression.³



IMMIGRANT FAMILIES

Language barriers for non-English speakers can lead to misdiagnoses, longer hospital stays and, in some cases, serious illness and death.



LOW-INCOME FAMILIES

Low-income families are more likely to live in neighborhoods with limited access to transportation, supermarkets with affordable, healthy food and high-quality schools, all of which impact health outcomes.

These disparities are in direct conflict with our vision for health equity, which is the absence of avoidable or remediable differences in health and well-being among groups of children, whether those groups are defined socially, economically, demographically or geographically.

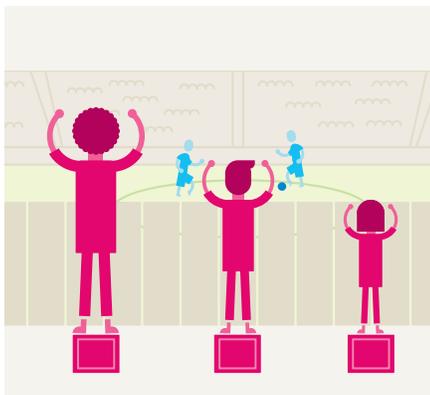
PolicyLab research seeks to better understand the following factors that contribute to disparate health outcomes for children and develop solutions that stakeholders can implement to promote child health equity.

While health equity is the vision of this particular research portfolio, it is also a driving tenet of all PolicyLab research. We know that by applying this lens to all of our work, we can thoughtfully evaluate programs, practices and policies to ensure that they do not inadvertently create or exacerbate inequities in health outcomes for children and families.

Though health equity has become a hot-button issue that many colleagues around the country seek to address, we take a unique approach by advancing health equity through a research lens. These are just a few of the ways we're innovating to achieve a world where every child has an equitable opportunity to achieve optimal health and well-being.

EQUALITY VERSUS EQUITY

While equity and equality may sound the same, important distinctions exist between them. The following graphic exemplifies the key differences and why equity, not equality, should be our goal:

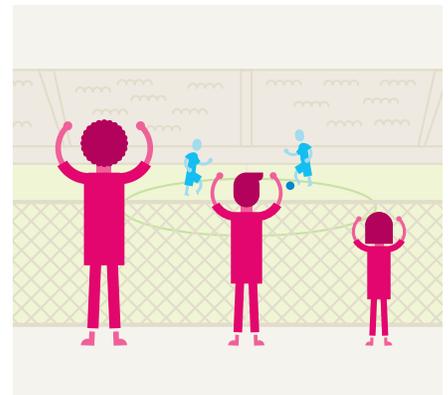


The first image demonstrates equality, where every child is given the same level of support to help them see the game.

However, the support is not proportional to the needs of each child. In a health equity context, this may look like embedding one mental health care provider in every school in a school district, even though the schools that serve more low-income communities may need more support to meet the demand of their student body.



Conversely, the second image demonstrates equity, wherein each child is given support proportional to their need.



This represents the gold standard for health equity.

Unlike the previous two images, there are no barriers obstructing the children's view of the game. In a health equity context, this means that the systems and structures in place that prevented certain children from accessing quality services or having the best possible outcome have been removed. While it will take a lot of work to get us here, removing these barriers is the best way to ensure that every child has the opportunity to live a healthy, successful life.



ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH) OUTSIDE OF THE HEALTH CARE SYSTEM

According to the Centers for Disease Control and Prevention,⁴ SDOH are conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.

These includes everything from economic opportunity to parental education to housing quality. PolicyLab researchers are hard at work to address these SDOH for traditionally marginalized groups by researching them and developing interventions to:

- Reduce rates of suspension and expulsion in early child care and preschool settings, which disproportionately affect African American and Latino students
- Improve sub-standard housing conditions for children with asthma



ACCESS TO SERVICES

One critical reason for disparate health outcomes across populations is that many lack access to quality health care services, whether because of their insurance status, a language barrier or not living in reasonable proximity to services, such as in a rural community.

Additionally, groups that are historically marginalized have a higher prevalence of mental health care needs, yet they are often less likely to access these services. PolicyLab researchers are investigating some of the key drivers of these variants in access to care by:

- Ensuring access to comprehensive language and translation services for families with limited English proficiency



IMPROVING RELATIONSHIPS BETWEEN PATIENTS & PROVIDERS

Interactions between providers, patients and families can dramatically influence the quality of care that children receive.

For example, families who lack trust in the health care system due to discrimination, either perceived or real, may be more likely to avoid taking their children to the doctor in a time of need or provide inaccurate information related to their child's health. Some of the ways PolicyLab researchers are attempting to improve the relationship between providers and patients and, ultimately, health outcomes for marginalized groups include:

- Improving practices to reduce the effect of implicit racial bias on clinical decisions, such as equitable identification of development delays, universal screening for child abuse in the emergency department and mindfulness meditation training for providers throughout the hospital
- Educating providers on the best ways to care for transgender and gender-expansive youth

- Analyzing the quality of care that minority families, particularly infants and their mothers, receive
- Expanding access to comprehensive insurance coverage for traditionally uninsured or underinsured populations, including immigrants, refugees and transgender and gender-expansive youth

REFERENCES

1. *Infant Mortality and African Americans*. U.S. Department of Health and Human Services Office of Minority Health; 2017.
2. *Pregnancy Mortality Surveillance System*. Centers for Disease Control and Prevention, 2018.
3. Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual review of clinical psychology*. 2016;12:465–487. doi:10.1146/annurev-clinpsy-021815-093153.
4. *Social Determinants of Health: Know What Affects Health*. Centers for Disease Control and Prevention; 2018.



VISIT POLICYLAB.CHOP.EDU/OUR-RESEARCH/HEALTH-EQUITY

to learn more about all of our health equity research.



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.

PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

P 267-426-5300

F 267-426-0380

PolicyLab@email.chop.edu
policylab.chop.edu

 [@PolicyLabCHOP](https://twitter.com/PolicyLabCHOP)