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Key Concepts in Eliminating Pediatric Healthcare Inequities: Social Determinants of Health and Racial Health Equity

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Disparities in COVID-19 brought national attention to racism and discrimination as root causes of health inequity. Leaders from a growing number of cities have responded by calling out racism as a public health threat,¹ while children’s hospitals and health systems made sure equity concepts were embedded into their strategies. Two years later, pediatric healthcare leaders and practitioners are refining two fundamental goals: to address social determinants of health (SDOH) and improve racial health equity (RHE). To be effective, it is important to recognize SDOH and RHE as integrated pursuits that together drive successful strategies.

What Are Social Determinants of Health?

SDOH is a social medicine concept that has been broadly adopted within the health sector. SDOH are defined as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health issues, the ability to function, and quality-of-life outcomes and risks.”² It is important to consider these factors given their potential impact on the long-term health and well-being of children. Children’s hospitals built and implemented some of the earliest strategies to address non-clinical factors—such as education, housing, and food insecurity—that impact health outcomes, and they continue to evolve.

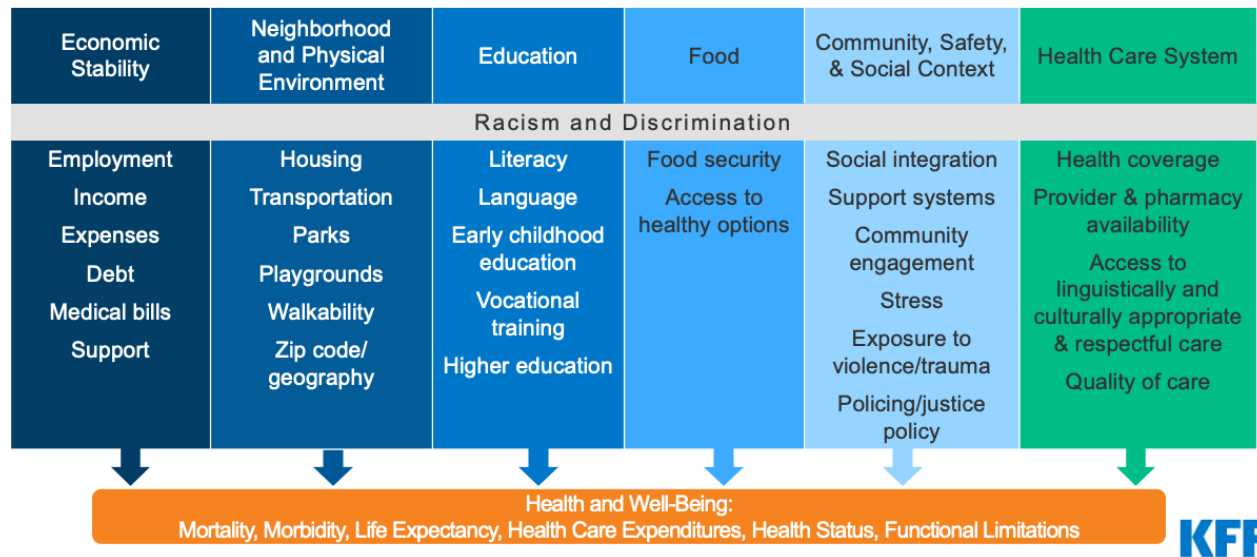
The Kaiser Family Foundation (KFF) model in **Exhibit 1** (on the following page), shows how racism and discrimination span six domains of SDOH. Said another way, racism and discrimination are the root causes of disparities in physical and mental health

1 Sophia Tareen, “Cities Declare Racism a Health Crisis, but Some Doubt Impact,” Associated Press, October 5, 2020.

2 “[Social Determinants of Health, How Does Healthy People 2030 Address SDOH?](#)” U.S. Department of Health and Human Services.

Exhibit 1: KFF SDOH Model

Health Disparities are Driven by Social and Economic Inequities



Source: Nambi Ndugga and Samantha Artiga, “Disparities in Health and Health Care: Five Key Questions and Answers,” Kaiser Family Foundation, May 11, 2021.

outcomes because they create unequal access to education, housing, employment, and the environments in which we live.

What Is Racial Health Equity?

Today, pediatric healthcare leaders and practitioners are broadening their social needs interventions to include a health equity lens. This means examining issues with a focus on discriminatory policies and practices that evolved from racist systems and structures. It requires acknowledgment of and a commitment to addressing the historical inequities that create and compound SDOH for Black, indigenous, and other people of color.

The CDC states that “health equity is achieved when every person has the opportunity to attain [their] ‘full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances.’”³ Achieving health equity is not a one-size-fits-all approach. Due to the complexity of

3 “Health Equity,” Centers for Disease Control and Prevention.

more narrowly focused on SDOH or RHE may be appropriate, but there needs to be awareness that 1) underlying social issues may persist without a focus on equity and 2) focusing on equity alone may not improve health outcomes.

For example, a children’s health system seeking to provide more culturally and linguistically appropriate care recruits primary care pediatricians with ethnic backgrounds similar to minority patient populations. This is an important step toward building equity, because minority patients have been found to benefit from having minority doctors, including higher patient experience scores.⁴ We assume this to be true in pediatric patients as well.

Unfortunately, in the current workforce, diversity among physicians is limited. So, this organization’s leaders recognize an opportunity to be part of the solution; they partner with medical, nursing, and/or other schools of the healing arts and demonstrate a commitment to expanding training opportunities for the next generation of diverse pediatric providers. This organization became more aware of barriers in the pediatric

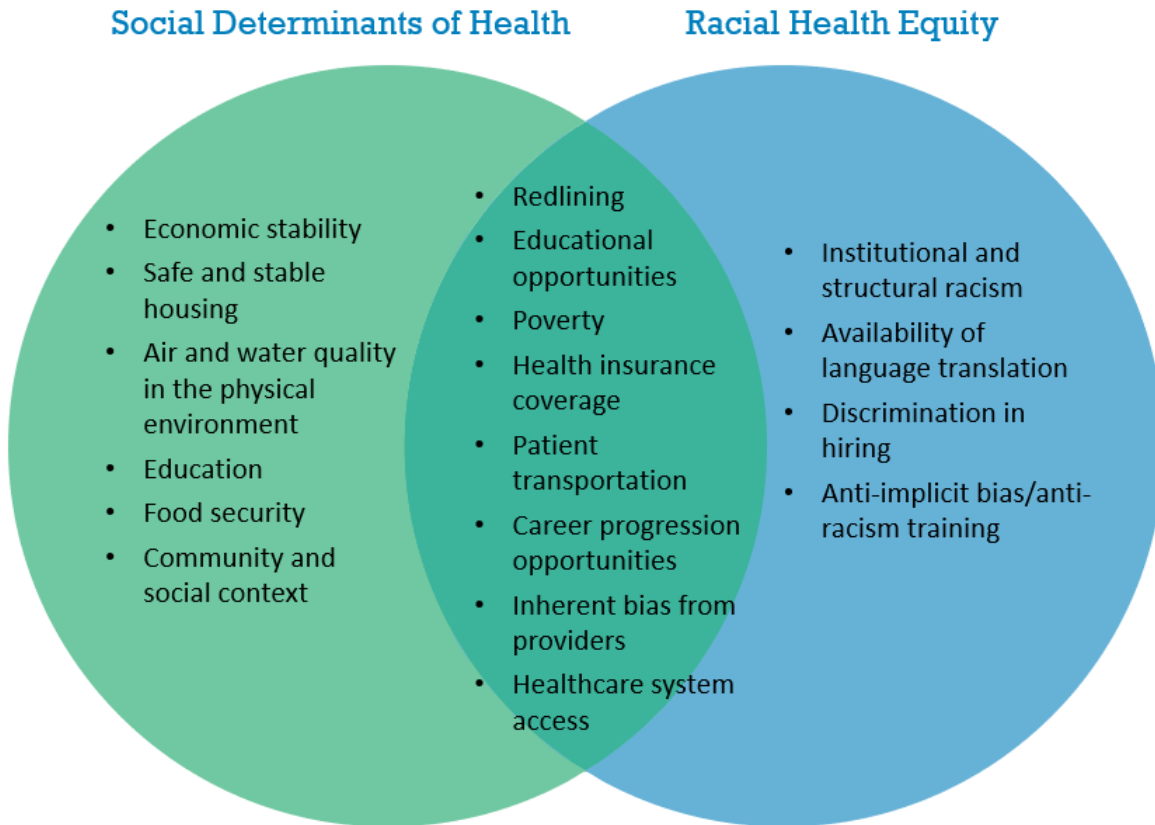
→ Key Board Takeaways

Boards of children’s hospitals and health systems should consider marrying social interventions with actions focused on eliminating racial disparities to improve equity:

- Foundational goals: In order for SDOH initiatives to succeed, underlying inequities associated with communities of color must also be addressed.
- Access to care: Without a focus on racial health equity, those children who are most vulnerable and disenfranchised will continue to have unmet healthcare needs.
- Distinct but not separate concepts: To be effective, children’s healthcare leaders should know whether initiatives are aimed at addressing SDOH, RHE, or both.
- Competitive advantage: Quality and financial performance can be improved by addressing structural, institutional, and interpersonal racism and developing a diverse and inclusive workforce.

4 Junko Takeshita, et al., “Association of Racial/Ethnic and Gender Concordance between Patients and Physicians with Patient Experience Ratings,” *JAMA Network Open*, November 9, 2020.

Exhibit 3: SDOH and RHE Are Not Separate but Distinct



provider workforce pipeline when it addressed a SDOH need. These barriers are rooted in systemic and institutional racism and require action among various stakeholders to remedy.

Another way of improving health equity at the intersection of SDOH and RHE is through housing. In this example, a children’s health system connects patients and their families with the educational and support resources to mitigate poor housing conditions (e.g., allergen awareness and reduction for asthmatic patients). These resources reduce exposure to environmental triggers, and health outcomes improve slightly, but a fundamental inequity still exists. Through an RHE lens, it becomes clear that historical policies, such as redlining (defined as “the illegal practice of refusing to offer credit or insurance in a particular community on a discriminatory basis”), has contributed to housing instability.⁵

5 “Redlining” definition, *Merriam-Webster’s Collegiate Dictionary*.

→ Questions for the Board

- Are we as a board comfortable in naming poverty and racism as a root cause of healthcare inequity for children?
- Do we as a board have the cultural competencies necessary to meaningfully address health equity, or is further board development needed?
- How can our efforts toward improving SDOH be strengthened by acting to address underlying racism and discrimination?
- What training is our organization providing to reduce implicit bias?
- Who are the key community partners who can help us to address health equity?
- Are our key community partners appropriately engaged by the children's hospital or health system when potentially affected by strategic or operational decisions?

While the racist policies that once prevented Black Americans from purchasing homes in economically viable and environmentally safe communities are gone, their legacy continues. Children's hospitals and health systems that recognize this can deploy mobile care units, develop greenspace in partnership with the community, and pursue other remedies for the damage redlining has done.

At the extreme, SDOH interventions alone can be viewed as Band-Aid solutions. Alternatively, addressing SDOH and RHE together leads to better solutions. **Exhibit 3** (on the previous page) illustrates the issues that are distinctly SDOH or RHE and those that overlap.

Making Children's Health More Equitable

Researchers from the Center for Child Health Equity and Outcomes Research at Nationwide Children's Hospital have studied health disparities and the impact of SDOH on health outcomes.⁶ The mission of the Center is to advance child health and well-being through research in and across clinical care, health services, health policy, and community initiatives. Investigators in the Center have studied unconscious racial biases in pediatric care delivery, reporting that African American teens with chronic conditions did not receive satisfactory levels of time spent by their doctors. Other

6 Jeb Phillips, et al., "How Can We Make Child Health Equitable?," *Pediatrics Nationwide*, April 2021.

research conducted in the Center revolved around conditions that are concentrated in minority populations, such as sickle cell disease. The methodologies for pain management care have been negatively impacted by policies intended to regulate opioid prescription among the broader population. The research done by Nationwide investigators and their collaborators identified that poor housing quality (e.g., cracks in the ceiling, plumbing issues, and pest problems) leads to poorer health and increased healthcare utilization.⁷ Through its Healthy Neighborhoods Healthy Families initiative, Nationwide Children’s and its partner organizations have invested substantially to renovate existing homes and build new homes across Columbus’s South Side neighborhood, helping to spur enhanced outcomes across a range of metrics (i.e., vacancy rate, graduation rates, and murder rates).

The ultimate goal of studying and addressing SDOH and RHE, of course, is to be as comprehensive as possible. Understanding that pediatric healthcare leaders and practitioners have many priorities, a practical approach is to focus energy and resources on the issues where SDOH and RHE overlap. This is where transformation occurs.

The Governance Institute thanks Evan Lynch-Throne, Associate Principal, Kelly McFadden, Senior Manager, Jennifer Moody, Principal, and Melanie Marzullo, Senior Consultant, ECG Management Consultants, for contributing this article. They can be reached at elynch-throne@ecgmc.com, kmcfadden@ecgmc.com, jmoody@ecgmc.com, and mnmorzullo@ecgmc.com.



7 Samantha Boch, et al., “Home Quality and Child Health: Analysis of the Survey of Income and Program Participation,” *Journal of Child Health Care*, January 27, 2021.