Equity and Inclusion for CAC Medical Providers: The Impact of Disparities

What is a Health Disparity?

A *health disparity* is defined as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."[1] Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; socioeconomic status; sexual orientation; gender identity/expression; religion; age; mental health; cognitive, sensory, or physical disability; geographic location; and/or other characteristics historically linked to discrimination, marginalization, or exclusion.[2] These disparities are preventable and limit the ability to achieve optimal health.

What Factors Impact Health Disparities?

In general, health disparities are primarily driven by social and economic inequalities which shape individuals' health behaviors.[2, 3, 4] These are known as *social determinants of health*, "the conditions in which people are born, grow, live, work, and age, as well as the complex, interrelated social structures and economic systems that shape these conditions."[4] These conditions and systems affect a wide range of health, functioning, and quality-of-life outcomes and risks. Impacting factors can be grouped into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Economic Stability

- Socioeconomic status, poverty
- Sustainable employment/income opportunities
- Access to sustainable, affordable housing
- Food insecurity, hunger

Education Access and Quality

- Affordable education
- Early childhood education
- High school graduation
- College and higher education
- School-based behavioral health care prevention, intervention
- Support for disabilities and developmental delays
- Language and literacy support

Health Care Access and Quality

- Health insurance status

- Affordable health care, treatment, and prescriptions
- Cultural, linguistic barriers
- Access to primary care provider
- Provider bias
- Health care presence in community
- Ability to comprehend and follow medical advice
- Logistical access (transportation, time off work, telehealth)
- Preventive health care, community prevention services
- Birth control services and support
- Access to affordable high-quality behavioral health care
- Access to affordable dental care

Neighborhood and Built Environment

- Safe housing, transportation, and neighborhoods
- Access to nutritious foods and physical activity opportunities
- Access to clean air and water, exposure to toxins and pollutants
- Accessible, affordable, convenient transportation
- Housing discrimination, residential segregation
- Internet access
- Cigarette usage and smoke exposure

Social and Community Context

- Racism and discrimination based on marginalized/minority group status
- Language and literacy skills
- Exposure to violence and trauma
- Resilience to challenges and stress
- Parental incarceration
- Foster care involvement
- Childhood parental involvement
- Health literacy
- Exposure to Adverse Health Experiences (ACEs)

Why Does it Matter?

Increasing Diversity and Disparity

The population of the United States is progressively becoming more diverse. By 2045, projections show that people of color will account for over half of the population, with the largest growth occurring among the Latinx community.[5] This is already evident in pediatric health care; in 2019, over half of the nation's population under 16 identified as non-white.[6] There are also wide gaps in income and wealth across the population. The wealthiest 20% of households are expected to have an average income of $319,400 in 2021, nearly 15 times the average income of $21,900 for the bottom 20% of households.[7] Wealth disparities are even more severe – as of 2021, the wealthiest 1% of

the population owned 32% of all wealth, the top 90-99% owned 38%, the top 50-90% owned 28%; and the bottom 50% of the population owned just 2% of all wealth.[8] These disparities are disproportionately skewed against marginalized populations and minorities.

Disproportionate Risk of Poorer Health Conditions and Outcomes

Some groups are at higher risk for health conditions and experience poorer health outcomes than others. For example, Black and Indigenous people are more likely than white people to report a range of health conditions, including asthma and diabetes; Indigenous people also have higher rates of heart disease compared to white people. Health disparities are particularly striking in AIDS and HIV diagnoses and death rates. Infant and maternal mortality rates are higher for Black and Indigenous populations, and Black males have the shortest life expectancy compared to other groups. Low-income people of all races report worse health status than higher income individuals. Furthermore, research suggests that some subgroups of the LGBTQ community have more chronic conditions as well as higher prevalence and earlier onset of disabilities than the cisgender and heterosexual populations. These are only a few of the myriad disparities in health outcomes marginalized groups experience.

Overall Cost of Health Disparities

Health disparities are costly – current estimates total approximately $42 billion in lost productivity and $93 billion in excess medical care costs each year. This is in addition to economic losses resulting from premature deaths.[2] Additionally, this is compounded by disparities between groups in both health insurance coverage and the access to and use of health care. When health care is addressed not only from an equity standpoint but also from an overall health standpoint, improvements can be achieved in overall quality of health for both individuals and society at large. When this is accomplished, the negative effects of health disparities to affected populations will decrease along with the overall cost of health care.

General Community Wellbeing

In general, health disparities contribute to diminishing an individual's overall sense of security, health, and happiness. More broadly, these disparities burden the larger society with excess expenses and negatively impact the overarching quality of life for multiple communities and populations.

What Does This Mean for a CAC Medical Provider?

When working with children and families from non-dominant cultures, it is first helpful to gain insight into your own feelings and views. Some introspective questions to visit include:

- How do I describe my own culture?
- What assumptions/bias do I have about culture?

- How might my use of language impact cultural safety?
- What are my feelings about this population and/or their culture?
- How might these feelings impact my clinical decision making?

Clinical decisions should encompass the whole child, the family, and their environment. Factors to consider in addition to the presenting injuries:

- Language barriers where an interpreter may be needed
- Financial concerns (e.g., payment, insurance, food insecurity)
- Decisionmakers regarding their health care (may be a leader within their cultural group)
- Cultural beliefs around certain medical procedures (e.g., drawing blood, insertion of medical devices, reproductive care, etc.)

Research has shown that poverty is associated with an increase in the incidence of child abuse. We also know that race is a significant factor in the reporting of abuse and involvement in the child protection system. There are considerable disparities in how children of color are treated in our healthcare and child welfare systems as compared to white children. Studies consistently reflect the fact that Black children are more likely to be reported as abused than their white peers and be hospitalized for longer durations, regardless of the severity of their injuries. This not only results in a disproportionate amount of child abuse reports for children of color, but it also hides suspected abuse of white children when their injuries are not reported as such.[9, 10] In addition, universally accepted screening tests (e.g., skeletal surveys)[11] may not be available to children from non-dominant cultures due to factors such as poverty and lack of insurance.

By taking time to understand the child's background, culture, and needs, decision-making should be more inclusive and allow for the development of a trusting relationship. Furthermore, knowledge of health disparities and social determinants of health can lead to both better competency with and better outcomes for marginalized children and families for whom you provide care.

CACs as Drivers of Equitable Community Health

There are several ways your CAC can get involved in reducing health disparities in your community and moving towards a model centered on a larger vision of public health. Work to increase your awareness of who truly lives in your community and utilizes your services; this can allow you to educate yourself about the needs of your clients, the disparities they may face, and potential gaps in your approach. Transformative initial steps can include:

- Increasing presence and involvement with community events.
- Hosting informational booths about services offered to all community members.
- Attending/volunteering at community meetings and events.
- Considering membership in community action groups.
- Familiarizing yourself with the pressing local issues.
- Getting to know the community members at large.

In addition to this intentional work within the community, engage in a thorough community assessment process incorporating extensive demographic analysis with a locally relevant framework on risk factors and protective factors. In this assessment, also be sure to collect qualitative information to help capture the variety of lived experience in the community. Overall, the results of this assessment will allow adjustments to service provision based on the true community needs.

While these approaches will help ensure your services are tailored to all children and families in your service area, it will also specifically help to ensure greater accessibility, cultural relevance, and safety for your marginalized clients. These steps can position your CAC to truly drive progress towards equitable community health. Ask questions, show interest, invest in building trusting relationships, and — most importantly — care about the people in your community and the issues they face.

What Can Be Done More Broadly?

Focusing on improving social determinants of health can help minimize avoidable health and health care disparities. This can include initiatives such as offering immunization programs in the community, expanding Medicare, increasing both the capacity and number of medical providers to underserved populations (including those experiencing homelessness, children, runaway youth, etc.), and increasing understanding of the causes and interventions for health care disparities of marginalized groups. Broader initiatives for affected children and families would include sustainable housing and economic stability, universal education and health insurance, improved mental and physical health literacy, and access to quality health care regardless of identity or background.

The overall goal is to achieve an overarching state of *health equity*. This is defined as the "attainment of the highest level of health for all people."[12] In essence, it is when everyone is afforded the opportunity to be as healthy as possible. Achieving this requires "valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[9]

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