

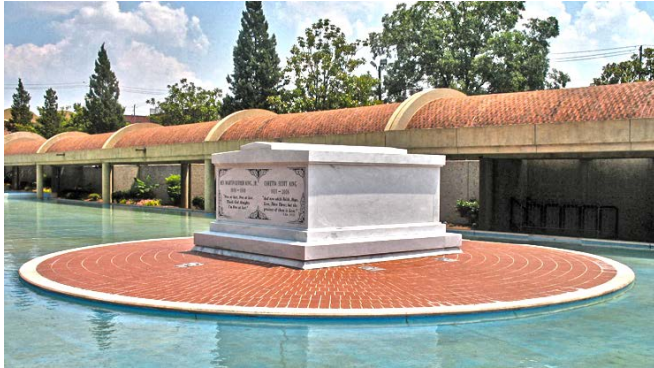
Child Health Equity

A Pediatric Imperative?

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Associate Professor & Chair
Department of Pediatrics
Morehouse School of Medicine

Welcome to Atlanta

The City Too Busy to Hate



**OF ALL FORMS OF INEQUITY, INJUSTICE IN
HEALTH CARE IS THE MOST SHOCKING
AND INHUMAN.” —**

**MARTIN LUTHER KING, JR.,
NATIONAL CONVENTION OF THE MEDICAL COMMITTEE FOR
HUMAN RIGHTS, CHICAGO, 1966**

UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTH CARE

Brian D. Smedley, Adrienne Y. Stith, and
Alan R. Nelson, Editors

Committee on Understanding and Eliminating
Racial and Ethnic Disparities in Health Care

Board on Health Sciences Policy

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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AMSPDC Mission

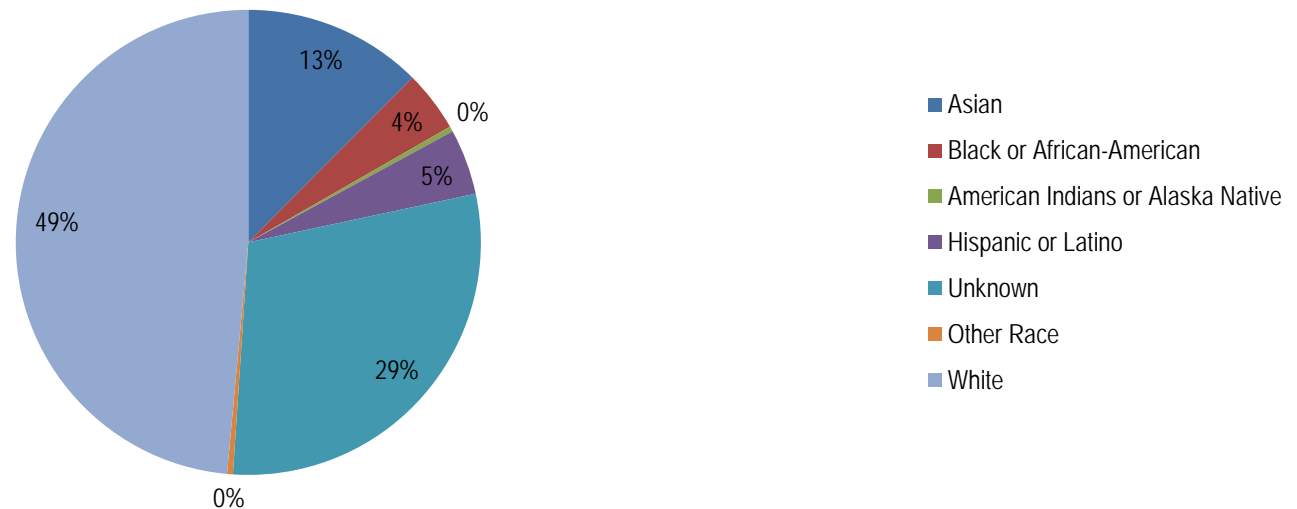
To improve the health and wellbeing of children through the development of the chairs of academic pediatric departments and support of their clinical, research, education, and advocacy missions.

To fulfill these roles, pediatrics and pediatricians must expand beyond a focus on health care and health disparities to engage the broader context of child health equity.

The American Academy of Pediatrics Statement on Health Equity and Children's Rights,
Pediatrics April 2010

Physician Workforce by Race

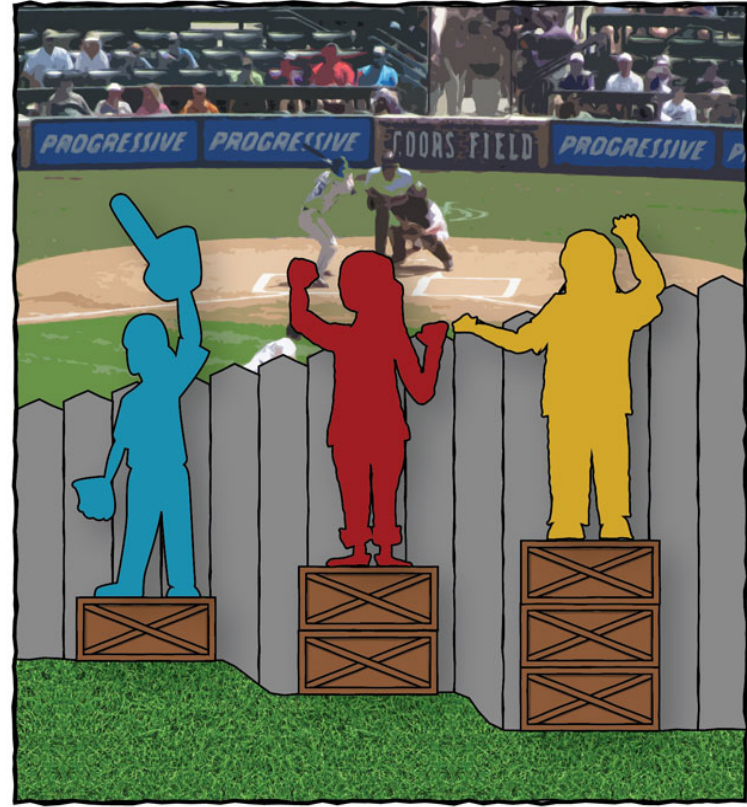
2013 AAMC Survey % of US Physicians by Ethnicity



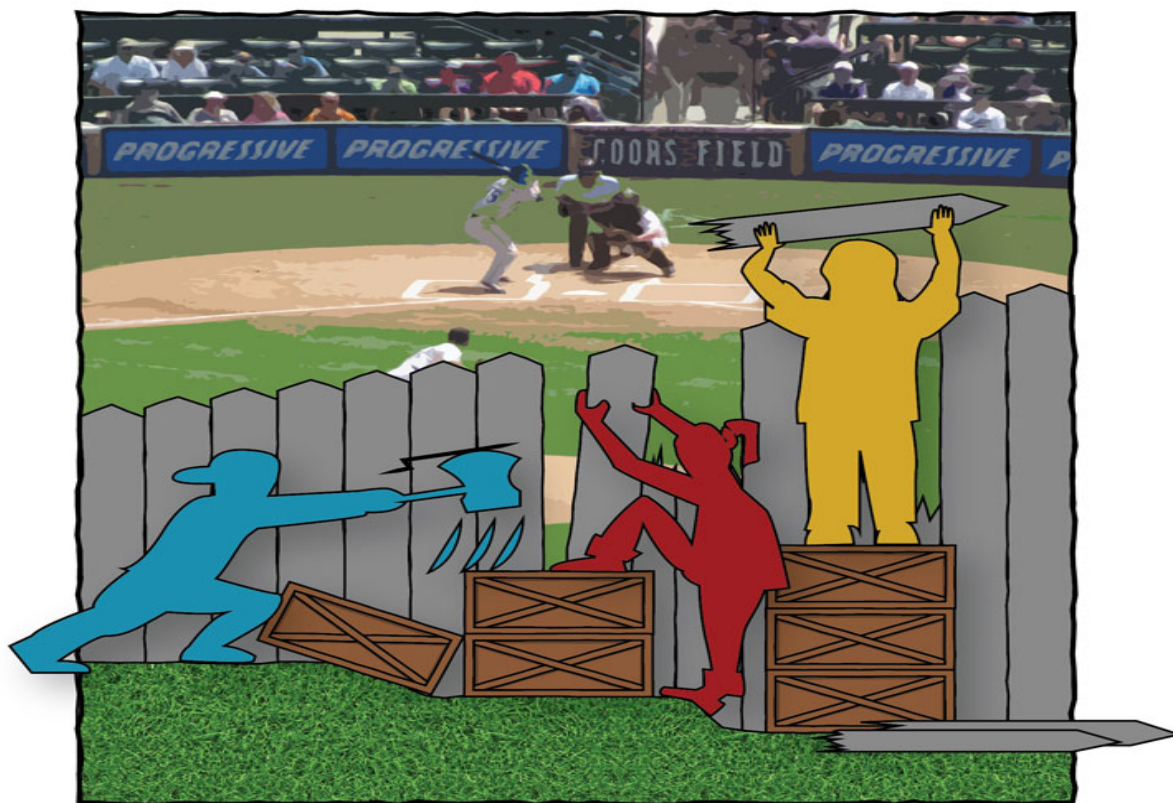
Equality \neq Equity



EQUALITY



EQUITY



JUSTICE

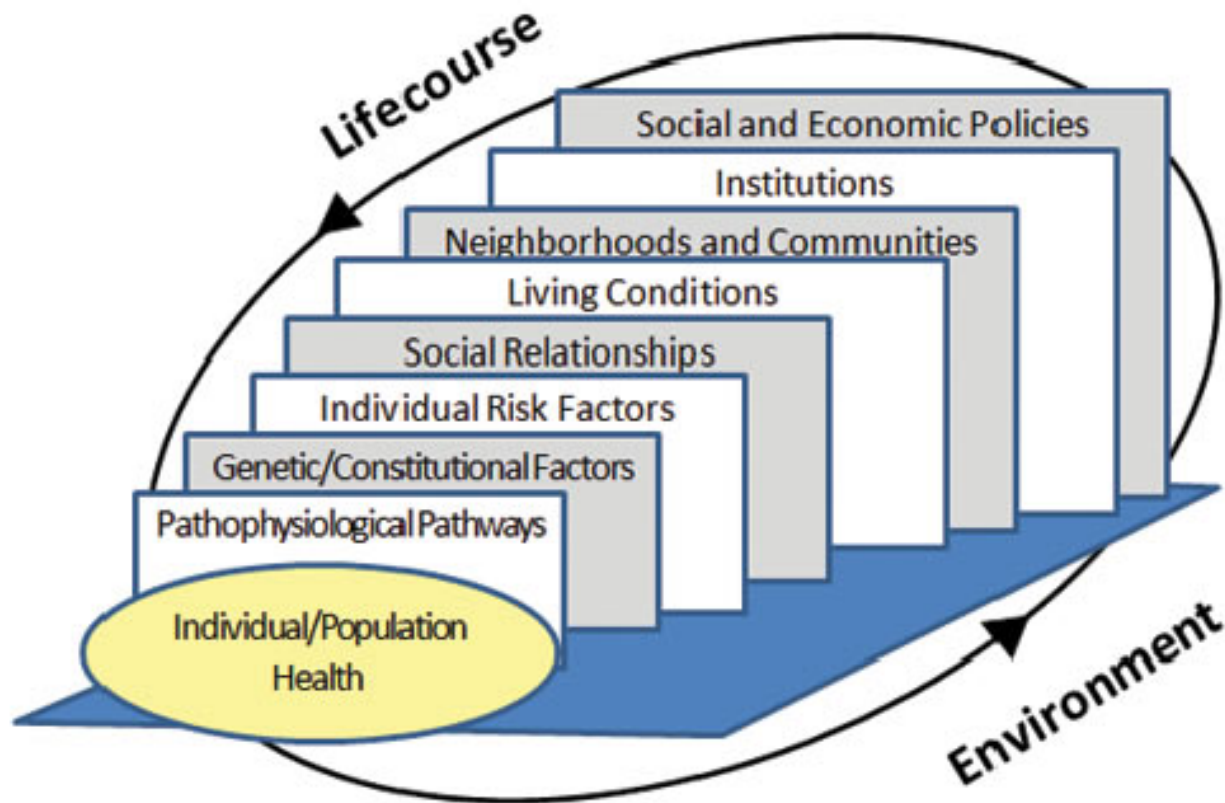


YOUR IDEA HERE

It is easier to build strong
children than to repair broken
men.

Fredrick Douglas 1818-1895

Socioecological Model



Racial and Ethnic Disparities in the Health and Health Care of Children

PEDIATRICS®

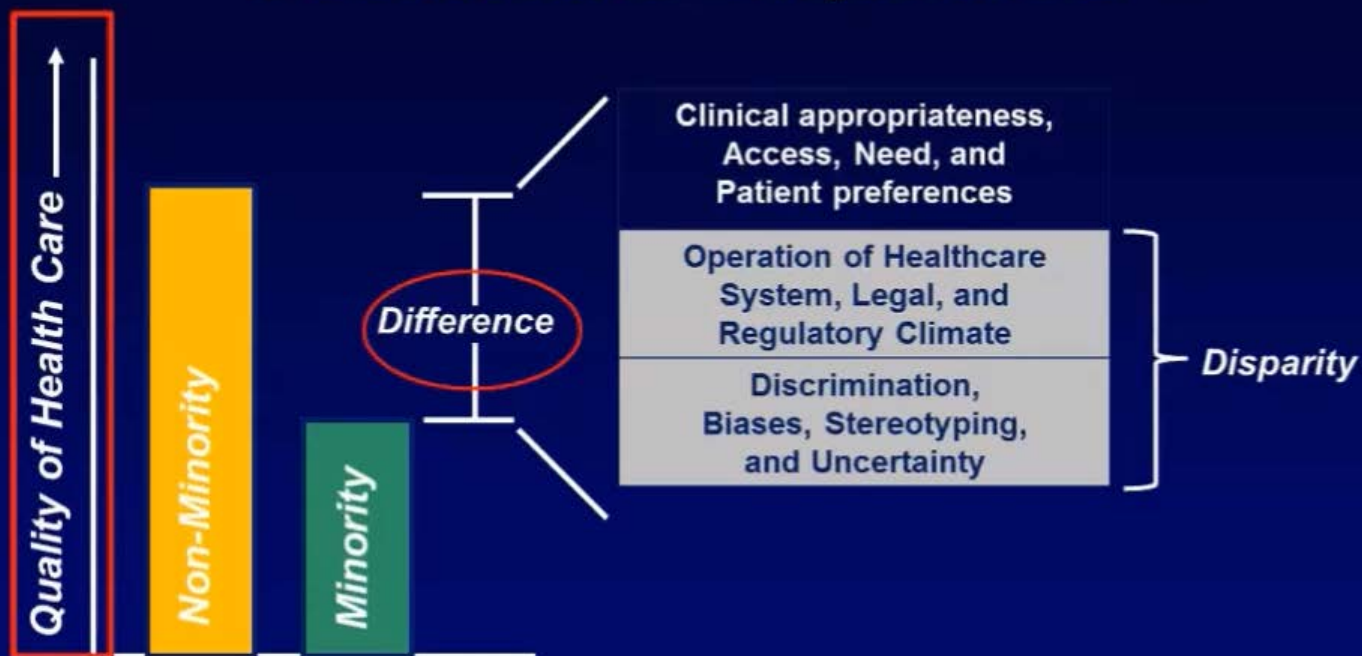
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Racial and Ethnic Disparities in the Health and Health Care of Children
Glenn Flores and THE COMMITTEE ON PEDIATRIC RESEARCH
Pediatrics 2010;125:e979; originally published online March 29, 2010;
DOI: 10.1542/peds.2010-0188

“Racial/ethnic disparities in children’s health and healthcare are quite extensive, pervasive, and persistent”

- Mortality
- Access to care
- Prevention
- Population health
- Health status
- Adolescent health
- Chronic diseases
- Quality of care
- Organ transplant

Healthcare Disparities

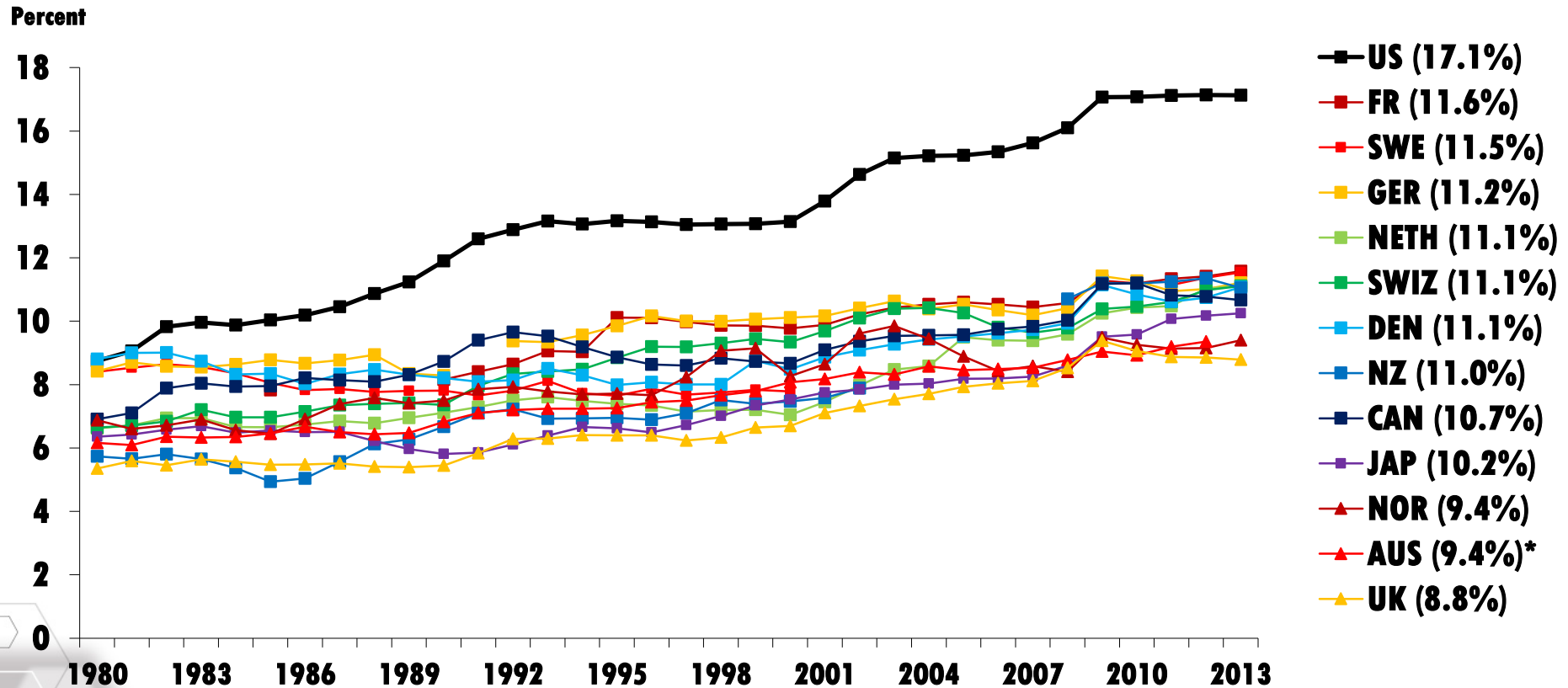


Smedley, Stith, Nelson, *Unequal Treatment*, 2002



3 (Paris: OECD, Nov. 2013).

Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013



* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

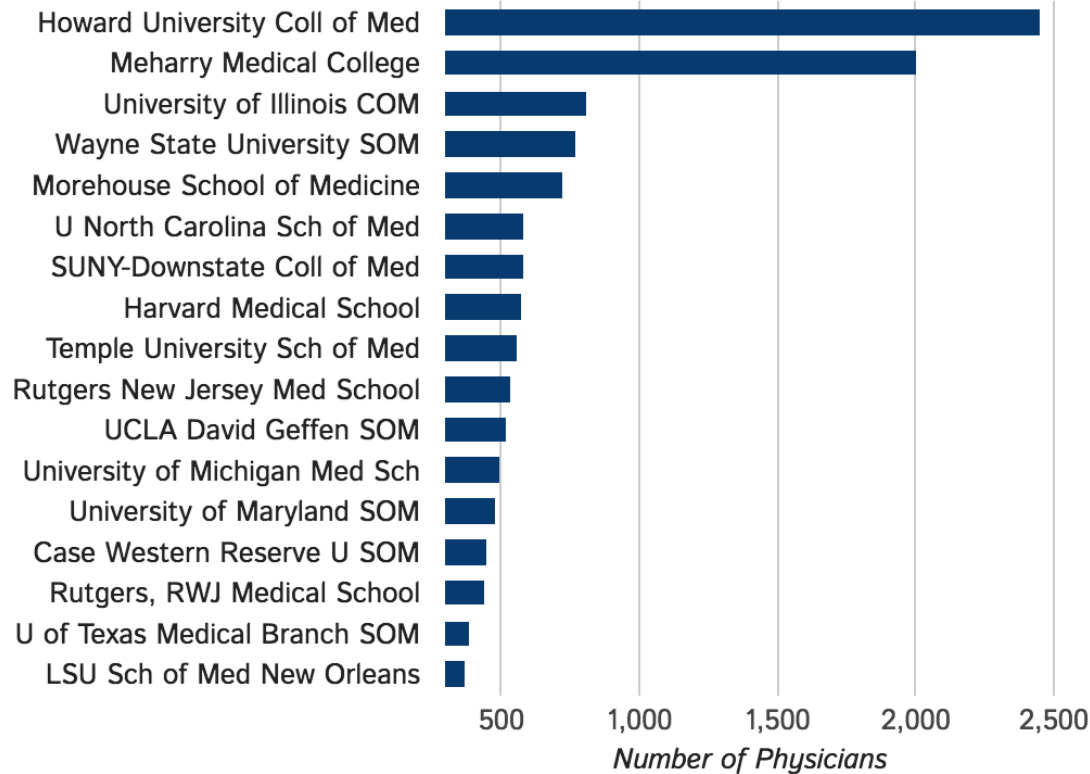
Source: OECD Health Data 2015.



LEADING THE CREATION AND ADVANCEMENT OF HEALTH EQUITY



**Figure 11: U.S. Medical Schools Graduating
350 or More Black or African-American Phy...**



Source: AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014.

2012 there were approx. 2.3 M young black men, ages 18-24, living in the United States

52% AA males high school graduation rate (2012)

Schott Foundation Report

In 2012 there were 24,725,000 (35% US Population) single parent households; est. 70% AA live in single parent households

36% college enrollment rate for AA males (2012)

National college graduation rates for black males is 33.1%

1,320 black males med school applicants (2859 –MCAT-46%)

500 black males med school matriculants (37.8%); 276 AA

Prison Incarceration Rate for AA males 3,074 for every 100,000 residents

Prison Incarceration Rate

Hispanic: 1, 258 per 100,000
White: 459 per 100,000

College Enrollment

Hispanic: 37%
White: 42%

Medical School Applicants

Hispanic: 1,387; (3920-MCAT-35%)
White: 13,289; (18,086-MCAT-73%)

Medical School Matriculants

Hispanic: 667 (48% of applicants)
White: 5,729 (43% of applicants)

While 1 in 8 Americans are African American; 1 in 15 doctors are; 1 in 6 Americans identify as Hispanic/Latino compared to 1 in 20 doctors
#s based on 2010 US Census and AMMC Diversity in the Physician Workforce Data Report

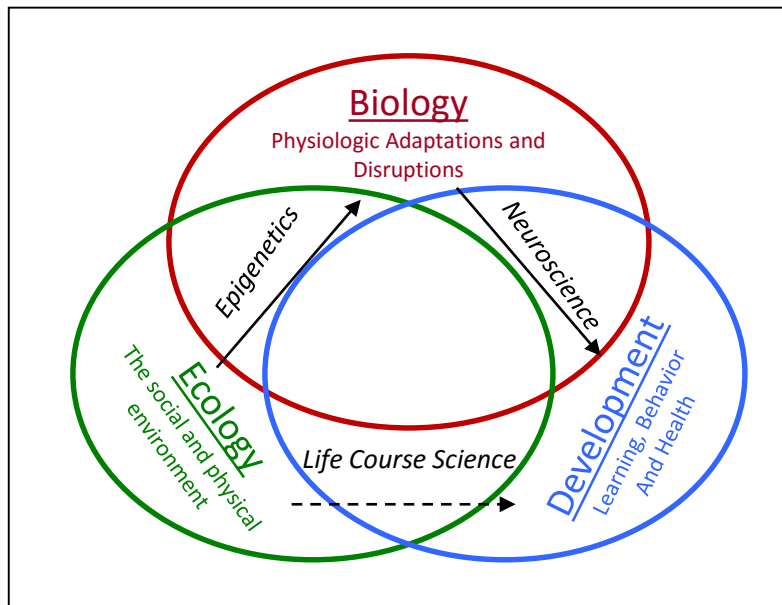
In 2012 Approx. 66% of AA male undergraduates received Pell Grant

Sources: National Center for Education, Schott Foundation for Public Education Report, 2012 US Census Bureau Population Survey, AAMC 2012 Facts Table

A Sample of MSM Pipeline Programs

- **Academically Prepared for EXcellence (APEX)**, under the direction of Dr. Rita Finley, will bring post-undergraduate students to MSM for MCAT preparation and classes with our entering first year medical students.
- **Atlanta Sickle Cell Summer Research Program**, under the direction of Dr. Beatrice Gee, will spend part of their research engagement at MSM and Emory University.
- **Community Health Worker Training Program (CHWTP)**, under the direction of Dr. Arletha Williams-Livingston, will teach high school students to serve as liaisons between health services and their communities.
- **Minority Health Disparities International Research Training Program (MHIRT)**, under the direction of Dr. Jonathan Stiles, will engage graduate and medical students in research for 10-weeks in Accra, Ghana.
- **MSM STEAM Academy [Grades 4-8] (our youngest pre-health professionals)**, coordinated by Ms. Stephanie Mathurin, will have students participate in a 4-week program at our Atlanta Public School partner and adopted school, Tuskegee Airmen Global Academy, filled with STEAM and health careers exploration.
- **MSM STEAM Academy [Grades 9-12]**, coordinated by Dr. Kyndra Stovall, will roll out for the first time two 2-week sessions engaging students in research techniques and health careers exposure, in addition to the traditional 6-week session where participants are involved in mentored research projects with our MSM faculty.
- **U-54 Cancer Education Summer Interns**, coordinated by Ms. Rene Jackson and under the direction of Dr. James Lillard, will engage in an intensive cancer education and bioethics research program at MSM.

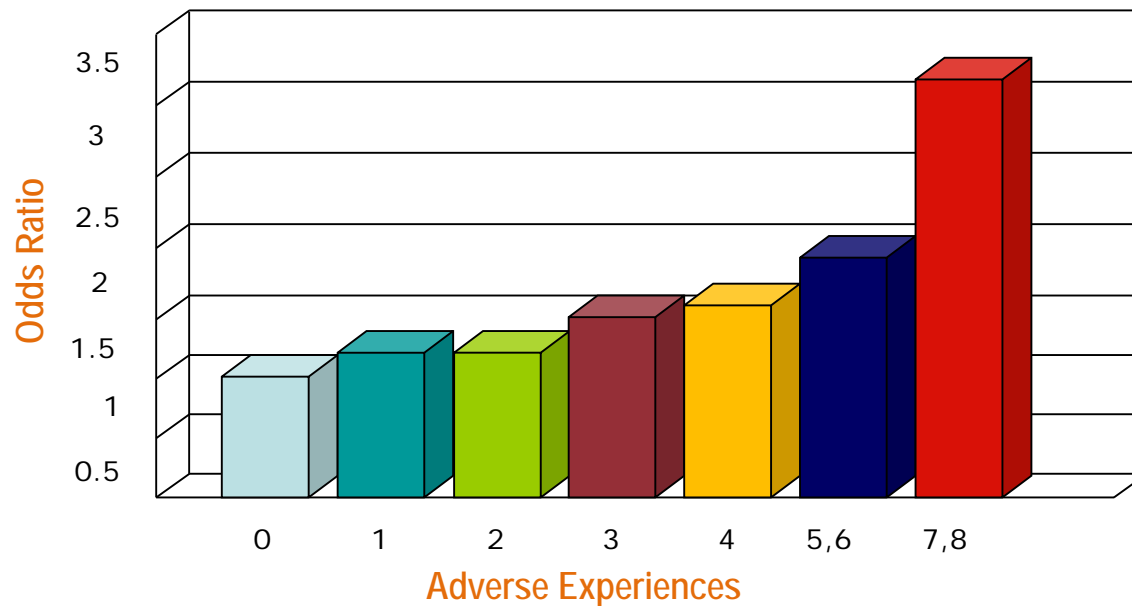
Eco-Bio-Developmental Model of Human Health and Disease



Source: Andrew Garner, MD, PhD, FAAP

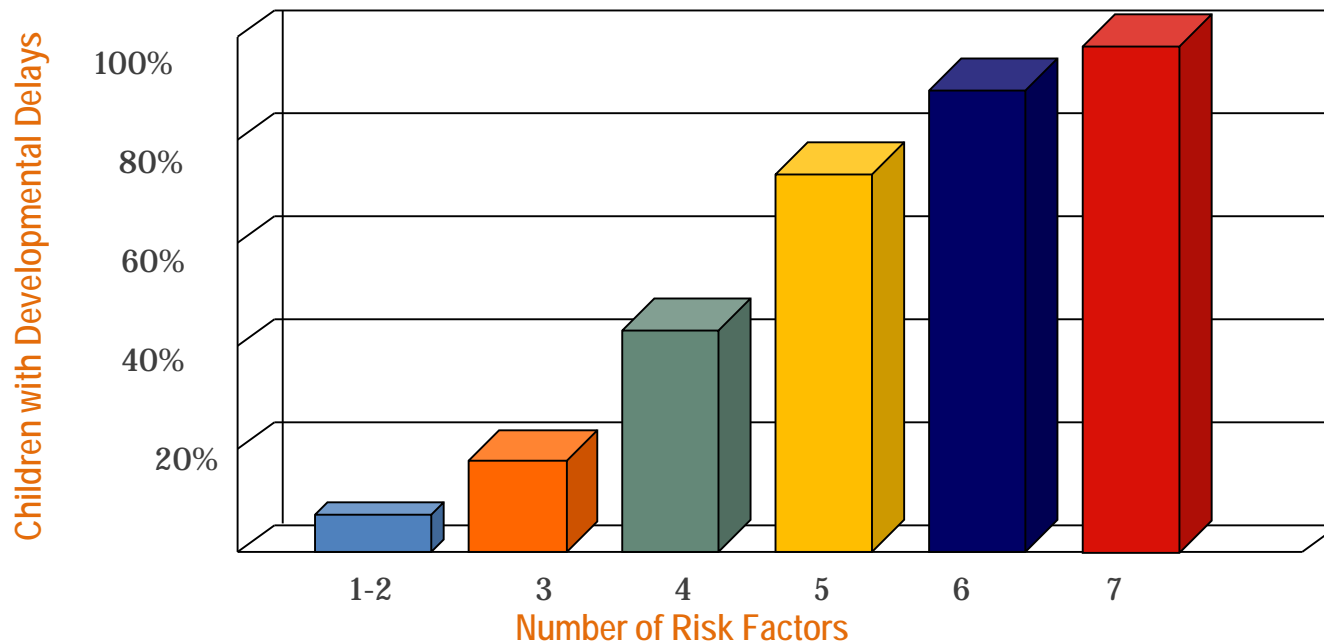
Ecology becomes
biology,
and together they drive
development across the
lifespan

3:1 Odds of Adult Heart Disease After 7-8 Adverse Childhood Experiences



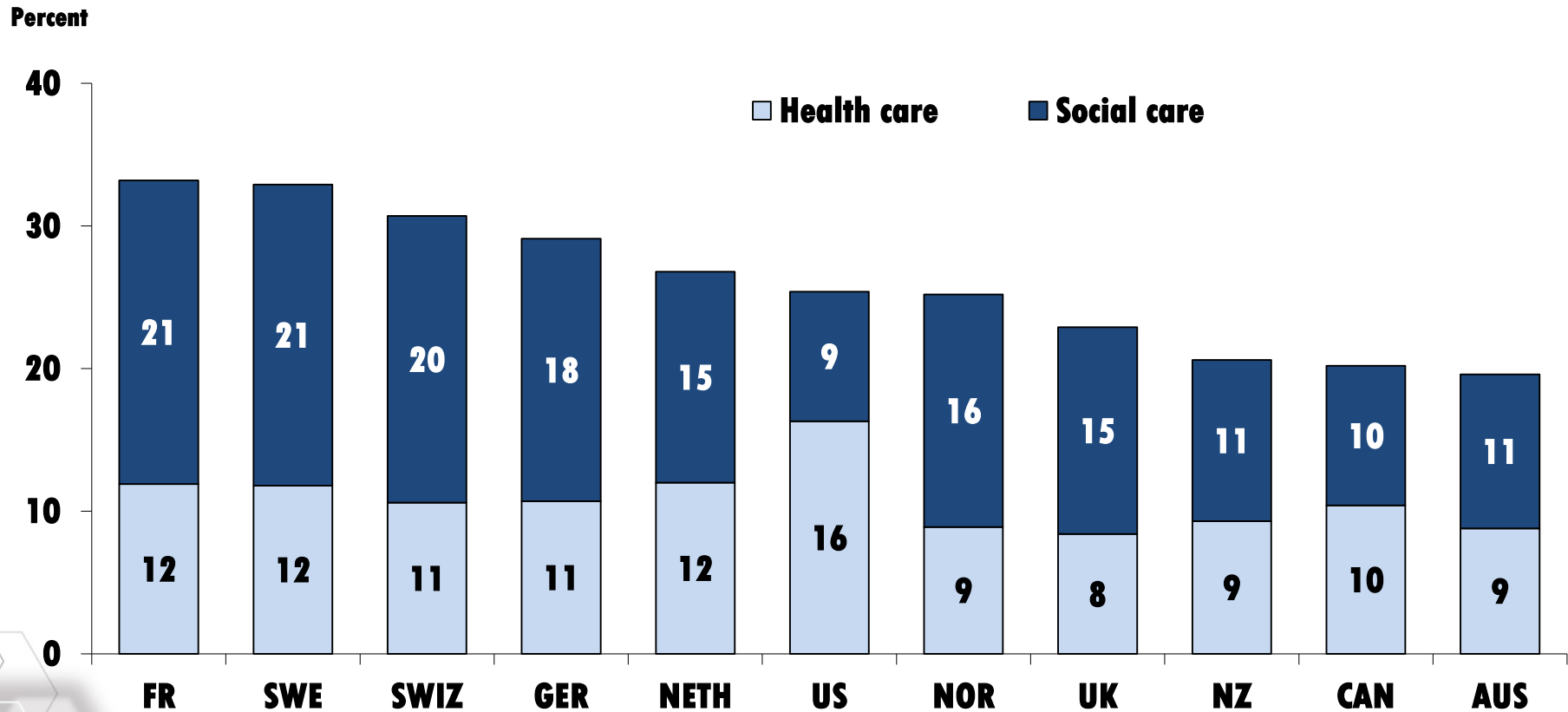
Source: Dong, et al. (2004) via Center on the Developing Child at Harvard University

90-100% Chance of Developmental Delays When Children Experience 6-7 Risk Factors



Data Source: Barth, et al. (2008)
Graphic adapted from 2011, Center on the Developing Child at Harvard University

Exhibit 8. Health and Social Care Spending as a Percentage of GDP



Notes: GDP refers to gross domestic product.

Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

The Education Difference

- Better educated people have lower morbidity rates from the most common acute and chronic diseases, independent of basic demographic and labor market factors.
- Life expectancy is increasing for everyone in the United States, yet differences in life expectancy have grown over time between those with and without a college education.
- Health behaviors alone cannot account for health status differences between those who are less educated and those who have more years of education.
- The mechanisms by which education influences health are complex and are likely to include (but are not limited to) interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.



The Story of Marcus and the Story of James



How Did You Connect Health and Early Learning Systems in Atlanta?



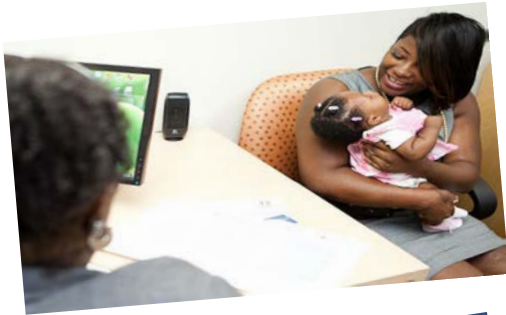
Why Connect Health & Early Learning Systems?



Why is This Model Important for Early Care & Learning Programs?



How Does Health Navigation Work in Early Learning Settings?



Partners



Questions?

