

## Intervening Early to Address Children's Health Disparities

In the United States, children of color and those in low-income families continue to lag behind white and affluent children on nearly every health indicator (Cheng et al. 2009). In addition, many of these indicators and conditions, such as preterm birth, low birth weight, and asthma, can have long-term influences on children's healthy development and functioning.

Disparities in health outcomes among children often are pervasive and persistent over time, with the potential to worsen as the diversity of the child population increases. Therefore, understanding the fundamental ways in which disparities are created and sustained across the life course will be critical for developing interventions, policies, and programs that mitigate their effects as children grow into adulthood (DC Baltimore Research Center 2009).

### DIVERSITY OF THE CHILD POPULATION

In 2008, children under age 18 comprised approximately 24 percent of the U.S. population (Federal Interagency Forum on Child and Family Statistics 2009). Though increases in the overall child population are projected to remain stable through 2021, significant increases are expected in the racial and ethnic diversity of this age group. Forty-three percent of the child population in 2008 was comprised of children of color. By 2050, however, it is expected that this figure will have increased to 62 percent, with Hispanics as the fastest growing group (Federal Interagency Forum on Child and Family Statistics 2009).

### WHAT WE KNOW SO FAR

Numerous reports provide evidence of the magnitude and pervasiveness of disparities in the United States (Smedley et al. 2003; Mead et al. 2008). Often, however, this research has not examined a wide range of child health indicators. When children have been included in the disparities literature, it has often been with a focus on specific conditions, such as asthma and obesity, or specific treatment approaches, such as improving immunization rates (DC Baltimore Research Group 2009).

Research has shown that children of color and those in low-income families often have higher rates of conditions, such as infant mortality, asthma, lead poisoning, and obesity, as well as lower rates of services, such as immunizations and access to dental care (Children's Defense Fund 2006). For instance, black and American Indian/Alaska Native infants have had consistently higher infant mortality than non-Hispanic whites. In 2005 the infant death rate was 13.6 per 1,000 live birth,

compared to 5.8 for non-Hispanic whites; the American Indian/Alaska native rate was 8.1 (Federal Interagency Forum on Child and Family Statistics 2009). Additionally, approximately 15 percent of black, non-Hispanic children were reported to have asthma in 2007, compared to 7 percent of white, non-Hispanic children and 9 percent of Hispanic children.

► *The Life Course Perspective* – It is increasingly evident that the origins of many health disparities lie in early childhood experiences, even as early as preconception and pregnancy. Strong associations have been found between early life experiences and the prevalence of a wide range of health impairments later in life, including cardiovascular conditions, type-2 diabetes, obesity, depression, and drug abuse (Braveman and Barclay 2009). Thus, reducing health disparities in children is important for children and adults alike.

Children's health disparities result from the accumulating effects of lack of access to health care services and insurance coverage, economic adversity and subsequent social disadvantages related to it, and exposures to social and environmental risks during critical developmental periods in a child's life (Braveman and Barclay 2009; Johnson and Theberge 2007). For many children of color and those in low-income families, access to health care services and insurance coverage are major factors that contribute to disparities (Cheng et al. 2009).

More work is needed to better understand and address child health disparities, particularly when compared to the data that exists on health disparities in adults (DC Baltimore Research Group 2009). A number data sources, such as The Annie E. Casey Foundation's *KIDS COUNT Data Book*, currently provide opportunities to highlight specific disparities such as low birth weight, infant mortality, and poverty status.

### OPPORTUNITIES FOR FUNDERS

Several funders have led the way in efforts to improve the lives and health outcomes of vulnerable children of color. The following examples illustrate opportunities for philanthropic organizations to begin, or to deepen, their work to address children's health disparities.

► *Understanding the effects of disparities on children's health and well-being over time, and promoting optimal strategies for preventing and addressing them:* In 2004

the Aetna Foundation provided a two-year grant of \$225,000 to the Children's Defense Fund to support the identification of policies and practices that advance the health of all children by reducing health disparities. The project sought to determine the extent of health disparities between children of color and white children, especially disparities between groups with similar incomes and/or health insurance status. It included analyzing National Health Interview Survey data to pinpoint key disparities, convening an array of leaders and researchers in the health care field to identify best practices for reducing disparities, and developing local-level action plans for closing disparities gaps among children (Children's Defense Fund 2006).

- **Expanding data collection and reporting efforts to raise awareness of the pervasiveness of children's health disparities, and advancing disparities research focused on children's health indicators:** As a part of its ongoing work, The Annie E. Casey Foundation promotes the use of timely and reliable information to track progress and improve the lives of vulnerable children. The foundation has developed and disseminated its annual *KIDS COUNT Data Books* for over two decades, profiling the well-being of America's children on a state-by-state basis and ranking states on 10 measures of well-being. The *KIDS COUNT* on-line data center includes community-level data in addition to city, state, and national data. Over 100 indicators of child well-being, such as economic and health status, safety, and key risk factors, can be selected to provide customizable data.
- **Support community involvement to address the conditions that contribute to child health disparities:** The W.K. Kellogg Foundation provided \$400,000 in 2008 for a two-year grant to CityMatCH, the Association of Maternal and Child Health Programs, and the National Healthy Start Association to create the Partnership to Eliminate Disparities in Infant Mortality. The project focuses on increasing capacity to decrease racial disparities through coordinated systems building in six urban communities across the country that have a disproportionate burden of infant mortality. These communities form the Action Learning Collaborative (ALC), which brings together multidisciplinary state and local teams to strengthen partnerships; build community participation; and develop innovative, tailored strategies for addressing racial inequities in infant mortality. ALC teams are currently evaluating their action plans and are beginning to implement them in communities and states (National Healthy Start Association 2009).

## CONCLUSION

Childhood is a time of complex physical, cognitive, social, and emotional development. Interventions during this period can potentially prevent or ameliorate health problems in later life.

Such efforts should begin as early as possible in a child's life and utilize a multidimensional, cross-sectoral approach that takes into account the role that social determinants play in affecting health outcomes.

The disproportionate burden of illness and death borne by children of color and those in low-income families will continue to be a major obstacle in improving the future health and productivity of our nation. Morbidity that worsens over time affects a person's health outcomes and future income potential across the life course. Societal costs from the lack of high-quality preventive care and poorly treated or untreated conditions can translate into billions of health care dollars lost and significantly diminished productivity.

## SOURCES

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