# What Does Health Equity Look Like?

Health Equity

**Date Posted:**

Oct 19, 2018

Without knowing anything about a child's genetic history, many of us can predict how their health outcomes will differ over their lifetime. The unfortunate reality is that, due to factors outside of their control, children could have different access to care, experiences interacting with the health care system and neighborhood environments that impact their health. These variations are in direct conflict with a vision for health equity, which is broadly considered to be 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.

It can be difficult to take the concept of health equity out of the world of academic and medical jargon and put it in the context of real children, real stories and real communities. Health equity is much more than a buzzword for well-intended physicians, health policy wonks and health system administrators: it is a vision we should constantly pursue from our clinics to the homes and streets of our patients to the highest offices of our government.

**Where do health inequities come from?**

Some of the top variables that marginalize certain children along lines of race, gender, sexual orientation, socio-economic status and citizenship include the following:

Access to Care

Challenges arise for many children and families in accessing necessary health care services. For example, though a clinic may be fully equipped to access a child's pressing medical needs, if that family does not speak conversational English and an interpreter is unavailable, the provider will not be able to deliver services. In other circumstances, transgender youth seeking gender-affirming care may not be able to access care due to a shortage of providers or lack of insurers who pay for these services.

Quality of Care

Though many providers intend to deliver the same quality of care to all of their patients, implicit bias may lead providers to treat and diagnose patients differently based on their race, gender or inferred socio-economic status. One specific example based in PolicyLab research is that, compared to white children, non-Hispanic black and Hispanic children were less likely to receive antibiotics for certain respiratory conditions in the emergency department.

Social Determinants of Health

The Kaiser Family Foundation broadly defines social determinants of health (SDOH) as the "structural determinants and conditions in which people are born, grow, live, work and age." Common SDOHs include

educational attainment, access to nutritious food, economic stability and housing quality. While all of these factors exist outside of the hospital walls, they have dramatic impact on the conditions and medical needs that children and families present in clinics.

Interactions with the Health Care System

A long history of discrimination and bias towards marginalized communities on the part of hospitals and health systems across the country has fostered mistrust and tension between these two groups. For example, if an undocumented parent feels that their child's pediatrician may be suspicious of their citizenship status or could report them to immigration enforcement officials, that parent may be less likely to bring their child to the doctor or follow the advice they provide.

**How can we promote health equity through policy?**

These inequities are not the result of any one factor, and they are therefore cannot be remediated by one simple solution. While these challenges may seem overwhelming, policymakers can continue to fight against health disparities by pushing for programs and policies that support communities who have historically faced discrimination in health care, housing, education and a host of other areas of life. As just a few examples, they can:

Support programs and policies that move toward equal access and quality of care for traditionally marginalized communities

A number of programs and policies support particularly vulnerable populations that are more likely to struggle with access to care, including communities of color, LGBT youth and immigrants. For example, even though minority children make up 48 percent of the general child population, they comprise 66 percent of the children whose families rely on Medicaid and the Children's Health Insurance Program to provide them with affordable, high-quality health care coverage. Other research has documented the positive health impact that the Deferred Action for Childhood Arrivals (DACA) program has had on immigrant families, as well as how the Ryan White program provides a vital safety net of care for youth living with HIV.

Ensure that low-income and minority students interested in health care have equal opportunity to higher education

A diverse health care workforce is more likely to deliver culturally competent care that promotes healthy interactions between the health care system and marginalized communities. Supporting policies that empower low-income and minority students to pursue higher education means that they are more likely to land in positions within the health care system to do this work.

Ensure compliance with anti-discriminatory regulations

While there are a number of federal, state and local laws in place that promote health equity for children and families, they are not always equally enforced. For instance, many insurers deny medical services for transgender youth when they are otherwise covered for non-transgender patients, which is prohibited by federal law. Policymakers should be willing to enforce these regulations for the benefit of their constituents and communities.

In an equitable and just world, every child—no matter the color of their skin, the neighborhood in which they live or their country of origin—would have the same chance to live a long, healthy life. PolicyLab's Health Equity portfolio is committed to making that vision become a reality by informing programs and policies that promote equitable access to quality care for historically marginalized children, but we can't do it all alone. We should all continue to work together for a world in which the circumstances every child and adolescent is born into do not predetermine their health and well-being for the rest of their lives.

*Emmy Stup, MPA, is a former health equity strategy director at PolicyLab.*