



## COMMENT

# Racism and social injustice as determinants of child health: the American Pediatric Society Issue of the Year

Steven H. Abman<sup>1</sup>, Clifford W. Bogue<sup>2</sup>, Susan Baker<sup>3</sup>, Waldemar Carlo<sup>4</sup>, Stephen R. Daniels<sup>1</sup>, Michael R. Debaun<sup>5</sup>, Candice Fike<sup>6</sup>, Catherine M. Gordon<sup>7</sup>, Mary B. Leonard<sup>8</sup>, Robin H. Steinhorn<sup>9</sup>, Leslie R. Walker-Harding<sup>10</sup> and for the American Pediatric Society (APS)

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We are now experiencing extraordinary challenges that are adversely impacting the health and well-being of our children and their families. These include multiple and very inter-related issues: coronavirus disease (COVID), Black Lives Matter, the struggling economy, immigration, environmental toxins, child abuse, gun violence, and others. Beyond responding to the complex acute stresses of clinical disease, the COVID pandemic has further unmasked chronic issues of racism, social injustice, disparities, and inequities that permeate our health care system.<sup>1–7</sup> For example, the disproportionate effects of COVID in Black, Latinx, and Native Americans is reflected by a greater susceptibility for disease, hospitalizations, and mortality with infection.<sup>8,9</sup> Such findings reflect many factors, including racial differences in jobs and exposures, nutrition, and other chronic health illnesses, such as diabetes, obesity, cardiovascular diseases, and chronic obstructive pulmonary disease. Well beyond the COVID pandemic, discrepancies in maternal, child, and adult health care, leading to death at earlier ages and worse morbidities, have been long recognized as reflecting major inequities in availability of health services, insurance coverage, social and economic factors, and other issues.<sup>2,4,6</sup> Thus addressing concerns underlying structural racism and sustained inequities in health care requires a greater awareness of the persistence of the US as an unequal society.<sup>1–3</sup>

As pediatricians, we know that racism and social injustice are endemic in our society and have adversely affected many aspects of child health and well-being, with clear evidence of life-long consequences.<sup>2–6</sup> These include worse perinatal outcomes for both mother and child, higher rates of childhood disease-related morbidities, and the persistence of adverse effects on health into adulthood.<sup>10–14</sup> Clearly, there is an especially important imperative for pediatricians and child health providers to play in addressing racism, bigotry, social injustice, and inequities in our research and health care system most broadly, which includes important and longstanding issues addressed by the Black Lives Matter movement, as well as long-neglected issues in Native children; ethnicity; religion; lesbian, gay, bisexual, and transgender rights; and ongoing problems related to immigrant families, especially those seeking asylum in our country.

## THE AMERICAN PEDIATRIC SOCIETY (APS) ISSUE OF THE YEAR

In addition to our individual commitments to address issues of racism and social injustice especially as related to child health outcomes, there is a clear need to develop rigorous approaches linking key medical and non-medical groups and institutions to develop impactful strategies and action plans.<sup>1–7</sup> The APS is committed to improving the short- and long-term health and well-being of children by providing a forum to promote effective strategies to enhance research, education, training, and advocacy in pediatric academic medicine throughout North America. As part of its approach toward developing strategic plans to address key issues in pediatric academic medicine, the APS selects a major theme to target each year through selection of its “Issue of the Year.” While recognizing that major problems cannot be readily solved in 1 year, identification of an issue of the year provides a focus that will launch a series of approaches including developing greater awareness of the problem and related issues, stimulating work toward developing greater mechanistic insights underlying the basis for and nature of the problem, and developing strategic action plans for interventions and further investigation.

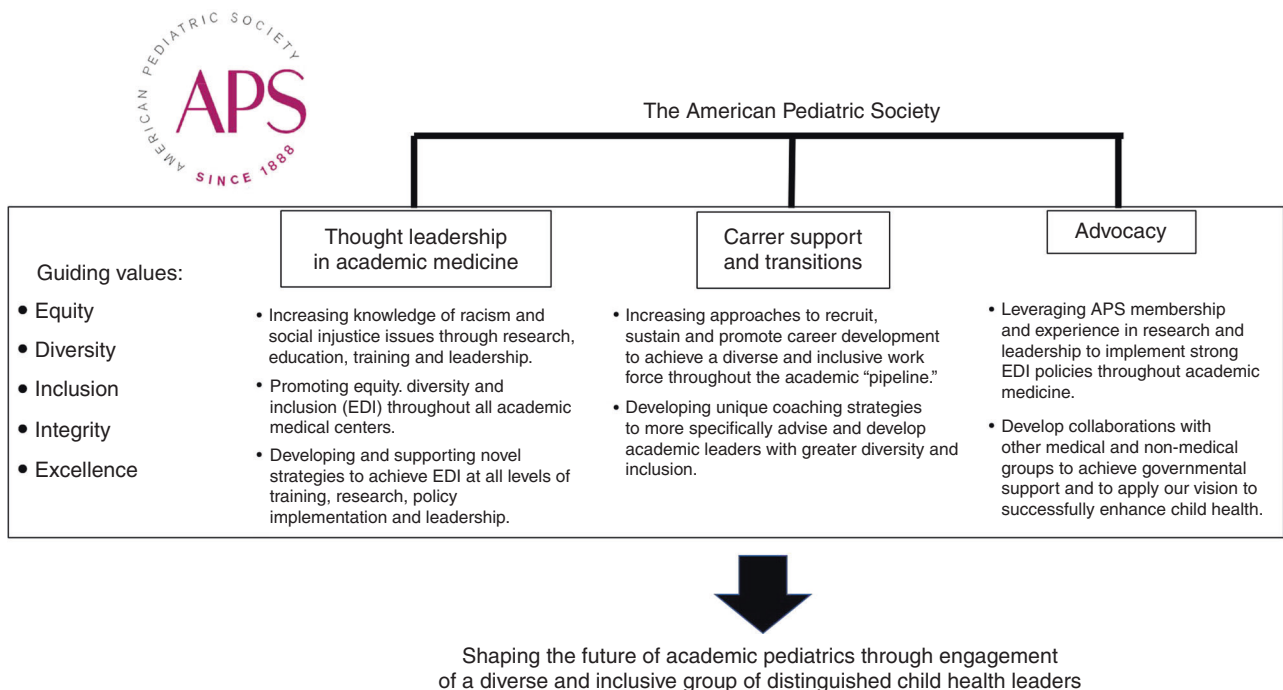
In recognition of its critical importance, the APS has targeted “Racism and social injustice as determinants of child health” as the APS Issue of the Year. In addressing the “issue of the year,” the APS is particularly aware of the unique opportunities for pediatricians, especially from within academic medical centers, to leverage the skills of the APS as a group to have a long-lasting impact. The APS fully espouses and supports efforts to develop innovative strategies to challenge racism and social injustice, just as readily as we support the highest values underlying research, education, and training in our medical centers. We further support action to identify and eliminate the institutionalized racism that has held back our ability to achieve the highly valued goals and missions that we embrace. We also support actions to recognize and remove unconscious bias while aiming for full inclusion and engagement of all individuals in our diverse culture.

As an initial step, the APS recently published a joint statement with the Society for Pediatric Research (SPR) to express the commitment of these societies to address issues of racism and social injustice.<sup>15</sup> Clearly, a major responsibility of the APS must be to particularly address racism and social injustice in collaboration

<sup>1</sup>Department of Pediatrics, University of Colorado Anschutz School of Medicine and Children’s Hospital Colorado, Aurora, CO, USA; <sup>2</sup>Department of Pediatrics, Yale University School of Medicine, New Haven, CT, USA; <sup>3</sup>Department of Pediatrics, University at Buffalo Jacobs School of Medicine and Biomedical Sciences, Buffalo, NY, USA; <sup>4</sup>Department of Pediatrics, University of Alabama Birmingham School of Medicine, Birmingham, AL, USA; <sup>5</sup>Department of Pediatrics, Vanderbilt University School of Medicine, Nashville, TN, USA; <sup>6</sup>Department of Pediatrics, University of Utah School of Medicine, Salt Lake City, UT, USA; <sup>7</sup>Department of Pediatrics, Harvard University Medical School and Boston Children’s Hospital, Boston, MA, USA; <sup>8</sup>Department of Pediatrics, Stanford University School of Medicine, Palo Alto, CA, USA; <sup>9</sup>Department of Pediatrics, University of California San Diego and Rady Children’s Hospital, San Diego, CA, USA and <sup>10</sup>Department of Pediatrics, University of Washington School of Medicine, Seattle, WA, USA  
Correspondence: Steven H. Abman ([steven.abman@cuanschutz.edu](mailto:steven.abman@cuanschutz.edu))

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**Fig. 1** The American Pediatric Society Missions, Values and Goals for Addressing the “Issue of the Year- Racism and Social Injustice as Determinants of Child Health.”

with other groups, but the APS can especially tackle issues related to the APS’ major leadership role in academic pediatrics that are clearly major avenues of opportunity within the APS mandate. Thus it is particularly incumbent for the APS to act throughout the academic community to address these issues with regards to child health most broadly but especially to improve the education and training of medical professionals, ranging from students, residents, fellows, faculty, and staff at our medical centers; support expansive and multi-pronged research addressing these vital issues; explore research programs that strongly engage those underrepresented in medicine and research among its investigative team members to enhance their careers as academic leaders; and to promote the application of novel curricula design and other training approaches to increase awareness of social factors and improve the quality of care for our diverse patients and their families. We clearly must provide sponsorship and opportunity for underrepresented groups in medicine to achieve an increase in diversity within leadership. This will also create more representative role models to encourage young people from all stages of the “pipeline” to become engaged in careers in pediatric medicine. Using our roles as scientific investigators, academic leaders, advocates, and teachers, the APS membership is in a unique position to advocate for many changes to increase public awareness of these issues, to provide information on the scientific evidence and impact of our research, and to enable the implementation of novel strategies within our medical schools and institutions along these lines.

**THE APS WILL ADDRESS RACISM AND SOCIAL INJUSTICE IN ACADEMIC MEDICINE AND CHILD HEALTH**

Planning is currently underway to target these issues, with action plans that target both “inward” actions within the APS organization as well as “outward” goals. First, in partnership with the SPR, the APS has published a clear statement that expresses our societies’ views to work toward combating racism and social injustice through missions of advocacy, research, education, training, and community engagement most broadly.<sup>15</sup> Second,

we must “clean our own house,” including applying the very values of promoting diversity, inclusion, and antiracism within our own organization. To address changes in the APS that best reflect these values and long-term goals, changes are underway for revision of the APS mission and vision statements, as well as updating our nomination process and other by-laws (Fig. 1).

*Promoting diversity, inclusion, and engagement within the Society* is important to model our values and achieve our goals more successfully. Changes in the nomination process for APS membership, with continued expectations for high standards of achievement, will include more pro-active identification of potential members with diverse backgrounds; impactful contributions in research, advocacy, and leadership; and playing an active role in developing novel strategies in health care practices and delivery, training, medical education, and social engagement, especially as related to issues of racism and social injustice. We have recognized that, within the APS, we must strive for greater inclusion of African American, Latinx, Native Americans, and women who are underrepresented in membership and leadership to best represent and support the best of academic pediatrics and its multiple missions.<sup>16,17</sup> The APS and academic medicine more broadly are enriched by leaders from a diversity of racial, gender, and ethnic backgrounds and applying primary interests in specific academic themes, issues, and skill sets, ranging from advocacy to broad research areas, including patient- and laboratory- and population-based sciences. While Pediatrics has made inroads in increasing gender representation in the field, the same has not occurred for many underrepresented ethnic groups. Bringing this talented and diverse group together provides a potent voice to tackle many child health issues in a multi-pronged and comprehensive fashion. While being inclusive and seeking to achieve goals of antiracism and social justice, we must further be mindful that these responsibilities and specific tasks for meaningful actions should be a balanced workload from all. As academic leaders, we should all become the role models and exemplify our values through our own personal actions, especially as they extend into our roles at our own departments, medical centers, and communities.

We further plan to use the APS' influence and scientific credibility to drive evidence-based discussions of the harmful effects of social marginalization and racism on public health. Evidence clearly shows that racism is a public health issue and is a pediatric issue. Exposure to racism early in life has life-long impacts, biological and otherwise. APS must become more external facing and use its voice as distinguished academic pediatric leaders to impact broader societal discussions and policies about racism, diversity, and inclusion. The APS has both opportunity and obligation to work to educate and move people to action, especially in partnership with other outstanding forward-thinking pediatric groups as the American Academy of Pediatrics, SPR, and many others.

APS should speak out on the importance of addressing diversity, inclusion, and engagement challenges throughout all stages of the pipeline. For early and late career stages, recognizing, mediating, and supporting diversity and inclusion will help to keep academic pediatrics strong, and this is core to the APS mission. These issues are planned for further presentations and discussions through virtual forums, such as the Joint APS/SPR Virtual Chat series and an anticipated APS Town Hall Virtual Forum on Racism and Social Injustice, followed by other seminars to highlight several specific issues regarding the impact of racism on child and life-long health and the high perinatal morbidity and mortality rates.

## SUMMARY

From these extraordinary challenges come opportunities to aggressively address both short- and long-term issues of racism and social injustice, as Black Lives Matter has been a vital "wake-up call" to those who have not previously taken action, including those involved with child health. As pediatricians and leaders of academic medicine, the APS has a particular opportunity and mandate to leverage its strengths to work toward creating healthier and more just society.

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## AUTHOR CONTRIBUTIONS

Each of the authors contributed to the concepts and content in the manuscript and helped with the writing and final production of the manuscript.

## ADDITIONAL INFORMATION

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## REFERENCES

- Kendi, I. X. *How to be an Antiracist* (One World, NY, 2019).
- Williams, D. R. & Cooper, L. A. Reducing racial inequities in health: using what we already know to take action. *Int. J. Environ. Res. Public Health* **16**, 606–631 (2020).
- Owe, W. R., Carmona, R. & Pomeroy, C. Failing another national stress test on health disparities. *JAMA* <https://doi.org/10.1001/jama.2020.6547> (2020).
- Trent, M. et al. The impact of racism on child and adolescent health. *Pediatrics* **144**, e20191765 (2019).
- Dreyer, B. P. et al. The death of George Floyd: bending the arc of history towards justice for generations of children. *Pediatrics* <https://doi.org/10.1542/peds.2020-009639> (2020).
- Hardeman, R. R., Medina, E. M. & Kozhimannil, K. E. Structural racism and supporting black lives- the role of health professionals. *N. Engl. J. Med.* **375**, 2113–2115 (2016).
- Hardeman, R. R., Medina, E. M. & Boyd, R. W. Stolen breaths. *N. Engl. J. Med.* <https://doi.org/10.1056/NEJMp2021072> (2020).
- Price-Haywood, E. G., Burton, J., Fort, D. & Seoane, L. Hospitalization and mortality among black and white patients with COVID-19. *N. Engl. J. Med.* **382**, 2534–2543 (2020).
- Yancy, C. W. COVID-19 and African Americans. *JAMA* **323**, 1891–1892 (2020).
- Matthews, T. J., MacDorman, M. F. & Thoma, M. E. Infant mortality statistics from the 2013 period linked birth/infant death data set. *Natl Vital Stat. Rep.* **64**, 1–30 (2015).
- Siddiqi, A., Jones, M. K., Bruce, D. J. & Erwin, P. C. Do racial inequities in infant mortality correspond to variations in societal conditions? A study of state-level income inequality in the U.S., 1992–2007. *Soc. Sci. Med.* **164**, 49–58 (2016).
- Petersen, E. E. et al. Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *MMWR Morb. Mortal. Wkly Rep.* **68**, 423–429 (2019).
- MacDorman, M. F. et al. Recent Increases in the U.S. maternal mortality rate: disentangling trends from measurement issues. *Obstet. Gynecol.* **128**, 447–455 (2016).
- Minehart, R. D., Jackson, J. & Daly, J. Racial differences in pregnancy-related morbidity and mortality. *Anesthesiol. Clin.* **38**, 279–296 (2020).
- Abman, S. H. et al. The American Pediatric Society and Society for Pediatric Research Joint Statement Against Racism and Social Injustice. *Pediatr. Res.* <https://doi.org/10.1038/s41390-020-01107-9> (2020).
- Fuentes-Afflick, E. APS 2018 Presidential Address - the courage of our dreams. *Pediatr. Res.* **84**, 582–585 (2018).
- Nolen, L. How medical education is missing the bull's eye. *N. Engl. J. Med.* **328**, 2489–2491 (2020).