



# Institutional Position Statement on Assessing and Promoting Policies that Advance Health Equity for Children, Adolescents, and Families

**May 19, 2022**

WHEREAS, the U.S. Department of Health and Human Services (HHS) defines health equity as the attainment of the highest level of health for all people, and we grow closer to achieving health equity by reducing health disparities<sup>1</sup>; and

WHEREAS, HHS identifies how population-level factors, such as the physical, built, social, and policy environments can have a greater impact on health outcomes than individual-level factors; and

WHEREAS, Lurie Children's is committed to advancing health equity and racial justice as a key component of its mission to improve the health and well-being of children and adolescents; and

WHEREAS, Chicago has the largest life expectancy gap in the country, with as much as a 30-year difference between predominantly White, high-income communities and predominantly Black/African American and Hispanic/Latino(a)/Latinx, low-income communities fewer than 10 miles away<sup>2</sup>; and

WHEREAS, in Chicago, infant mortality rates per 1,000 births ranged from 3.4 for Whites to 12.7 for Black/African Americans<sup>3</sup>; and

WHEREAS, hypertension, lung disease, and AIDS (Acquired Immune Deficiency Syndrome) are just a few of the devastating, preventable diseases that afflict Black people at higher rates than other races and ethnicities, and, to a lesser extent, Hispanic/Latino(a)/Latinx persons and Asian Americans and Pacific Islanders (AAPI); and

WHEREAS, undocumented immigrants encounter unique threats to their health, such as fear of deportation, language barriers, and a lack of health insurance<sup>4</sup>; and

WHEREAS, across the nation, economic inequity is a major contributor to these disparities—in that income is a well-documented factor of health, and race and ethnicity have a significant impact on earning power. Notably, the health gap is not explained solely by income as research outlines how Black/African Americans, Hispanic/Latino(a)/Latinx, Native



Americans, and some Asian Americans experience poorer health outcomes even after accounting for the effects of income and other associated characteristics such as education and occupation; and

WHEREAS, in 2017, young Black males were 13.7 times more likely to die from a firearm-related homicide than non-Black males in Chicago<sup>5</sup>; and

WHEREAS, babies born to college-educated Black/African American women experience 3.1 more deaths per 1,000 live births (Rate Ratio=1.46) than babies born to White women with a high school degree or less<sup>6</sup>; and

WHEREAS, mothers are dying in the U.S. at the highest rate among developed countries despite being one of the richest, and rising. The situation is particularly dire for Black/African American mothers, who die three to four times the rate of their White counterparts<sup>7</sup> and

WHEREAS, AAPI women experienced greater rates of maternal mortality during hospitalization for delivery- even after accounting for established factors that influence peripartum outcomes<sup>8</sup>; and

WHEREAS, of Chicago youth living in poverty, 44 percent are Black/African American, followed by Hispanic/Latinx (28 percent), Asian (20 percent), and Non-Hispanic White (7 percent) (American Community Survey, U.S. Census Bureau). Black/African Americans and Hispanics/Latinxs also have the lowest median household incomes. Low-income communities are more likely to have higher rates of violence, higher rates of discrimination, under-resourced schools, higher rates of unemployment, higher rates of incarceration, and greater material deprivation such as a lack of housing, heat, water, and electricity. These issues are chronic stressors that are linked to higher rates of chronic disease throughout the lifespan<sup>3</sup>; and

WHEREAS, predominantly Black/African American and Hispanic/Latino(a)/Latinx communities on Chicago's West and South Sides have higher levels of air pollution with the worst Air Quality and Health Index scores increasing their risk for asthma and related health outcomes. Hispanic/Latinx youth 0-19 years were hospitalized with asthma at more than twice the rate of Whites, while Black/African American youth were hospitalized at rates more than 4 times greater<sup>9</sup>; and

WHEREAS, mental health-related Emergency Room visits for youth in Chicago communities are heavily influenced by socioeconomic inequities such as poverty, housing instability, food insecurity, and poor access to healthcare. These inequities are reflected in the racial disparities with hospitalization rates for Black/African American youth almost twice as high as White youth.



**THEREFORE BE IT RESOLVED:** That Ann & Robert H. Lurie Children's Hospital of Chicago will advocate for, support, and promote policies, programs and practices that advance health equity and racial justice for children, adolescents, and families.

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