

EXECUTIVE SUMMARY

Prioritizing Child Health: Promoting Adherence to Well-Child Visits, UMass Memorial Health Recipient of the 2021 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

Racial/ethnic health inequities are increasing in the US despite medical advancements. These inequities are rooted in structural racism. Structural racism and discrimination are embedded in societal structures that limit opportunities and resources for racialized groups. This manifests as social determinants of health (SDOH)—the social circumstances in which people are born, live, and age—and as health disparities. SDOH are drivers of health which account for up to 80% of health outcomes. UMass Memorial Medical Center, a nonprofit healthcare system, provides all levels of healthcare to patients in Central Massachusetts. The city of Worcester is a culturally and linguistically diverse city; >40% of residents identify as a person of color (POC) and 35% endorse a primary language other than English. UMass has been steadily working to address SDOH and reduce racial/ethnic disparities in healthcare access and outcomes for the past several years.

In 2020, Eric Dickson, MD, UMass Memorial's President and CEO, charged medical center leadership with identifying opportunities to promote equity in healthcare access and outcomes across the system. Leveraging health record data, a multidisciplinary team of leaders discovered persistent racial and ethnic disparities in adherence to well-child visits.

The American Academy of Pediatrics has identified poverty and racism as two prevalent and pervasive SDOH which need to be addressed through clinical innovation. Children are the poorest segment of the US population with 2 in 5 children living in impoverished conditions; and for the first time in history, the majority of children in the US are POC. Low-income POC children face the catastrophic consequences of poverty and structural and interpersonal racism throughout their lives. From a public and population health perspective, poverty and racism negatively impact health from early childhood, leading to worse health in adulthood and thereby reducing the productivity of society's workforce resulting in avoidable healthcare utilization and costs. Recognizing these existential threats to children and society at large, UMass set a goal for improving adherence to well-child visits among pediatric patients of color. The team dramatically improved adherence among patients who identify as Black (59% to 75%) and patients who identify as Latinx (64% to 76%). This successful project has laid the groundwork for system-wide interventions to improve racial and ethnic health equity.