

**Another Voice** / *Public health**Pediatricians cite health impacts of racism and poverty*

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As pediatricians, we unequivocally condemn racism of all forms. We must also speak out about the impact of racism on children and adolescent health. The conditions in which we live, work and play impact our children's health, growth and development, with lifelong consequences.

Children experience racism in multiple ways. They may be the direct target of racist activities or observe racism in all forms. They may experience implicit or unconscious bias in the classroom, the gym or the corner store. Racism affects the housing in which children live, the schools where they learn, the jobs their parents have,

and the legal rights to which they are entitled.

As children grow, they develop a sense of who they are and how they feel about themselves. A positive sense of identity, including racial identity, leads to better growth and development. Conversely, a negative sense of identity causes more stress, confirms negative stereotypes, and can undermine school performance and their future potential.

Racism is well understood to drive important child health outcomes. For example, black infants die at twice the rate of White infants; nearly 33% of black children and over 25% of Latino children live in poverty, compared to 11% of white children; and 25% of black and Latino children live in households

without enough food to eat, compared to 13% of white children. In addition, 16% of black, 13% of Latino, and 13% of Native American/Indigenous American children are not in excellent or very good health, compared to 7% of white children.

We must also understand that our children are increasingly children of color. In 1980, 26% of children in the United States were children of color. Today, half of all children in the United States – and a majority in New York State – are children of color.

Poverty and racism are subjecting most of our children to an unacceptable number of strikes that will negatively impact their lives, and our country, for years to come.

We call on all child health profes-

sionals, institutions, and advocates to partner together against racism. We ask that we understand the history of racism in health care and research that has engendered bias and mistrust.

We commit to ensuring our clinics and hospitals reflect the diversity of the communities we serve, that we practice cultural humility, and that our policies and training address implicit biases and culturally competent care. Finally, we advocate for programs that improve health and reduce health disparities among children, such as Medicaid, school meals, and early childhood programs.

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