Introduction: State-of-the-Art on Child Health Disparities

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Thirteen years ago, the Institute of Medicine issued a report entitled "Crossing the Quality Chasm." This report highlighted gaps in quality health care and recommended that health care be safe, effective, patient-centered, timely, efficient, and equitable.¹ The aim of equity in quality care addressed characteristics including gender, ethnicity, geographic location, and socioeconomic status. Two years later, the Institute of Medicine released another landmark report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care."² This report reviewed the literature and documented racial/ethnic disparities in health care, concluding with recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, data collection, research, and other arenas.

Although the report importantly documented racial/ethnic disparities in the 103 studies reviewed, only 5 studies addressed child health. Because of the unique issues related to health care quality for children and adolescents and because of the relative dearth of research on child health disparities, the DC-Baltimore Research Center on Child Health Disparities, a collaboration between Howard University, Children's National Medical Center, and Johns Hopkins University, convened a conference in 2008 to develop a research action agenda. The

conference, entitled "Starting Early: A Life Course Perspective on Child Health Disparities," included researchers, policy makers, and funders and published a research action agenda in a 2009 supplement to *Pediatrics*.^{3,4} The research action agenda emphasized the need for research on child health disparities, emphasizing intervention research and action.

Changes in the US health system and the Affordable Care Act bring renewed attention to persistent disparities in health care quality and the need to address population health. Financing models based on quality and safety measures and population health indicators provides an opportunity to address the biological and social determinants of health and the root causes of health disparities. This state-of-the-art series on child health disparities builds on the previous child health disparities action agenda in documenting the persistent racial/ethnic and socioeconomic status health disparities, reviewing conceptual frameworks to address disparities, and highlighting interventions to eliminate inequities. It is hoped that the data presented within this series will not only increase awareness of the scope of child health disparities nationally and globally but also locally. The new attention to quality measures and population health provides an excellent opportunity for all communities to improve health for all children.

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COUNTING TO 100: *Have you ever sent an angry email? I have done so too often. The usual scenario is that I have gotten an email that has incensed me and I immediately reply – often with some fire and brimstone. That has never worked out in my favor. While I might feel a bit better after sending the email, the feeling is quite transient and the missive usually comes back to haunt me.*

As reported in The Wall Street Journal (Life: August 10, 2015), this “e-venting” (venting on social media or through email, text, or chat) is a bad idea. Many people think that by venting they will feel better. However, it turns out that venting actually makes people become angrier and more aggressive. Those that e-vent anonymously are at risk for becoming the most angry or aggressive. In a study completed years ago, 600 college students were deliberately given harsh feedback on an essay. After receiving the feedback the students were divided into three groups: those that hit a punching bag and ruminated on the feedback; those that hit a punching bag and thought about getting fit; and a third group that did nothing. They were then asked their feelings. The group that ruminated while punching turned out to be the angriest, while the group that had done nothing was the least angry or aggressive. Unfortunately, technology has made venting so much easier. At least when one had to telephone, one had to make direct contact and received direct verbal and non-verbal cues. Now, many feel they can hide behind the technology. There is a huge difference, though. Once you hung up the phone, the conversation was over. Now, an email, tweet, or Facebook posting can be forwarded, re-tweeted, re-posted and cannot be erased. So, now when I get an email from someone that immediately sends my blood pressure through the roof, I count to 100 and then count again. If I write an email, and still feel I am angry, I delete it. Writing the response the next day, in much more measured tones, always works out better in the end.

Noted by WVR, MD