LETTER TO THE EDITOR
Racial Health Disparities: A Call to Action

To the Editor: I read with interest the article by Abrahão et al.,[1] which describes survival among children with acute lymphoblastic leukemia (ALL). This impressive study included over 9,000 patients. We should be proud of the progress made in treating children with ALL as approximately 90% of children can expect to be cured. However, as the authors show, this progress is not being felt by our patients of color, especially our black patients. Black children with ALL had an approximate 20-year survival probability of 68%, compared to over 80% for white children.[1] This difference held when correcting for socioeconomic status (SES) and multiple other co-variables. Race is an independent factor in the outcomes of our patients with ALL.

Racial disparities are reported in the management of many diseases. A recent Medline search of “healthcare disparities and race” yields over 3,000 articles since 2003. We may attempt to reconcile this issue by highlighting differences in genetics and SES. However, in many reports, including that by Abrahão et al., discrepancies held when correcting for SES.

I applaud the authors and the Editor for publishing this work and shining a light on health inequity. However, I encourage us to stop publishing manuscripts that use the common practice of describing patient groups as “white” and “non-white.” I confess, I have used this terminology in a publication as recently as 2012.[2] Describing people of color as “non-white” perpetuates the racial narratives of white is “normal” and everyone else is not. It reinforces white normativity while essentializing people of color as inferior. Instead of using the term “non-white” I recommend using the term “people of color” or “patients of color.”

The authors state “...other factors underlie these survival disparities.” I invite us to investigate these other factors, which could include institutional racism and unconscious provider biases. Racial health care disparities exist and provider bias, stereotyping, and prejudice contribute to these disparities.[3–6]

We should be saddened by this report. Health inequity is not just an issue in the United States. I strongly and respectfully encourage ASPHO, SIOP, and all of us, to pursue programs to increase awareness of race, racism, and whiteness and to improve our skills in caring for patients of color. Our group has shown that this can be done.[7]

Finally, I would like to underscore that while significant training for providers regarding racism will help lessen health inequity, the opposite is also true. The absence of substantial training on issues of race and racism will serve to perpetuate and potentially exacerbate racial disparities. If providers do not take responsibility for addressing the impact of race and racism in the provision of care, this responsibility falls on patients of color. This allows the dominant white group to avoid responsibility and places the perceived source of racial differences squarely on the target population. Until racial issues are honestly addressed by the health care team, it is unlikely that we will see significant improvements in racial health care disparities for our patients.

Stephen C. Nelson, MD
Pediatric Hematology/Oncology, Children’s Hospitals and Clinics of Minnesota, Minneapolis, Minnesota

REFERENCES

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Correspondence to: Stephen C. Nelson, Children’s Hospitals and Clinics of Minnesota, 2530 Chicago Avenue South, CSC-175, Minneapolis, MN 55405. E-mail: stephen.nelson@childrensMN.org

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