Commentary: Want to understand health disparities? Get your antiracist goggles on

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African American mom and daughter take a trip to the doctor's office for an appointment. Credit: Dell Medical School

When it comes to understanding why children from non-white race groups have such poor health outcomes compared with their white counterparts, it's time for researchers to look beyond their genes and delve deeper into social factors, according to a commentary published today in the journal *Pediatrics*.

"Framing race in biological terms within health sciences is not only shortsighted, but it also absolves us from dealing with how structural racism and other problems in society are far stronger causes of disparities than genetics," said co-author Elizabeth Matsui, M.D., professor of pediatrics and population health at Dell Medical School at The University of Texas at Austin.

Matsui points to decades of research into racial and ethnic health disparities that have failed to resolve disproportionate health outcomes among kids for conditions such as premature birth, asthma and obesity.

Even when there's no scientific basis to make such a claim, Matsui and her co-authors Adewole Adamson, M.D., of Dell Med and Tamara Perry, M.D., of The University of Arkansas argue that observed associations between race, ethnicity and disease among minority populations are misconstrued as evidence that innate biological differences are a key cause of health disparities.

"Take a Black child with asthma, for instance," Matsui said. "Many of us are inclined to conflate the color of his skin with an intrinsic biologic difference rather than thinking about his condition not only in the context of where he lives, but also the history that led to that context. And it's this context that's overwhelmingly responsible for the disproportionate burden of asthma and other chronic conditions within Black communities."

The commentary cites other research exemplifying this problem, including a study on atopic dermatitis that described inflammatory markers in skin between Black and white people, without discussing the potential role of contextual factors in causing these differences.

"This overemphasis on biology is persistent, even though these genetic differences between racial groups are often meaningless," said Adamson,

a dermatologist and assistant professor of internal medicine at Dell Med. "Until we recast minority health research that positions race and ethnicity as social—not biologic—constructs, we'll see little progress. So, we're calling for a research framework that is explicitly antiracist."

Matsui, Adamson and Perry contend that new research framework must be:

- Embedded in systems that fund, evaluate, disseminate and promote health sciences,
- Guided by antiracist principles,
- Explicitly considerate of contextual factors such as race and ethnicity when designing or interpreting studies,
- Engaging of the community disproportionately affected by the health condition being examined or studied.

The researchers also advocate for the construction of "trans-disciplinary" research teams.

"We want experts at the table that include social scientists, race scholars, environmental health scientists, epidemiologists, population geneticists, behavioral scientists and others," Matsui said. "Right now, that's simply not how most investigative teams are structured."

Matsui believes the pediatric field is best positioned to lead this re-casting of health disparities research because of its constant focus on prevention and routine collaboration with social workers, schools and other public services that focus on child wellness.

"Although this agenda is ambitious, it's critical in the effort to have a meaningful impact on minority health," said Matsui. "As the issue of structural racism grows louder, the opportunity for the pediatric community to lead the implementation of an antiracist research agenda

has never been greater."

Provided by University of Texas at Austin