

COVID-19 and the Widening Gap in Health Inequity

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Abstract

The coronavirus disease 2019 (COVID-19) pandemic has brought to light significant health inequities that have existed in our society for decades. Blacks, Hispanics, Native Americans, and immigrants are the populations most likely to experience disparities related to burden of disease, health care, and health outcomes. Increasingly, national and state statistics on COVID-19 report disproportionately higher mortality rates in blacks. There has never been a more pressing time for us to enact progressive and far-reaching changes in social, economic, and political policies that will shape programs aimed at improving the health of all people living in the United States.

Keywords

COVID-19, health equity, disparities

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Commentary

In January 2000, a national program known as Healthy People was initiated by the US government.¹ The goal of Healthy People is to improve the health of all people living in the United States. Largely based on egalitarian principles, this initiative seeks to reduce disparities and achieve the highest level of health for all groups. It has been 2 decades now since the inception of the program. It appears that now may be a good time for us to assess our national response to managing the coronavirus disease 2019 (COVID-19) pandemic in light of this initiative.

We recognize that the COVID-19 pandemic has exposed many inadequacies in US health care, particularly our capacity to adequately handle a public health emergency. Infrastructure shortfalls, reporting limitations, distribution and access to COVID-19 screening tests, inconsistencies in dissemination of factual real-time information, and inadequate provision of resources such as personal protective equipment to overburdened hospitals and health care workers are only a few of the problems compounding the adverse effects of this pandemic on the health and welfare of our nation. However, one of the biggest problems the coronavirus has clearly illuminated is the wide range of inequities in our nation's approach to health care. These have only become more transparent throughout the COVID-19 crisis.

What we are experiencing on a daily basis from the COVID-19 outbreak is an even stronger divide in health equity, with the heaviest burden of disease experienced in predominately black, Hispanic, Native American, and immigrant communities.² It was not until after concerted urging by several lawmakers did governmental agencies begin collecting demographic data pertaining to race and ethnicity of individuals being tested and treated for COVID-19.³ Early reporting on 580 confirmed COVID-19 hospitalized patients in 19 states revealed there were disproportionately higher rates for blacks, who represented 33% of hospitalized patients, although only comprising 18% of the catchment population.⁴ So, although the virus affects all of us, there appears to be a disproportionately negative impact on African Americans. This is also most notable in terms of the extremely high mortality rate experienced in black populations. Reports from cities across the United States that have been most severely affected by the virus have uncovered glaring disparities. For example, in Chicago, where blacks comprise less than 33% of the city's population, this group accounts for more than 50% of COVID-19 positive cases and almost 75% of confirmed deaths from the virus.⁵ Chicago is not the only major city to report these shocking statistics. Similarly, astounding statistics in mortality rates as a result of COVID-19 have been reported in New York City and Milwaukee along with several states, including Louisiana and Michigan, further illuminating these inequalities.^{6,7} So, what has this pandemic demonstrated to us? That the perceived inequities in health expressed by many minority groups in this country are real and pervasive. Clearly, after 2 decades of work, we have fallen significantly short on meeting the goals set forth in Healthy People.

To begin to address this problem, we need to better understand what is at the heart of these inequalities. The conditions in which we live our daily lives play a significant impact on our health and well-being. It is well known that social determinants such as poverty, high-crime neighborhoods, poor access to healthy foods, limited education and skill level, and high unemployment adversely affect

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health, increasing the risk for diseases such as cardiovascular disease, diabetes, asthma, and now COVID-19.⁶ However, this problem of health inequities goes beyond just social and environmental conditions and extends into health care systems. A recent study published in *Science* identified racial bias in an algorithm with widespread use in large health care systems throughout the United States.⁸ The algorithm was designed to target patients with complex health needs for “high-risk” management programs designed to provide greater resources and supportive care to improve health outcomes. Despite being assigned the same level of predicted risk scores, blacks were found to have significantly more disease burden than whites. Thus, to receive this additional supportive management care, black patients needed to be sicker than white patients. Hence, the premise on which this algorithm was based turned out to be predicated on an erroneous assumption. Thus, even within these large health care systems, structural biases can further perpetuate health inequity.

No geographic area or medical specialty, including otolaryngology, is immune to these inequities. Here in South Texas, where the population is approximately 85% Hispanic with many having lower socioeconomic status, we see a higher incidence of individuals with advanced head and neck cancer entering the health care system for their initial workup. This is in part due to the number of uninsured and undocumented individuals living in the area who have limited access to health services.

If we are to truly recover as a nation from the grave consequences of this pandemic, we will need to address the larger issues concerning inequities in health for many groups in our country based on decades of inequalities. To achieve greater health equity within America, we need to concentrate our efforts on those individuals in lesser health and raise them to the status of healthy.⁹ This will involve influencing changes in social, economic, and political decisions and policies that shape national programs affecting our health. Although this is a national issue and may seem to be overwhelming to tackle, making small steps can yield great benefits. We can all be part of the solution to achieve health in all people by beginning in our own communities, our own hospitals, and our own practices. Building a stronger America involves creating a healthier society for all!

Author Contributions

Helene J. Krouse, sole author responsible for full conception and writing of manuscript.

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