

National Minority Health Month
WEEKLY OPED BY EXPLORERS HS INTERNS
ATTACKING HEALTH DISPARITIES THROUGH SOCIAL DETERMINANTS
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Even as our country tries to tackle many civil rights issues, disparities in healthcare are still a massive issue for many Americans. As defined by the CDC, "health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations" (CDC, 1). While many assume disparities are only related to race, this issue is much broader than you might expect. Economic status, sexual orientation, disability, and geographic location all contribute to health disparities. Therefore, one crucial way to tackle these health disparities is by addressing the social determinants of health.

Social determinants of health are some non-medical factors that influence an individual's or population's health. For example, the U.S. Department of Health and Human Services includes language and literacy skills, access to healthy foods and physical activity, safe housing and transportation, education and job opportunities, and racism and discrimination as some of these factors. While each aspect might sound unrelated to medical care, they all play their part in how our current healthcare system equitably treats patients.

According to recent data, only around 6% of the global population are native English speakers, and 75% do not speak English. In the United States, 22% of Americans need help speaking English. While some healthcare facilities provide interpreters or resources in other languages, this is a rarity. As a result, most non-English speaking individuals or families are left trying to make their best assumptions around their care based on little information. This is how many are led into making uninformed decisions about their healthcare. Some end up agreeing to unnecessary procedures, while others miss essential appointments due to miscommunications. Patients are also commonly forced into over-charging because they cannot understand what they are being told. It should not be the patient's responsibility to find a way to understand the provider, but rather the institution's responsibility to make their services more accessible to all. Rather than translators being an amenity, it should be a requirement of all medical providers, especially when trying to make significant health decisions.

Access to healthy foods and ways to stay physically active is a growing issue, especially after the COVID pandemic. Now more than ever, families are finding it difficult to get nutritious foods at affordable prices. The Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services states that a diet with nutrient-dense foods can lower the risk of chronic illness. Hundreds of thousands lost their jobs as the country started to shut down due to social distancing orders. Not only that, but supply issues led to food prices increasing across the board. Social distancing orders also halt most sports and other physical activities. In combination, being physically active and eating a healthy diet can lower an individual's chances of cardiovascular disease, type 2 diabetes, bone health, and certain types of cancer. As our country starts to recover, certain groups have more access to better foods and opportunities to stay physically active than other groups. This has led communities with less access to resources to have a disproportionate rate of these illnesses. Providing communities that cannot access affordable food with more fresh fruits and vegetables and creating programs for physical activity would help bridge this gap. Donating healthy foods and starting new groups, such as hiking or sports teams, are easy ways to make a difference.

The environment you live in can affect your physical and mental health so much, but it is taken for granted by most of us. Speaking from my own experience, tenants who live in lower-income housing usually do not have the income to afford repairs and often must deal with issues regarding mold, structural problems, or even bugs and animal infestations. For those without any housing, the risks are even more significant. Hypothermia, infections, and viruses are only a few of the issues plaguing homeless communities. These individuals are more prone to illness and experience more burdens when trying to get treatment. In addition, these lower-income households usually do not have access to reliable transportation, meaning they cannot make it to a doctor's appointment or a hospital. Keeping lower-income communities healthy means addressing the issues around getting care and the underlying reasons why they might need care. Better housing programs are necessary to support the current crisis.

Prize Question: What is needed to have awareness of your personal culture and life experiences and understanding how they influence your value system, worldview, and practices? Please respond to Community of Employees for Racial Equity ce@fredhutch.org

Also, programs and modes of transportation specifically to hospitals and medical offices should be implemented in all communities.

Take a second to picture this: you were just given a significant diagnosis, and as the doctor tries to explain treatment options, it starts to sound like they are speaking a second language. Nothing makes any sense to you, and even though you try to ask for more explanation, it only feels as though the doctor is trying to pressure you to make an unavoidable decision. While this may sound like a harrowing situation, for most, this is their reality. Every individual was given a different level of education, so each person has a further understanding of the various aspects of the medical field. Even if a person did their Ph.D. in HIV treatments, they could still be utterly clueless when treating mental illnesses. It is the responsibility of the medical professional diagnosing a patient to make sure they are explaining everything clearly at a level their patient can understand. Every patient's right is to understand any procedure or treatment they are undergoing fully.

Another gap in groups with less educational background is the wealth and job opportunity gap. While every child is given the right to a free public education, all public schools do not teach on the same level. In larger communities, class sizes are much larger, and teachers need more time to help students individually. Also, schools that receive more funding can teach at a higher level than schools with less funding. This leaves some kids with a massive disadvantage at no fault. As anyone who has ever applied for a job knows, having less education means having fewer job opportunities. Not having a job can lead to many healthcare complications, one primary being good health insurance. While state-provided health insurance such as Medicaid is not free, and only certain incomes are eligible. According to Medicare.gov, premiums can range from \$278 to \$506 monthly. Most people who did not have a high level of education for whatever reason usually either have a lower-paying job or no job at all. These groups then need help to afford the monthly cost of health insurance. With health insurance, these individuals can receive better healthcare than people who could get a better-quality education. To keep healthcare equitable, it is vital to make sure that all can have access to health insurance that can realistically be included in their life and will not leave them destitute.

Discrimination, such as based on sex, race, or ability, is one of the most significant problems when discussing health disparities. Recent studies have shown that 1 in every 5 Americans reported having experienced some form of discrimination in the health care system. The most frequently reported discrimination is racial/ethnic. While equal rights issues receive a lot of the attention needed in our ongoing crisis, discrimination from healthcare professionals is rarely mentioned. Doctors must remain unbiased by their own beliefs when recommending or giving treatment. This is often not the case, however. Doctors will sometimes prioritize patients based on race or sex rather than on need. This can lead to dire consequences and even, at times, fatalities. For example, during the ongoing COVID pandemic, the CDC reports that the percentage of patients treated with Paxlovid, a medication used on patients at high risk for other complications, is 36% and 30% lower in the Black and Hispanic groups. These statistics highlight the disproportionately low rate at which minority groups receive the treatment they need. Significant work needs to be done to deal with the prejudices some medical professionals hold against their patients to create a more equitable healthcare industry.

The geography of where many minority low-income communities live is more susceptible to the lack of medical recourses and more significant risks to their health. In time (2020 to the present-day time post covid,) many young people are putting mental health in the spotlight and bringing a lot of awareness on how important it is to prioritize. Another thing that I found to be not as shocking is knowing how much more significant risks communities of low income and, most times, POC have much more mental health problems. The Commonwealth fund had a national health survey where they saw a difference in the impact of bad mental health; it says, "low-income people are more likely to be in serious psychological distress (7%) compared to higher-income people (1%)." This shows that low-income and financial hardship has a lot to play in being in such a bad mental state compared to the financial freedom of higher income and not getting help and treatment, and that's relatively high compared to people with a higher income. Worrying about paying the bills and relying on the following statement to eat and sustain a family is something that a lot of people can relate to who have been in that situation and sure

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come from a community of that. I know personally that in the area I'm from, White Center, where the majority of the community is seemingly under that low-income umbrella, it plays a massive role in how we see the grown adults in our community work tirelessly to get that food on their family's tables, it's a different type of sadness seeing that and knowing how much pressure is on top of them. Sickness and treatment are eventually needed knowing that the percentage of the community members have bad mental health but considering the fact that medical recourses in low-income communities are very limited compared to the well-off and higher-income communities and areas as a whole.

In the article "How Poverty and Location Limit Access to Health Care by Rebecca lee," a part that stood out was how people living in cities aren't guaranteed the best healthcare recourses and provisions, especially low-income folks. It reads, "the number of hospitals in 52 major U.S cities dropped nearly 46% from 1970 to 2010." This is a considerable drop, and it got even more prominent, especially after the Covid 19 break out that happened not many years ago. But what does it mean for low-income communities, and who is it affecting the most? The article continues, "most of the hospitals that closed were in poor areas, leaving many low-income patients with no nearby access to health care." This statistic given in the Milwaukee Journal Sentinel article isn't shocking. Still, it is very upsetting because a lot of the impact in so many different aspects of health and lack of recourses hits the communities that are poor and low income. There's a lot to be done for things to change and improve, but that has to start with the higher power of the government and the medical industry with its already complications. For my community, we bring awareness first and then try to support one another by doing things such as food banks or banks offering medical recourses such as first aid kits to families who don't have that. It starts small to create a long-lasting impact and does not last for a couple of years.

While a lot of action needs to be taken by legal representatives and leading medical professionals, as readers, there are ways you can make an impact as well. Identifying groups in your area and communities that face health disparities is a significant first step. Then, get involved! You can raise awareness for groups by joining fundraisers or community outreach opportunities. The American Heart Association, the NAACP, and the National Cancer Institute are just some of the organizations actively trying to help bridge these gaps in healthcare. There are also events, such as the RISE Summit on Social Determinants, where you can learn more about best supporting all communities. Increasing public awareness is also a big way to target health disparities. Even though this is an issue that affects millions of people every year, it is not something that is widely discussed. If the public were more aware of these issues, much more progress would be made. Whether it be something as small as a social media post, or something more extensive like writing to local representatives, you can make your voice heard!

References

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EVENTS NEXT WEEK

Speaker Dr. Socia Love Thurman from the Seattle Indian Health Board:
A TRADITIONAL HEALTH
APPROACH IN URBAN INDIAN HEALTHCARE DELIVERY

Wednesdays
12:00PM

Brave Space Discussions: continuation of speaker's themes

Thursdays
12:00PM

Prize from Emails
Announced every Friday

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