

June 3, 2020

Systemic Racism and Inequities in Healthcare

By Dan Dunlop

Our country is in crisis and I cannot stand by and say nothing. The frustration and anger we're seeing as protests erupt around our nation are deeply rooted in a long history of racial injustice. And the impact goes far beyond police officers killing innocent black men and women. In fact, when it comes to health and healthcare, racial injustice is far more lethal. To understand that, we need to look no further than the disproportionate toll COVID-19 has taken on communities of color. In the US, black Americans are dying of COVID-19 at nearly three times the rate of white people. The economic impact on black Americans has been equally disproportionate. As an industry and as a people, we have to do better. We have to commit to developing a healthcare system that is accessible, equitable, inclusive, and just. Nothing less is acceptable.

In the US, black Americans are dying of COVID-19 at nearly three times the rate of white people.

The COVID-19 pandemic has drawn attention to the many deficits that exist within our nation's healthcare system including how some minority populations disproportionately suffer and die from chronic health conditions (diabetes, hypertension) and illnesses like COVID-19. This is currently the status quo in our nation and why many people say they don't want to return to "business as usual" when it comes to healthcare delivery. I feel that it is important for me to address this because, for me, silence is equivalent to complicity and I have no intention of supporting racial injustice. I want to see change. Both our nation and our healthcare system are broken and we need to find a new way forward that raises everyone

up, particularly people of color. As we climb our way out of this pandemic, I don't understand why more healthcare leaders aren't clamoring for a "future state" where we eliminate the causes of these disparities in health and healthcare. A number of health system and hospital CEOs have spoken out against racism in recent days, but I am looking for more. I want to hear these leaders announce initiatives designed to eliminate health disparities in their communities. We need action.

I applaud the AHA and those health system executives who've spoken out about the need for us to move beyond the status quo. Rick Pollack, president and CEO of the American Hospital Association recently spoke out in a statement and called for fundamental changes to address health inequities. *"The AHA's vision is of a society of healthy communities, where all individuals reach their highest potential for health ... to achieve that vision, we must address racial, ethnic and cultural inequities, including those in health care, that are everyday realities for far too many individuals."* (Tina Reed, ["Healthcare groups call racism a 'public health' concern in wake of tensions over police brutality,"](#) Fierce Healthcare, June 1, 2020) I welcome the American Hospital Association taking a leadership role in transforming healthcare delivery in our nation.

One would think that the federal government needs to be part of the solution. Yet, it does not appear that there is a federal plan or response in the works to address health disparities. According to Uché Blackstock, MD, an urgent care physician and CEO of Advancing Health Equity: *"The disparities are*



continuing to be reflected in the data, yet we still have a complete lack of guidance from the federal government about how to mitigate these divisions. There is no real plan how to deal with it.” (Ed Pilkington, “Black Americans dying of Covid-19 at three times the rate of white people,” The Guardian, May 20, 2020.)

This work seems to fall largely to nonprofit organizations, grant projects, and underfunded local public health departments rather than being led by our national government. What message does the lack of federal government interest communicate to communities of color?

It is clear to most observers that inequities in healthcare are rooted in systemic racism. In the US, racial disparities occur in employment, housing, education, healthcare, government, criminal justice, and other sectors. We live in a nation where your zip code is the single best predictor of your health. That is because your zip code is also a strong indicator of your race and economic condition.

Poverty, racism, and health are inextricably linked. Social

determinants of health such as safe, quality, affordable housing have a major impact on the health of communities. Health conditions such as asthma can often be directly linked to unhealthy, substandard living conditions which are byproducts of systemic racism. “Relative to wealthier and white populations,

Poverty,
racism, and
health are
inextricably
linked.

low-income and non-white populations have higher asthma prevalence and experience more serious impacts such as severe attacks leading to emergency department visits and hospitalizations.” (James Krieger, M.D., M.P.H., “Home is Where the Triggers Are: Increasing Asthma Control by Improving the Home Environment,” *Pediatric Allergy, Immunology, and Pulmonology*, 2010 Jun; 23(2): 139–145.) “Features of substandard housing such as excessive moisture and dampness, inadequate or poorly maintained heating and ventilation systems, crowding, pest infestations, deteriorated carpeting, and structural defects are associated with exposure to indoor asthma triggers.”

We live in a nation
where your zip
code is the single
best predictor of
your health.

Public health experts cite the lack of paid sick leave and adequate health insurance, income disparities, and access to medical facilities as factors that contribute significantly to the disproportionate impact of the pandemic on the black community. These factors are a direct outcome of systemic racism. During COVID-19, the neighborhood and location of a person’s home impacted their access to diagnostic testing, medical services, disinfectant supplies, and face masks. That includes disproportionately missing out on testing for COVID-19. As we have learned from this experience, delays in diagnosis and treatment can be a matter of life and death, particularly for an ethnic group with higher rates of chronic diseases such as diabetes, kidney disease, and hypertension.

What actions need to be taken? I’ve said it before and will say it again: Healthcare provider organizations, community organizations, and public health agencies need to work together to identify the conditions that lead to inequities and work to improve them. Collaboration on the local level is fundamental and this course of action has proven to be successful. However, to truly eliminate these health disparities, as a nation we will need to address employer-sponsored health insurance and economic conditions that impact the health of communities.

We also need to commit to a vibrant public health system in America. Currently, public health organizations are drastically under-funded while public health challenges continue to rise. As a nation, less than



3% of our spending on health goes toward public health and prevention. By failing to fund public health appropriately, we put our nation's health at risk and cannot adequately address the upstream causes of health inequities.

As a nation, less than 3% of our spending on health goes toward public health and prevention.

There is so much to be done to overcome systemic racism, fix our nation's ills, and develop a quality system of care that is accessible and equitable while strengthening our public health system and taking on the social determinants of health. My belief is that those of us who work within healthcare can become agents of change. Let's seize this opportunity to create a more just America. Speak up and take action.

I'll close this post with a quote from my friend and colleague, Julia Sorensen. Julia works in healthcare marketing and recently emailed me after reading a piece I'd written for my blog. She was writing to encourage me to do more to address the issue of health disparities in relation to COVID-19. I found a spark of hope in her message.

"The epidemic has exposed longstanding health disparities, disproportionately affecting communities of color and other vulnerable populations. Indeed, it affords us an opportunity to envision health equity in new ways and many healthcare systems have moved aggressively to open sites in underserved communities, produce materials in multiple languages, and institute innumerable initiatives in an attempt to stem the pandemic in vulnerable communities. It is inspiring to see what healthcare systems can do to address these disparities and an opportunity to continue these efforts into the future."

To contact Dan Dunlop, call 919-929-0225 or email ddunlop@jenningsco.com.

About the Author

Dan Dunlop – a nationally-recognized expert in healthcare marketing, regularly contributing articles to healthcare marketing publications and making keynote speeches and presentations at conferences around the country. Dan is also a renowned healthcare marketing blogger, brand consultant, and content marketing strategist. Dan has worked in healthcare marketing for more than 25 years.