

Commentary Article

Inequality in Healthcare

Seleem Choudhury*

UVM Health Network's Porter Medical Center, Northeastern Vermont Regional Hospital, Johnsbury, United States

Back Ground

In recent weeks we have seen public protests regarding how African Americans and people of colour are treated by law enforcement. This attention has highlighted the layers of prejudices within the police force and the wider spectrum of our society today. This article highlights that healthcare is not exempt from the delivery of this prejudice.

Health disparities are complex and take on many different forms for racial and ethnic minorities in the United States. Specifically rate of premature deaths and chronic diseases in both urban and rural areas and this health vulnerability is highlighted in the infection rates and deaths following the emergence of COVID-19 [1]. Just like with any issues, you must first admit you have a problem. Health advocates, and most recently, the commonwealth fund, says that healthcare organizations, leaders, and professionals must explicitly acknowledge that race and racism factor into health care.

The importance of reducing health disparities presents value, both socially and economically. Authors stated that eliminating racial health disparities would reduce direct medical care expenditures by about \$230 billion and indirect costs associated with illness and premature death by more than \$1 trillion the years 2003-2006 (in 2008 inflation-adjusted dollars) [2].

Health Outcomes

Minorities still have significantly worse health outcomes than white patients and the data shows it is worse for black Americans. There is compelling evidence that a diverse healthcare workforce positively impacts health outcomes. A study showed that black men who are treated by black doctors were substantially more likely to opt for every test than those with a non-black doctor. An example, patients with black doctors were 47 percent more likely to get diabetes screening and 72 percent more likely to get cholesterol tests.⁸ This highlights the importance of needs and preferences within healthcare and how minorities most likely have more trust towards people that are free of intentional and unintentional biases and prejudice and stereotyping.

Cortisol Effect

It is well documented that a relationship exists between stress and physiology. There is growing evidence that people of color experience higher levels of cortisol, than their non-black counterparts, because of the stress of living in a world with discrimination and this biological deregulation leads to subclinical disease, chronic physical illnesses, risky health behavior, negative emotional health and psychiatric disorders. It is clear from the evidence that much more needs to be done in addressing race/

ethnicity. Today, accountable health organizations have already identified that risk stratification, together with social determinants of health, is a way to divide patients into risk stratifications, however if individuals are already prone to chronically elevated stress levels, or elevated systemic inflammatory markers just by the color of their skin [3,4] and how they are treated by society, then it's clear if bias affects how a minority body responds to stress and if there is greater trust towards interacting with those of similar ethnicity then healthcare can help model an intervention that addresses and mitigates societal institutional racism by hiring and engaging more minorities in clinical and leadership positions moreover an understanding of this knowledge can help leaders, clinicians, and health care planners to tailor health care needs to address the patient's physiological impact and also to help mitigate through the introduction of health policy and interventions of organizational strategy to remove institutional or structural racism.

Clinician and Leadership Representation

Efforts to eliminate disparities should begin with diversity in leadership and clinicians. Evidence supports better outcomes when a patient's provider is also an underrepresented minority. Moreover providers of color are more likely to serve in rural, underserved communities and treat poor payor mix patients. Except for the chief diversity position representing 77% people of color, executive leadership representation in every C-suite position has either decreased or remained flat since 2013. In 2015 AHA Institute for Diversity and Health Equity's latest benchmark study showed that minorities represent only 11% of executive leadership positions. This number is slightly higher for Board Members and mid-level managers.

The Future

Racial health disparities disrespect the United State's promise of equal opportunity for all and have numerous costs to our society. People are calling for greater diversity in the Police, however, racial disparities are so deeply ingrained within our society and addressing Police is only one aspect. The reality is we need greater diversity in all areas of society. The World Health Organization state health "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." Today we see a racial distinction that we must work harder to mitigate. The solution is no different than every other area that is struggling to attain equality; it begins by creating diversity. In healthcare, it starts with greater diversity in leadership (decision making), education (health knowledge) clinician (health delivery), and community leaders (health advocacy). It is this collaboration that will help change what we have seen and continue to see amongst our community.

A tectonic shift is occurring with the public protests and a sense of the urgency appears to be occurring. I've personally (why are you writing in 3rd person here?). Today in response to the protests many organizations are realizing that a change must occur. It's unfortunate that the desire to change has taken so long. These organizations are communicating with their staff, admitting to lack of diversity, hearing personal stories from employees and starting the conversation of how race and racism exists within all strands of society. Specifically, in healthcare and how to improve the care, everyone's knowledge and people's attitude towards race and diversity. These conversations are the first step towards a solution and the next step is the most important to create change by doing something tangible and transformational by hiring minorities into key positions. This strategy is the biggest and most important step to changing the complexion within healthcare.

References

1. Laurencin CT, Mc Clinton A (2020) The COVID-19 pandemic: a call to action to identify and address racial and ethnic disparities. *J Racial Ethn Health Disparities* 7(3): 398-402.
2. LaVeist TA, Gaskin D, Richard P (2011) Estimating the economic burden of racial health inequalities in the United States. *Int J Health Serv* 41(2): 231-8.
3. Lucas T, Wegner R, Pierce J, Lumley MA, Laurent HK, et al. (2017) Perceived discrimination, racial identity, and multisystem stress response to social evaluative threat among African American men and women. *Psychosom med* 79(3): 293-305.
4. McEwen BS (2012) Brain on stress: how the social environment gets under the skin. *Proc Natl Acad Sci U S A* 109(2): 17180-5.

Address of Correspondence: Seleem Choudhury, Vice President, UVM Health Network's Porter Medical Center, Northeastern Vermont Regional Hospital, Johnsbury, United States, Tel: +17202012976; Email: seleem.choudhury@uvm.edu or seleem.caroline@gmail.com

Submitted: July 02, 2020; Accepted: August 21, 2020; Published: August 28, 2020