Respiratory Health Disparities Within the U.S.

Disparities and inequalities for access to reliable or quality healthcare within the United States exist for a multitude of reasons, many of which are racially, ethnically, or income based. Inequalities in resource allocation by governments to communities with high populations of Black, Indigenous, and People of Color (BIPOC) act as a central contributing factor to healthcare disparities, and healthcare service qualities—resulting in unequal reporting rates for health conditions, underfunded and understaffed health centers, and uneven access to healthcare services, among many other disparities in healthcare service.

The underfunding of BIPOC communities as compared to majority white communities is a complex problem that leads to disparities in healthcare, education, housing, income, and numerous other systems. Underfunding results in an insufficient ability for communities to support their resident populations with quality, reliable, and affordable services. Moreover, the underfunding of public education systems and other community services often creates and perpetuates a cycle of poverty within BIPOC communities, which further cements disparities of healthcare service and affordability. For example, research has found that Black Americans are less likely to utilize primary care services than white Americans, resulting in decreased overall treatment quality for individuals with disabilities or illnesses who may require consistent and dependable medical care. Furthermore, generational trauma as a result of systemic racism can result in a mistrust of medical services that may be available within the community, furthering healthcare disparities.

Major U.S. cities such as Philadelphia and Chicago have taken steps to counteract and to lessen disparities - not just within cities, but nationwide. In Philadelphia, programs which help individuals without housing gain access to social services - including housing, transportation, mental health care, and government benefits for income and food - have led to a 75% reduction in participant ER visits.

Recognizing the causes of health disparities is a critical step in working to eradicate them. Public health coalitions across major U.S. cities are currently working with hospitals, insurance companies, and other organizations to recognize the roots of local health disparities, and launch pilot changes in areas of community violence, food access, housing, and medical services, to prevent the causes of these disparities and create more health equity, which affects equity in other community systems.

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Information gathered from: Barbara C. Wallace's *Toward Equity in Health: A New Global Approach to Health Disparities* (Springer, 2008); *Workshop Summary's How Far Have We Come in Reducing Health Disparities? Progress Since 2000* (National Academies Press, 2012); Sneha Thamotharan's "Social Justice and Pediatric Health: Pediatric COVID-19 Guidelines Are Exacerbating Health Disparities" in *Journal of Health Disparities Research and Practice*, vol 14, no. 2, Summer Issue 2021; "Racism and Health: Racism is a Serious Threat to the Public's Health," Center for Disease Control and Prevention (cdc.gov); Health & Medicine Week Staff's "Investigators at University of California San Francisco (UCSF) Report Findings in Pediatrics (Health Disparities In Tobacco Use and Exposure: A Structural Competency Approach" in *Health & Medicine Week NewsRX*, Feb. 26, 2021; Shelly White-Means, "Health Disparities" in *Encyclopedia of Race and Racism* (Encyclopedia of Race and Racism, 2013); "Philly Hospitals and Key Insurers Plan Novel Effort with the City to Improve Health Equity," *The Philadelphia Inquirer*, (inquirer.com); M.J Arnett et al.'s, "Race, Medical Mistrust, and Segregation in Primary Care as Usual Source of Care: Findings from the Exploring Health Disparities in Integrated Communities Study" in *Journal of Urban Health*, vol. 93,3 (2016).