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Proactive Healthcare and Systemic Barriers

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While the mortality of many diseases on population health has decreased with greater strides in innovation and medical advances, there remains a persistent and significant trailing of these benefits for racial and ethnic communities, resulting from systemic racism in healthcare. For example, a recent National Center for Health Statistics study found that while overall infant mortality had decreased nationwide by 14 percent, native Americans and Alaska natives experienced a 60% higher infant mortality rate in comparison to their white counterparts.[1] This statistic, like many others, can illustrate the magnitude of the issue in our country. However, the components leading to healthcare disparity reveal a far more complex issue.

For far too long, healthcare has focused on reactively treating the issues of patients as they present, disregarding the bigger picture and the proactive approach. This bigger picture encompasses the systemic barriers and socioeconomic issues that lead these communities to develop chronic health issues, building on the litany of prior ethical transgressions against minority groups as well as opposition against movements for Black Lives Matter, affordable housing, and criminal justice reform. As a current student and future physician, I aim to be a part of the healthcare revolution that focuses on and prioritizes proactive healthcare with the goal of addressing system inequalities.

Focusing on the social structure that our patients are a part of is a crucial part of treating patients. As stated by the Social Competency Working Group, “the policies, economic systems, and other institutions have produced and maintained social inequities and health disparity often along with the lines of social categories.” As a student volunteer in the Riverside Free Clinic, many patients who ask for care are undocumented immigrants who are fearful of deportation if they seek healthcare anywhere else. As providers for these patients, we try our best to clarify the importance of their visits to the free clinic and to ensure that patients’ immigrational status would not be asked.

Through my interactions with patients, it is clear that not only does fear facilitate the development of chronic conditions, but it also takes a toll on patient mental health and family life, while furthering the power dynamic between white America and ethnic and immigrant populations. One example of this fear within medically underserved communities can be seen in a study by Cheney et al. In the study, the authors focused on tribal lands within the Coachella Valley. These lands are located outside of the jurisdiction of the U.S. federal and state government and are safe spaces for undocumented Latino immigrants.[2] However, these undocumented individuals cannot leave these communities without risking detention and deportation. Not only does this limit their access to healthcare and further the development of chronic conditions, but this also places immense amounts of stress on individuals, leading to a deterioration of mental health. Policies need to be enacted to remove the systemic barriers and pressures on ethnic and racial communities as a proactive method of healthcare.

Multiple initiatives by the University of California, Riverside School of Medicine that I have had the chance to be a part of have focused on providing a stable and long-term point of care for underserved populations. These efforts have addressed an important issue raised by Dr. Abraar Karan, an internal medicine resident who wrote an article titled, “It’s Time to End The

Colonial Mindset in Global Health."[3] In this article, Dr. Karan notes that while healthcare initiatives in underserved communities aim to "do no harm," short-term settlements of healthcare providers further the colonial-era mindset. Therefore, as a medical student, I recognize the importance of a stable form of healthcare for these populations. The maintenance of this stable relationship between medical providers and the population is certainly better for patients' health. However, this relationship is also essential to demonstrate continual recognition of the struggles of the population we treat.

Our current healthcare system is a one-sided effort. Much of the financial support and policies focus on treating the sick but disregard the environmental stressors, social needs, and healthcare barriers that foster illnesses. While the U.S. has made important steps to fracture these barriers (mainly in the form of more accessible but far from perfect healthcare insurance), many more steps still need to be taken. As the American College of Physicians has previously mentioned, while life expectancy has increased within communities of color, it still lags behind that of their white counterparts due to the lack of access to necessary care.[4] Ultimately, in order to make steps in addressing these issues, political changes need to address access to a continuous and stable form of healthcare and to focus on treating patients proactively. It is imperative to initiate these policy changes quickly in order to dampen the long-term effects of previous healthcare disparities on the health of racial and ethnic communities.

References

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