

Health Disparities

by Eva M. Vivian, PharmD, MS, PhD

Health disparities in racial, ethnic, and socioeconomic populations are well documented and have a negative impact on the health of many residents in underserved communities. While structural inequalities in health care have existed for decades, the COVID-19 pandemic has brought these inequalities to the forefront of public consciousness.¹ The differences in COVID-19 death rates by race are not due to biological differences, but social and economic inequalities that are directly associated with health disparities. It should be no surprise that Black Americans who have faced disparities in the US healthcare systems for decades are disproportionately impacted by coronavirus disease (COVID-19).² Blacks represent 14.8% of all COVID-19 mortalities in the United States, which is greater than the proportion of Black individuals in the U.S. population (13.4%). This disparate outcome can be attributed to the influence of structural racism on institutions, laws, and social policies that gave rise to an uneven distribution of the social determinants of health.^{2,3}

While the availability of COVID-19 vaccines is positioned to change health inequalities, decades of institutional distrust coupled with crowded living conditions, overrepresentation in high-risk occupations (e.g., essential workers), inadequate access to health care, lack of private transportation, lower health knowledge, and chronic health conditions leave Black communities at a severe disadvantage.²⁻⁴ Historically, the health care system has been one of the most segregated systems in our nation, but recently pharmacists have been mitigating the damaging impact of structural racism through health care services, such as administering vaccines, medication counseling, blood pressure screenings, and other community outreach programs.^{2,4}

The article titled “Pharmacy Efforts to Dismantle Health Disparities,” which appears on page 29 of this issue of *JPSW*, describes how pharmacists are in a unique

position to address disparities since they are the most accessible health care professional.⁵ The authors elaborate on the importance of pharmacists being aware of the most salient disparities in the communities they serve and the factors driving these disparities that result in medication nonadherence and other poor health outcomes. Gaining an understanding of the social and environmental factors that influence the health of a patient provides a realistic view of the challenges a patient may face when attempting to lead a healthy lifestyle, and allows the pharmacist to work with the patient to develop a realistic medication plan.⁶⁻⁸ For example, many uninsured and underinsured patients from low-income communities are forced to choose between feeding themselves and their children or refilling their medications. A pharmacist who has insight into the challenges that patients living in poverty face can identify patient assistance programs that will assist the patient in obtaining medications at little to no cost.

Pharmacists can learn more about the community they serve by volunteering at local community centers, churches, or schools and attending community events. Active engagement in the community will provide an opportunity to learn who are the community leaders and where the power resides within the community. It is important to learn how health care agencies that provide services in the community are perceived and identify past or current periods of marginalization and mistrust. Pharmacists should build on the community's strengths and knowledge to learn what services and programs are needed and work with the community to develop sustainable disease prevention and health promotion programs.⁶⁻⁸

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