# Notes for Article Readings

| Keywords From Articles | Keywords Defined |
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| Inequities to health care | Lack of fairness or justice in health care |
| Marginalized communities | Communities of people that are treated as insignificant |
| Disparate morbidity and mortality | Rate of illness and deaths |
| Comorbidities | Illness existing with other illness(es) |
| Obesity and its associated comorbidities | Obesity is associated with other illnesses. |
| Health equity | The state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance |
| Marginalized communities are affected by obesity disproportionately | People who are treated as insignificant have obesity a lot more than people from white communities. |
| Black women with obesity continue to rise | There are more Black women with obesity than women from other ethnicities. |
| Inequity of the American health care system | The health care system does not provide equitable access to health care. |
| **Article 1** | |
| **Statements From Article** | **Statements Defined** |
| Racial or ethnic factors, socioeconomic factors, referral bias, and insurance barriers have been well established as contributing factors to inequity in access to this life-saving treatment for obesity. | This is a list of factors that contribute to inequities in the American health care system related to obesity:<br>• Racial and ethnic<br>• Socioeconomic status<br>• Referral biases for doctors<br>• Health insurance |
| Finally, as Black women, we know all too well that our community is one in which these disparities in access to care are widespread or the quality of care received might be substandard (or both). | It is widely known that Black women who have obesity experience inequity in health care access and substandard care. |
| With equitable access to health care and by adequately treating the disease of obesity, we can improve the health, and consequently reduce the severity of COVID-19, in these individuals. | If individuals who suffer from obesity receive equitable access to health care, their health can be improved and the severity of COVID-19 infection can be reduced. |
| We must stand in the face of injustice, and work towards equitable health care for all. We declare no competing interests. | We must fight for social justice—equitable access to health care and the quality of care. |

| Article 2 | |
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| **Statements From Article** | **Statements Defined** |
| The goal of Healthy People is to improve the health of all people living in the United States. Largely based on egalitarian principles, this initiative seeks to reduce disparities and achieve the highest level of health for all groups. | Healthy People is a program initiated by the government to improve the health of all American people and decrease health care disparities. |
| We recognize that the COVID-19 pandemic has exposed many inadequacies in US health care, particularly our capacity to adequately handle a public health emergency. | As a result of the pandemic, it is clear that health inequities still exist in the U.S. |
| One of the biggest problems the coronavirus has clearly illuminated is the wide range of inequities in our nation's approach to health care. | As a result of the pandemic, it is clear that there is a wide range of health inequities in the U.S. |
| What we are experiencing on a daily basis from the COVID-19 outbreak is an even stronger divide in health equity, with the heaviest burden of disease experienced in predominately Black, Hispanic, Native American, and immigrant communities.[2] | Blacks, Hispanics, Native Americans, and immigrants are suffering from COVID-19 more than other communities. These communities are relative to marginalized communities. |
| Early reporting on 580 confirmed COVID-19 hospitalized patients in 19 states revealed there were disproportionately higher rates for Blacks, who represented 33% of hospitalized patients, although only comprising 18% of the catchment population. | Data from 19 states revealed that Black people make up a disproportionately high number of the COVID-19 confirmed cases. This is shown in the following way: Black people make up 18% of 19 states' population, and they make up 33% of the hospitalized patients. |
| So, although the virus affects all of us, there appears to be a disproportionately negative impact on African Americans. | The virus has had a more negative impact on the Black community than on any other community. |
| [7] So, what has this pandemic demonstrated to us? That the perceived inequities in health expressed by many minority groups in this country are real and pervasive. | Health inequity is real, and marginalized communities continue to be treated unfairly when it comes to the American health care system. |
| To begin to address this problem, we need to better understand what is at the heart of these inequalities. | We need to get to the bottom of health care inequity. We must fight for social justice, equitable access to health care, and the quality of care. |

| Article 3 | |
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| **Statements From Article** | **Statements Defined** |
| The sentiment has been shared that "we are all in this together," regardless of ethnic background. However, there are profound racial disparities in those impacted in the United States; COVID-19 disproportionately infects and kills people of Color. | The pandemic has highlighted health care inequities in America. Individuals from communities of Color are infected at a higher rate and are dying at a higher rate. |
| According to the Centers for Disease Control and Prevention (CDC), an analysis of approximately 1500 hospitalizations across 14 states found that African Americans comprised a third of the hospitalizations, despite accounting for only 18% of the population in the areas studied and 13% of the US population [2]. | Across 14 states, Black Americans make up a little over 30% of the hospitalizations from COVID-19. This is alarming, as they make up 18% of the 14 states' population and 13% of the U.S. population. |
| Although the focus of this perspective highlights disparities in the African American community, there are emerging disturbing trends in the Latinx community that also require attention, and relatively sparse data reported on Native American communities, who are also at risk. | Not only are the rates higher for Black Americans, but they are also higher for the Latina/o and Native American communities. |
| Health inequity, in contrast, is promulgated by the unequal distribution of social, economic, environmental and other structural resources that put a substantial economic, clinical and human toll on communities and societies globally [6, 7]. | American health inequities are shown by the unequal distribution of resources throughout the country. |
| Reskin defines structural racism as "the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems . . . that in turn reinforce discriminatory beliefs, values, and distribution of resources." [9] | Structural racism is the normalization and legitimization of a variety of dynamics. |
| Owing to several genetic, environmental, socioeconomic, and other factors, there is a higher incidence of underlying health conditions in these populations, such as diabetes mellitus, hypertension, obesity, asthma, and cardiovascular disease, with African Americans disproportionally affected [6]. | People from marginalized communities have more underlying health conditions than do people from other communities resulting in higher incidences of COVID-19, with Black Americans being disproportionately affected. |
| In the COVID-NET report, the catchment area demographics show that 59% of the population was white, 18% African American, and 14% Hispanic. However, among 580 hospitalized patients, 33% were African Americans [2]. African Americans have also accounted for more than one-third of all the reported deaths (those for which data exist). | In an area where Black Americans make up 18% of the population, they make up 33% of COVID-19 hospitalized patients. |
| This pandemic has unveiled longstanding disparities in the outcome of the disease among African Americans . . . Rising to the challenge is imperative in this pandemic to create conditions in which those traditionally left behind can survive and thrive. | We must fight for social justice—equitable access to health care and the quality of care. We must figure out how to combat health care inequality. |

| Article 4 | |
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| **Statements From Article** | **Statements Defined** |
| Pandemics have the unique ability to amplify existing health inequalities, disproportionately affecting socially disadvantaged groups, including racial and ethnic minorities and low-income populations. | Pandemics, like COVID-19, highlight existing health care inequities in America. They disproportionately affect people from marginalized communities. |
| In New York, now the epicenter of the outbreak, predominantly Black and Hispanic neighborhoods are seeing higher numbers of cases and fatalities. Hispanic and Black patients currently make up 34% and 28% of all fatalities in New York City despite only comprising 29% and 22% of the population, respectively. | In New York, where African Americans and Hispanics make up 22% and 29% of the state's population, they make up 28% and 34%, respectively, of COVID-19 hospitalized patients. Data like these have been documented around the country. |
| Chief strategies for minimizing the spread of a pandemic include early detection, isolation of confirmed cases, and social distancing. . . . While these steps are necessary to "flatten the curve" and reduce transmission of COVID-19 and the strain on healthcare facilities, the recommendations inadvertently preferentially harm the socially disadvantaged. | The strategies for minimizing the spread of COVID-19 negatively affect people from marginalized communities. |
| Low-income groups are more likely to work in the service industry doing jobs that reduce their ability to work from home and historically lack sick leave. They are also more commonly single-income families, and a greater dependence on their income may leave them continuing jobs that place them at a higher risk of contracting COVID-19. Conversely, government regulation that stops all non-essential services leads to higher unemployment rates among this population, evidenced by the recent dramatic rise in first time unemployment claims. | These are profound statements that unpack why the strategies of COVID-19 negatively affect people from marginalized communities:<br>• Employment of service industry jobs<br>• Single-income families with dependence on them continuing to work<br>• Employment with non essential jobs |
| It is well known that comorbidities are associated with more severe influenza illness. Initial studies from China have shown a similar pattern with COVID-19. Hypertension, diabetes, coronary artery disease, chronic obstructive lung disease, and chronic kidney disease have all been associated with increased mortality. | Individuals with underlying health conditions listed in the statements are associated with severe Flu and COVID-19 illness, including deaths. |
| Steps must be taken to better understand and mitigate this complex crisis. | We must fight for social justice—equitable access to health care and the quality of care. We must figure out how to combat health care inequality. |
| Health disparities have long plagued our country and greatly impacted racial and ethnic minorities. COVID-19 is already showing signs of accentuating these disparities. | We must fight for social justice—equitable access to health care and the quality of care. We must figure out how to combat health care inequality. |