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Title: The Clarion Call of the COVID-19 Pandemic: How Medical Education Can Mitigate Racial and Ethnic Disparities

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Abstract

Public health crises palpably demonstrate how social determinants of health have led to disparate health outcomes. The staggering mortality rates among African Americans, Native Americans, and Latinx Americans during the COVID-19 pandemic have revealed how recalcitrant structural inequities can exacerbate disparities and render not just individuals but whole communities acutely vulnerable. While medical curricula that educate students about disparities are vital in rousing awareness, it is experience that is most likely to instill passion for change. The authors first consider the roots of health care disparities in relation to the current pandemic. Then they examine the importance of salient learning experiences that may inspire a commitment to championing social justice. Experiences in diverse communities can imbue medical students with a desire for lifelong learning and advocacy. The authors introduce a three-pillar framework that consists of trust building, structural competency, and cultural humility. They discuss how these pillars should underpin educational efforts to improve social determinants of health. Effecting systemic change requires passion and resilience; therefore, perseverance in such efforts is predicated on learners caring about the structural inequities in housing, education, economic stability, and neighborhoods all of which influence the health of individuals and communities.

The COVID-19 pandemic has amplified disquieting health care disparities and inequities in the United States. Statistics have demonstrated the skewed impact, including greater mortality, that COVID-19 has had on minority communities across the country. In Michigan, 21% of the deaths from COVID-19 (by April 2021) were among African Americans, who account for only 14% of the state's residents.[1] In Louisiana, 38% of all coronavirus-related deaths (again by April 2021) occurred among African Americans, who account for just 32% of the population.[2] In New York City, Latinx residents had 1.4 times the mortality rate of Whites as of April 9, 2021.[3] Early statistics were worse: coronavirus was twice as deadly for Latinx residents in New York City as of April 21, 2020, and Massachusetts General Hospital reported a 400% increase in Latinx hospital admissions relative to baseline by early April 2020.[4] Data collected from February to July 2020 demonstrate Latinx Americans, African Americans, and American/Alaskan Indians accounted for approximately 75% of COVID-19 deaths in persons aged less than 21, even though these groups represent only 41% of the U.S. population.[5]

Deeply rooted structural inequities are responsible for the disproportionate harm to vulnerable individuals and communities.[6] Social determinates of health (SDOH), such as higher poverty rates, limited transportation, crowded living conditions, and insufficient workplace protections, preclude social distancing.[7] Furthermore, systemic racism and mistrust of health care systems have rendered minority communities acutely vulnerable to harm.[7,8] An old saying in some African American communities is that, "When White folks catch a cold, Black folks get pneumonia." This maxim captures the stark economic disparities among Americans. An economic downturn that yields hardships for White Americans can be catastrophic for even middle- and upper-class Black Americans who have fewer financial buffers. [9] This axiom can be applied to the unequal – and unconscionable – death toll from COVID-19 in minority communities.