Addressing Inequalities and Health Disparities in the African American Community

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Key Points:

- Racial minority status especially in Milwaukee’s African American community is associated with lower socioeconomic status (SES) and increased health disparities.
- Milwaukee’s racial segregation has resulted in public health issues such as persistent chronic health conditions like diabetes, heart disease, and high blood pressure.
- The COVID-19 pandemic has highlighted many health disparities including the prevalence of chronic conditions in lower SES communities.

In the US, racial minority status is related to lower socioeconomic status (SES), where minorities are more likely to live in multigenerational households, have frontline jobs, and are more likely to use public transport, which puts them at greater risk for exposure to illness. The chronic stress of living with poverty, racism, low educational attainment, and social disruption is correlated with the development of chronic health conditions including heart disease, stroke, diabetes, and cancer. This is due to the effects of stress hormones such as cortisol and adrenaline which have negative effects on blood pressure, glucose metabolism, and immune system functioning. The pandemic has highlighted some of these inequalities and health disparities in the lower SES communities in Milwaukee, WI (Figure 1).

![Figure 1: Socioeconomic concentrated disadvantage in Milwaukee, WI.](image)
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Milwaukee is one of the most racially segregated large metropolitan areas for African Americans, Whites, and Latinos in the United States. In Milwaukee, the percentage of adults without health insurance coverage is lower than in Wisconsin and the United States. Life expectancy, premature death, and Infant mortality rates are all also worse in Milwaukee (Figure 2). Health disparities in lower SES communities are correlated with an increase in rates of drinking, smoking, lead exposure, sexually transmitted diseases, and poor mental health.

![Figure 2: Low, middle, and high socioeconomic status and life expectancy in Milwaukee, WI, and the United States.](https://www.cuph.org/milwaukee-health-report.html)

Preexisting health conditions have been determined to be a co-morbidity factor for COVID-19, suggesting that those of lower SES have increased chances of COVID-19 mortality. Many of the health disparities are due to the lack of ability to use healthcare services with ease and fear of disrespect in a healthcare setting. This results in people of lower SES reaching out for healthcare at later stages of illness. Inadequate access to health care in lower SES populations leads to higher rates of hospitalization due to chronic conditions and illness. The extent of these disparities needs to be analyzed and confronted to begin to repair the public health issues surrounding the African American community. Researchers and health professionals may begin to address these disparities by using remote monitoring devices and telehealth to minimize the barriers to healthcare access and promote inclusion in medical care.

References