Sruthi Meka

In the face of a pandemic, existing disparities in access to high-quality health services continue to worsen and place disproportionate burden on those who experience a high degree of social vulnerability. Social determinants of health – in the form of neighborhood characteristics, health status, food accessibility, household structure, and socioeconomic status – play a crucial role in exacerbating risk factors and perpetuating disparities in health outcomes. Sustainable improvements need to be implemented during pandemic planning and response to ensure that healthcare delivery systems are able to promote equitable access to health services even when rationing is paramount. Improving efforts to collect and analyze data during pandemic response to identify groups who face disparate risk and susceptibility would go far to ensure that resource allocation strategies are optimized to meet their needs.

Implicit bias and other insidious forms of structural oppression are further amplified during crisis, especially when rapid response is prioritized over equitable response. A singular focus on curbing the spread of infection, while beneficial at the broader population-level, fails to account for groups that face higher risk and exposure. Longstanding social and economic inequities have contributed to the rapid spread of COVID-19 in minority populations, which also experience comparatively limited access to testing and screening measures. Underlying health conditions, barriers in access to healthcare, and other socioeconomic circumstances amplify the health and financial risks of infection for marginalized individuals, leading to higher rates of morbidity and mortality.

Implementing broader, national-level strategies to target disparities in healthcare coverage, access, utilization, and quality is necessary to address disparities in health outcomes. In response to the novel coronavirus outbreak, targeted surveillance efforts on a national-scale have been delayed and fragmented. Data collection efforts that capture demographic and socioeconomic characteristics will be essential to understanding the long-term impact of this pandemic and for improving pandemic planning and response more generally.

The novel coronavirus pandemic has highlighted vast inefficiencies in our healthcare system, pinpointing stress points in the very structure of healthcare institutions. In an era of political bravado and rampant misinformation, it is sobering to realize the full extent of deficiencies in the social infrastructure that upholds our country. Poor coordination, communication, and management have emerged as common themes in the pandemic response that have limited efforts to mitigate the spread of COVID-19. While governmental actors, healthcare professionals, and frontline agencies continue to battle the spread of the virus, it is important to acknowledge that there are lessons to be learned from this pandemic. This outbreak will have far-reaching economic implications, but it has also shed light on the existing inadequacies of our healthcare delivery and surveillance systems. This pandemic has emphasized the structural disparities that routinely and consistently marginalize individuals on the basis of class and race. The pandemic ultimately provides an actionable opportunity to ensure that future outbreak responses are equitable and sensitive to the underlying social, environmental, and economic factors that shape individuals and communities.