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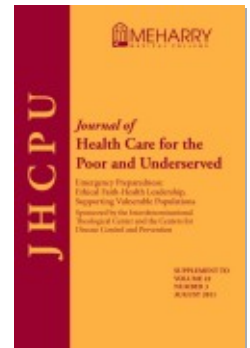
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The Impact of Disparities in Health on Pandemic Preparedness

David Satcher, MD, PhD

A pandemic illness would threaten family, community, and national security. Globally pandemics such as smallpox, polio, and more recently HIV/AIDS have left a trail of destruction of individuals, homes, communities, and institutions. Pandemics have destroyed educational, economic, and political stability and progress. Well over 15 million orphans have been left in Africa by AIDS alone. Thus pandemic preparedness is one of the most important goals for us as individuals, families, and communities.

Health disparities and global health inequities represent some of the greatest barriers to pandemic preparedness. Elimination of disparities in health and the drive toward global health equity must be major components of our commitment to pandemic preparedness.

Some of the most striking areas of disparities in health in the United States are represented by differences in health outcomes between African Americans and the majority population. For example, African Americans are two and a half times more likely to die in the first year of life (infant mortality) and eight times as likely to be infected with HIV/AIDS as the majority.^{1,2} African Americans are also 35% more likely to die of cancer and have the highest mortality rates in the four leading causes of cancer death in America (lung, colorectal, breast and prostate).³ Similarly, African Americans are 30% to 35% more likely to die of cardiovascular disease.³

Why are disparities in health and health inequities major barriers to pandemic preparedness? Disparities in health include disparities in health outcomes, health care quality, and health access.⁴ Major components of pandemic preparedness include health awareness, early detection of health problems (especially the onset of infectious diseases), access to vaccines to prevent infectious diseases, and early intervention to treat infectious diseases.

People who lack access to health care are more likely to be uninformed about the risk of a pandemic, less likely to trust messages they do hear, less likely to be immunized early against new infections, and more likely to ignore messages that they hear from the government about ways to protect themselves.⁵

In the eradication of smallpox, a major component of the strategy for control and elimination of the disease was early detection and intervention including virtual

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surrounding of persons with the disease with persons who were vaccinated such that the disease could not spread.⁶

This strategy was successful in Africa and India and other places throughout the world. But in order for the strategy to be implemented village and religious leaders had to be first convinced that it was in the best interest of the community and then had to convince their people to cooperate.⁷

Any successful strategy for pandemic preparedness in the United States must overcome the barriers of disparities in access to care including lack of information, distrust of information, lack of access to early detection and to early intervention.

While it will be too late to change a system of care that has worked to create disparities for years, it would be critical to engage and convince community leaders that preparedness planning and the critical components of it are in the best interest of their community.

According to our study of the mortality ratios between African Americans and Whites in the United States, there are over 83,000 deaths of among African Americans each year that would not occur if African Americans had the same health outcomes as the majority population. This is even in the absence of pandemics, while any pandemic will increase excess deaths. It will also be exacerbated by disparities in health and health inequities.⁸

Thus it is very clear that in order for us to succeed in pandemic preparedness we must attack disparities in health and the conditions that lead to disparities in health and health outcomes. Globally we must begin to work for global health equity as a way of protecting health of all of the people.

Notes

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