

Race or income: What's really at play with health disparities?

In February, an article published by the American Medical Association pointed out that income inequality is likely the cause for health disparity among races.¹ The topic of health disparities was also the subject of the editorial published in the January/February issue, “Systemic racism and health disparities: a statement from editors of family medicine journals” (*J Fam Pract.* 2021;70:3-5).

It would be interesting to compare health outcomes among Blacks, Latinos, and Whites stratified by income/poverty levels. I suspect that much of the racial inequality would fade with that. There are so many questions to ask in relation to these issues rather than chalk everything up to racism. Does education, dietary choices, exercise, substance abuse, or cultural priorities factor into the differences? If everyone suddenly had equal access to care and equal financial resources, would there be any difference, or would behavior patterns remain unchanged?

I would hope we could avoid groupthink and be willing to intelligently and critically evaluate these issues so that the underlying problems can be effectively addressed.



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1. Robeznieks A. COVID-19's unequal impact tied to another inequality—of income. American Medical Association. Published February 16, 2021. Accessed March 17, 2021. www.ama-assn.org/delivering-care/health-equity/covid-19-s-unequal-impact-tied-another-inequality-income

Look at health disparities by zip codes

It was encouraging to see your editorial, “Systemic racism and health disparities: a

statement from editors of family medicine journals” (*J Fam Pract.* 2021;70:3-5), because to solve a problem you must first recognize the problem exists. There was a publication several years ago that went deeply into this subject.¹ I worked with the Medicaid population for 20 years, and I observed things similar to what was described in that paper.

Health disparities should be looked at as if structured around zip codes. People who live in low-income/poverty areas usually have to deal with at least 3 main problems. The first issue involves lack of healthy food options. In low-income areas, food choice is often limited, forcing many to purchase their meals from fast food restaurants, dollar stores, or a “corner store.” In addition to being a food desert, a low-income area may have a poor public school system, and studies have shown that good health outcomes are linked to higher education. Poor medical intelligence is another problem connected to low-income patients. These patients tend to have a hard time keeping up with what medicine they are taking and cannot offer much insight into their medical condition. Furthermore, it is possible that in a busy practice, patient education is not what it should be, and a patient’s silence during a visit should not be accepted as an understanding of what a doctor has told them.

Hopefully, recognizing these issues will help provide a starting point for each doctor to gain better awareness into this problem.

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1. Institute of Medicine. *How Far Have We Come in Eliminating Health Disparities? Progress Since 2000*. National Academies Press; 2012.



See this month's Guest Editorial: “Systemic racism is a cause of health disparities,” on page 162.

IMAGE: SHUTTERSTOCK



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