

# Our Nation's Health: Progress and Opportunities for Improvement

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## Spotlight on the COVID-19 Pandemic

Towards the close of 2019, the world was on the verge of experiencing the devastating consequences of a novel coronavirus outbreak we came to know as COVID-19. An outbreak that began in Wuhan, China in December 2019, soon after surfaced in the U.S. in January 2020, quickly reached pandemic status. As of July 2020, COVID-19 had affected 227 countries and territories.<sup>1</sup> For nearly eight months now, these countries and territories have suffered the loss of over 780,000 lives, with the U.S. accounting for nearly a quarter of those lost.<sup>1</sup> Furthermore, Americans are suffering from economic hardship; adverse mental health conditions due to mitigation activities such as social isolation and other circumstances; hunger; housing instability; and other adversities brought on by this pandemic. To add fuel to the fire, this pandemic has illuminated the glaring gaps and system failures that have historically driven health disparities for specific racial, ethnic, income and age groups and geographic locations. We now know that those at greatest risk for severe COVID-19-associated illnesses and death are older adults and those with underlying health conditions.<sup>2</sup>

Recent studies have also revealed the racial and ethnic disparities among those affected by COVID-19 in which persons of color are disproportionately impacted. For instance, age-adjusted COVID-19 mortality rates for Blacks, Indigenous Peoples, and Latinx are 3.6, 3.4, and 3.2 times higher, respectively, compared with rates among non-Hispanic Whites.<sup>3</sup> The impact of the pandemic is further exacerbated by factors and conditions (i.e., social determinants of health—SDOH) that continue to unduly affect underrepresented racial and ethnic groups, leading to increased initial risk of exposure to COVID-19 such as working low wage jobs without the ability to telework; relying on public transportation that may not be able to incorporate social distancing practices; relying on food delivery service or school lunch programs that may be operating in limited capacity; being uninsured or underinsured; and being unable to access needed healthcare to treat underlying conditions.<sup>4</sup> As government and public health partners strive to eliminate health disparities and address inequities that are preventing individuals and communities from achieving optimal health—not only during this pandemic but in moving forward—all sectors of society must address SDOH and maximize opportunities for creating change.

## Overview

The United States has made tremendous strides in improving our nation's health through numerous policies, initiatives, and programs. However, health disparities remain, and for many priority areas, progress has stalled. Below are select highlights of areas in which there have been great successes, and where much work still needs to be done.

## Public Health Milestones at a Glance

Our health and overall quality of life are measured by more than just the absence of injury, illness and disease. They are predicated upon factors and conditions that impact access to care and services, our ability to secure employment, housing, healthy foods, and formal education, among many other determinants. As government and public health partners strive to eliminate health disparities and address inequities that prevent individuals and communities from achieving optimal health, all sectors of society must address SDOH and maximize opportunities for inspiring change.

The Healthy People Initiative was initially launched in 1979 to identify goals and objectives for improving the nation's health; establish benchmarks for monitoring progress towards those goals; and guide individuals, communities, and stakeholders toward coordinated action. Healthy People 2020 (HP2020) launched in 2010 and underscored the importance of SDOH and put forth measurable objectives in the areas of economic stability, education, health and healthcare, neighborhood and the built environment, and social and community context.<sup>5</sup> While there is much work to be done to improve the conditions in which our vulnerable populations live, learn, work and play, some progress has been made.

**Health Insurance Coverage.** HP2020's Midcourse Review reported progress on several Leading Health Indicators (LHI). One LHI, *Access to Health Services* – measured as the

proportion of the population with insurance coverage, those with a usual primary care provider, and those with a source of ongoing care – has shown improvement between 2008 and 2014.<sup>6</sup> The Patient Protection and Affordable Care Act (ACA), enacted in 2011 and fully implemented in 2014, expanded access to Medicaid in participating states and contributed substantially to increased health care coverage access.<sup>7</sup> An estimated 20 million people reportedly gained health insurance coverage following the enactment of the ACA, resulting in 9 in 10 Americans having insurance coverage.<sup>8</sup> The *2018 National Healthcare Quality and Disparities Report* also showed improvements between 2000-2017 in the areas of insurance coverage, having a source of ongoing care, and routine medical appointments.<sup>9</sup>

## Health Communications and Health Information Technology.

Several HP2020 technology targets were met, including those specific to persons using the Internet and mobile devices to keep track of personal health information, using the Internet to communicate with healthcare providers, and office-based medical practices using electronic health records.<sup>10</sup> Progress was also made in the proportion of people reporting their healthcare provider always listened carefully to them, explained things so they could understand, showed respect for what they had to say, and spent enough time with them.<sup>10</sup> These objectives are of particular importance when considering the impact of the patient-provider relationship on patient health outcomes.

## Progress in Many Areas has Stalled

While progress made to date in many areas of public health deserves recognition, missed targets and substantial disparities due to race, gender, education, income, geographic location, and other SDOH variables persist.

**Maternal and Child Health.** The United States is in the midst of an extraordinary maternal mortality crisis. Rates of maternal deaths have increased dramatically since 2000, in stark contrast to reductions observed globally over the past several decades. HP2020 set a national goal of reducing the maternal mortality rate to 11.4 deaths per 100,000 live births. However, CDC's Pregnancy Mortality Surveillance System reported the U.S. maternal mortality rate in 2016 was 16.9 deaths, more than double the rate of 7.2 deaths reported in 1987, when the surveillance system first was implemented.<sup>11</sup>

Furthermore, significant racial/ethnic disparities exist within these data, with non-Hispanic Black and American Indian/Alaska Native (AI/AN) women experiencing mortality rates 3-4x that of non-Hispanic white women. Several factors contribute to the overall maternal mortality rates and the observed racial/ethnic disparities, including quality of care experienced, and implicit racial biases within the health care system.<sup>12</sup> Moreover, access to maternity care is a significant contributing factor. According to a 2018 report by the March of Dimes, an overwhelming 53% of U.S. counties do not have a hospital offering obstetric services, leaving more than 5 million women as residents of maternity care deserts.<sup>13</sup>

While maternal health outcomes require urgent mitigation, the U.S. infant mortality rate has been steadily declining over the last decade. In 2012, the infant mortality rate fell to 5.98 deaths per 1,000 live births, marking the achievement of HP2020's goal of 6.0 deaths.<sup>14</sup> In 2018, the rate further declined to 5.66.<sup>15</sup> While these overall declines are encouraging, there are substantial racial/ethnic disparities present among babies after birth.

Babies born to non-Hispanic Black or American Indian/Alaska Natives mothers are generally twice as likely to die within their first year of life compared to babies born to non-Hispanic white or Asian mothers. In 2017, the U.S. infant mortality rates (deaths per 1,000 live births) were:<sup>14</sup>

- 10.97 among Blacks/African Americans
- 9.21 among American Indian/Alaska Natives
- 7.64 among Native Hawaiian or other Pacific Islanders
- 5.10 among Hispanics
- 4.67 among non-Hispanic whites
- 3.78 among Asians

These disparities among infants are attributable to many of the same factors that are associated with the disparities observed in maternal mortality rates, particularly the quality of care received and exposure to stress resulting from implicit and explicit racial discrimination.<sup>16</sup>

**Sexually Transmitted Diseases (STDs).** Our nation is experiencing record-number cases of chlamydia, gonorrhea, and syphilis, with nearly 2.5 million combined reported cases in 2018. HP2020 objectives for reducing STD incidence have not been met, and the data continue to suggest a worsening trend. Despite decades of awareness and prevention efforts focused in promoting safer sexual practices, these recent increases reflect a need to reinvigorate preventive approaches and highlight the consequences of infection.

In 2018, the rate of reported chlamydia infections was 2.9% higher than the rate in 2017 and 19.1% higher than the rate reported in 2011.<sup>17</sup> One of HP2020's objectives was to reduce the proportion of females aged 15 to 24 years with chlamydia infections attending family planning clinics to 7.2%; however, in 2018, the rate was 9.8%, a 1.8% increase

from 2015.<sup>17</sup> HP2020 identified a goal of reducing the number of new gonorrhea cases among individuals aged 15-44. As of 2018, progress towards these goals were not met, as the rate of reported gonorrhea infections in males nearly doubled since 2008, and increased by nearly 30% among females.<sup>17</sup> HP2020 objectives included 1) a reduction of domestic transmission of primary and secondary syphilis and 2) a reduction in the rate of congenital syphilis. In 2018, the rates of reported primary and secondary syphilis infections were more than twice the HP2020 target; the rate of congenital syphilis cases was more than three-times the target.<sup>17</sup> While the rates of chlamydia, gonorrhea and syphilis infections have increased across all racial/ethnic groups, rates are persistently higher among many racial/ethnic minority populations.<sup>18</sup>

**Health Care Access in Rural Communities.** Rural residents often face barriers (e.g., limited access to healthcare coverage, and low provider density) that impede their ability to obtain appropriate care. In 2014, 20% of rural individuals without a usual source of healthcare cited a financial or insurance reason for not having a source of care.<sup>19</sup> Moreover, among those unable to get or delayed getting needed medical care, dental care, or prescription medications, 64% cited financial or insurance reasons.<sup>19</sup> HP2020 included a goal of reaching 100% insurance coverage for all persons under the age of 65.

In 2018, 88.9% of people under age 65 years reported having some form of health insurance coverage, slightly lower than the proportion in 2017 (89.3%).<sup>20</sup> Among rural residents, only 85.9% had health insurance coverage in 2018, compared to 89.6% of residents in large metropolitan statistical areas (MSAs).<sup>20</sup> In addition, a greater proportion of rural residents reported not receiving or delaying necessary medical care compared with residents of large MSAs (14.2% and 11.1%, respectively), a factor that can worsen health outcomes for individuals and communities.<sup>20</sup>

**Childhood Immunizations.** The ACA greatly improved access to and utilization of preventive services; however, a few areas of need remain. One area of particular concern is the rise in non-medical vaccine exemptions observed across the nation. In 2019, the CDC reported the vaccine exemption rate among children in kindergarten for the 2018-2019 school year was 2.5%.<sup>21</sup> The 2018-2019 vaccine exemption rate was 0.2 percentage points higher than the exemption rate from 2017 to 2018 and 0.6 percentage points higher than the exemption rate from 2015-2016.<sup>22</sup> The increase in exemption rates, while numerically small, may reflect a growing trend that will further delay reaching the target coverage rates and increase the incidence of vaccine-preventable diseases.

Measles was declared eliminated in the United States in 2000. However, between January and late April 2019, 704 cases of measles were reported, 663 of which were associated with outbreaks in 12 states and New York City.<sup>23</sup> The number of cases reported during that four-month period was the single greatest count for a single year since 1994 (993 cases), and exceeded those reported for all of 2018 (375 cases).<sup>24</sup>

**HIV Prevention.** A notable area of progress has been the steady reduction of new HIV diagnoses; reflected in a 7% decline between 2014 and 2018.<sup>25</sup> Sustained awareness and prevention activities have been successful in reducing new infections, including the introduction of preexposure prophylaxis (PrEP). From 2012 to 2016, the number of PrEP

users increased from 8,768 to 77,120, an average 73% increase year over year.<sup>26</sup> While the increase has been substantial, there is still a sizeable unmet need. In 2018, only 18.1% of the estimate 1.2 million individuals for whom PrEP was indicated were prescribed medication.<sup>27</sup> Moreover, significant racial/ethnic disparities exist among PrEP users. In 2016, the majority (68.7%) of PrEP users were white, 11.2% were Black, and 13.1% were Hispanic; however, whites accounted for just 26.3% of those for whom PrEP is indicated.<sup>28</sup> This disparity in access to and utilization of PrEP is reflective of the disparity in overall HIV diagnoses, with Blacks/African Americans accounting for 42% of new diagnoses, but only 13% of the national population.<sup>25</sup>

## The Uphill Public Health Battle Ahead

As the country and the world are only beginning to wrangle the COVID-19 pandemic, we are rapidly losing ground on numerous other health indicators – many of which have been trending favorably in recent years. Systemic inequalities persist – and are increasingly being exposed – as we witness devastating consequences on the health of marginalized populations in every geographic region of our nation. Furthermore, even in advance of final reports, we have missed the mark on many HP2020 goals, and in some areas the outcomes have worsened.

The factors that prevent so many individuals from reaching optimal health – and the persistence of those disparities – have long been identified and characterized. It is not new or unpredictable. The time for hypothesizing why dramatic health disparities persist has long past – NOW is the time to act through systemic changes, re-education, dramatic policy shifts, targeted deployments of demonstrated effective best practices, and emerging strategies that reach and reflect the most marginalized populations.

The launch of HP2030 highlights the need to implement policies and programs built upon successes of the past and learned from efforts that have failed. We should avoid the temptation to “start from scratch” and lose the experiences gained along the way. A clear roadmap to a healthier future must be more than any standalone plan. Our collective actions must integrate the best of multiple initiatives currently underway including: the HHS Strategic Plan (FY 2018-2022), the STI Federal Action Plan, the National Adult Immunization Plan, Ending the HIV Epidemic: A Plan for America, and the National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities.

As a long-standing stakeholder in helping to advance U.S. public health outcomes, MayaTech is deeply committed to our nation’s health – with a keen eye on addressing SDOH and reducing systemic barriers that result in health disparities and inequities. Tackling the coming weeks, months, and years will require dynamic partnerships among all sectors to ensure that Federal public health initiatives are effective, efficient, and reach the communities most in need.

MayaTech has witnessed substantial improvements to the health and lives of many. Perhaps even more exciting is the great potential that exists to do more, do better, and win bigger. National health priorities, natural disasters, emergent diseases, and social injustices will continue to underscore the absolute need for highly coordinated and systemically responsive strategies to ensure a future in which every person can attain and maintain optimal health and well-being, regardless of geography, race or ethnicity, education, gender, sexuality, or socioeconomic status. That goal is well within our reach – a sustained national public policy commitment can catalyze this reality.

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*MayaTech’s recent work has included support of Federal projects aimed at: increasing capacity for HIV and viral hepatitis service provision; improving regional-level adult immunization rates; assessing feasibility of state and local implementation of pandemic flu mitigation recommendations; increasing young-adult HPV vaccination rates in the South; identifying barriers to HPV vaccination in rural communities; and building workforce capacity among minority behavioral health providers and trainees.*

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