

## Health Disparities and Inequities among Minorities A White Paper about COVID-19 White Privilege

On the surface, the current COVID-19 pandemic is an equal opportunity killer. As a disease, the coronavirus searches relentlessly for victims and does discriminate based on race, age, and on our most vulnerable health-challenged citizens. While COVID-19 strikes throughout the world, its devastation is exacerbated locally in the 3<sup>rd</sup> Council District of Kansas City, Missouri, as well as other minority communities throughout the United States.

On April 23, 2020, black and Latino residents compose 55 percent of the confirmed cases in Kansas City, Missouri, but represent 39 percent of the city. In Johnson County, preliminary data suggest that 11 percent of confirmed cases are black residents, while black residents compose only 4 percent of the county. In Wyandotte County, 25 of the 47 deaths have been black residents.

The available data on Hispanic populations in Wyandotte County differs. While 28 percent of the county's population is Hispanic, only 13 percent of positive cases are among Hispanic community members. The Unified Government Public Health Department suspects that this does not reflect a lower proportion of COVID-19 illness, but rather a lower proportion of Hispanic residents being tested for COVID-19 (Thomason, 2020).

As of July 17, Kansas City, Missouri has reported 2,873 positive cases of COVID-19 with 44 deaths, according to the Kansas City Health Department. These tragic numbers continue to reflect the disproportionate impact on our minority community.

A common belief still rings true today, "When America catches a cold, black America catches pneumonia." Elected officials and public-health experts have pointed to generations of discrimination and distrust between black communities and the health-care system. African Americans are also more likely to be uninsured and live in communities with inadequate health-care facilities. As a result, African Americans have historically been disproportionately diagnosed with chronic diseases such as asthma, hypertension and diabetes — underlying conditions that experts say make COVID-19 more deadly.

"This outbreak is exposing the deep structural inequities that make communities pushed to the margins more vulnerable to health crises in good times and in bad. These structural inequities in our health care system do not ignore racial and gender disparities" (Dorienne Mason, National Women's Law Center). It is undeniable that social and health disparities affect black Americans disproportionately and continue to have lethal consequences.

Changing decades and even centuries of health inequities is a daunting task. We must start somewhere, and our young people are our best hope for significant change. Depending on others to do the right thing is not working. The young people have to be put in position to transform their own communities into vibrant, healthy, financially independent, and civic-minded citizens. Empowering our youth to determine their own future requires adults to sacrifice their personal wants and focus on supporting the younger generations.

Change is an opportunity to improve. To make transformative systemic change we must ask ourselves:

- Who really benefits from the actions we are focused on right now?

- Who **doesn't** benefit?
- Who might be harmed by these actions?
- If we are only focused on current youth, what potential future generations might be excluded or marginalized?
- Are the next minority youth generations going to be saddled with the current social and health disparities?

As we aspire for a more equitable world, we are responsible to *both* our current youth and our future generations. Neither group can be written off if we are truly committed to making a difference.

### **Call for Action**

Young adults are who will make the necessary change to bring equity and access to opportunities that can impact future generations. Those in positions of power and wealth must offer disenfranchised and marginalized young people a path to self-sufficiency, quality education, affordable healthcare, and a seat at the decision-making table. In turn, our future young leaders must put in the work required to learn, develop a strong work ethic, be socially responsible, and participate in the political process. Everybody has to make self-sacrifices for the greater good.

Now is the time to look for what needs to be done, not what we should have done in the past. Young adults will be the generation that sets the standard of excellence for the next 10 to 15 years, or not. Telemedicine might be the new best thing for our young people due to their ease of using technology, but only if they have access to the same healthcare systems as our privileged neighbors. For too long, America's health, education, and social disparities have kept a significant minority population down and told themselves that it was because they were lazy, undisciplined, and of poor moral character. I have found the opposite to be true.

In my 43+ years of working with the most at-risk youth and their families in Kansas City, I have found the young people of color to be courageous, generous, hardworking, and hopeful. What they need are better opportunities to make better choices. Privileged white people can make that happen, if they have the intestinal fortitude and high moral character to believe that all people have the right to the pursuit of happiness as envisioned by our Founding Fathers.

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As a white male, I have been the beneficiary of white privilege