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HEALTH IN BLACK NEW MEXICO

THE PILLARS

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Minority Health Month

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April is Minority Health Month, and this is a critical time to be aware of changes to our healthcare system. Three years have passed since the first cases of Covid-19 in the United States. The federal government declared it a Public Health Emergency. As of March 31st, 2023, New Mexico ended its emergency order.[1] The Biden administration announced the federal emergency order for the United States will end on May 11th, 2023.[1] The public health emergencies at the state and national levels may be ending, but that doesn't mean the pandemic is over. Covid-19 is still out there, and there is some evidence of a "pandemic after the pandemic"[4] with mental health and the emergence of Long-Haul Covid. If anything, the Covid-19 pandemic showed us how multiple pre-pandemic determinants resulted in adverse health outcomes for underserved minority communities. Health isn't isolated from other social structures such as education, commerce, and housing. There are lessons to be learned from the Covid-19 pandemic, and the goal is to be for a patient-centered healthcare system that serves minority communities.

The end of the public health emergency will change the healthcare system's and consumers' relationship. It will impact minorities and underserved communities the most. During the pandemic, the public health emergency allowed for expanding federal social welfare programs, like Medicaid and SNAP benefit, for the most vulnerable populations. The current data from 2019-2022 indicates that one's socioeconomic status deeply impacted the Covid-19 cumulative death rate. These social and economic factors include poverty rates, level of income inequality, mean years of education, race, and ethnicity, access to paid sick leave or family leave, and the proportions of people expressing interpersonal trust, trust in the federal government, and trust in the scientific community. [2] These factors existed Pre-Covid-19, and continue to have an impact on vaccine rates and other health outcomes throughout the pandemic. These factors or also determinants of health will go away now that Covid-19 is no longer considered a public health emergency.

The onset of the Covid-19 pandemic has evolved into a new pandemic. In 2021, the Biden administration recognized Long Haul Covid as a disability and released several reports outlining recommendations for addressing the crisis.[3] Long Covid symptoms, which commonly include persistent headaches, cognitive-functioning issues, fatigue, neuropathies, dizziness and fainting, significant sleep disturbances, gastrointestinal problems, and post-exertional symptom exacerbation (the worsening of symptoms after physical, mental, or emotional exertion), can affect every system of the body and the symptoms can range from mild to very severe. [3] The long Covid crisis deserves the same attention as the Covid-19 pandemic. The same vulnerabilities within the healthcare system and general society will be exploited. Long Covid destroys livelihoods and contributes to the labor shortage, as possibly two to four million Americans may be out of work as a result of long Covid, and they often struggle to access sufficient disability benefits.[3]

Long -Haul Covid is a disability crisis. The question remains, how are underserved, mainly minority communities going to be equipped to combat this crisis? Many of the same factors that negatively impacted these communities before the pandemic were not resolved, which is a significant reason for the health disparities. There is a call to action for a more patient-centered healthcare system. In December 2020, Congress allocated $1.15 billion in funding for National Institutes of Health research into long Covid, patients don't have a meaningful involvement in setting research agendas and designing studies.[3] The ending of the public health emergency attempts to shift Covid-19 from social responsibility to individual responsibility. The Covid-19 pandemic should open ours eyes to what is needed to create a health society. Having medical coverage and basic needs such as food and shelter are at the top of the list. The system needs address the inconsistencies that create structural barriers for minorities, and its own healthcare workers.