

Healthy Living and Social Justice

ADDRESSING THE CURRENT SYNDEMIC IN UNDERSERVED COMMUNITIES

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Social justice is a construct that rightfully asserts all individuals are entitled to equal rights and opportunities, which includes the right to a healthy life and access to high-quality health care. Adoption of and long-term adherence to healthy living (HL) behaviors require opportunities to be physically active and have access to healthy food. High-quality health care incorporates HL medicine (HLM), where health care professionals educate patients on the importance of being physically active, consuming nutritious foods, not smoking, and maintaining a healthy body weight. It is well established that adherence to HL behaviors significantly reduces the risk of developing chronic diseases, including cardiovascular disease, obesity, diabetes, pulmonary disease, and certain forms of cancer (ie, primary prevention).¹ Moreover, the importance of HL behaviors and receiving HLM extend to individuals who are already diagnosed with one or more chronic diseases to reduce the risk of subsequent adverse health outcomes (ie, secondary prevention).² Unfortunately, social justice in the context to HL behaviors and access to HLM do not exist for all Americans, in particular Black and Hispanic individuals living in underserved communities. Unhealthy lifestyle behaviors and characteristics, including physical inactivity and lack of access to safe locations to encourage physical activity, lack of access to healthy foods, obesity, and smoking, are often more prevalent in these underrepresented populations in underserved communities.³⁻⁵ As a consequence, chronic disease prevalence and the risk of developing multimorbidity are higher in underrepresented individuals living in these communities.^{3,6} The coronavirus disease-2019 (COVID-19) pandemic dramatically compounded the unhealthy lifestyle—chronic disease crisis. Findings during the pandemic rapidly indicated individuals with one or more chronic disease diagnoses infected with COVID-19 were at significantly higher risk for hospitalization and death.⁷ More disconcerting, but not surprising, is the fact that poor outcomes with COVID-19 are staggeringly higher in Black and Hispanic communities.^{8,9} There is a clear synergy among unhealthy lifestyle behaviors and characteristics (eg, sedentary lifestyle, poor diet, excess body mass, and

smoking), the risk for development of one or more chronic diseases and poor outcomes in the event of COVID-19 infection, a synergy that clearly indicates an ongoing syndemic (ie, two or more health conditions or diseases that negatively interact with and affect the outcomes of one another).¹⁰ The social context of this syndemic is evident by the disproportionate impact the combination of unhealthy lifestyle behaviors, chronic disease, and COVID-19 infection are having in Black and Hispanic individuals in underserved communities.^{8,9} Unhealthy lifestyle behaviors are a root cause of this syndemic. As such, adherence to HL behaviors and access to HLM in underserved communities are essential to the *uncoupling* of this syndemic and creating social justice related to health and well-being.

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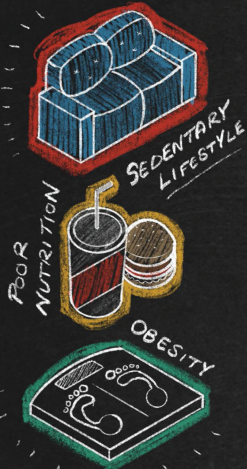
Healthy Living and Social Justice:

Addressing the Current Syndemic in Underserved Communities

Understanding the imbalance in...

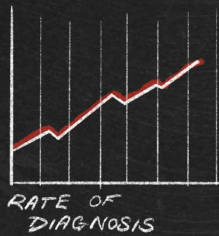


Risk Factors



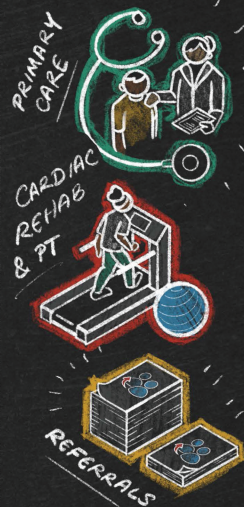
- Risk factors for chronic disease are strongly influenced by social determinants of health such as household income, race/ethnicity, education level and many others.
- The influence of the social determinants of health may explain disparities in chronic disease prevalence between social groups and across different communities.
- The social determinants of health also serve as potential targets for health promotion to address disparities.

Diagnoses



- Underserved populations have shown to have a higher prevalence of chronic disease diagnoses, including cardiovascular disease and Diabetes.
- Populations with a related lack of access to health care services may face delayed diagnoses or lack of access to educational content on their conditions.

Access to Services



- Underrepresentation of racial and ethnic diversity among clinicians and racial discrimination contribute to negative primary care experiences.
- Shortage of primary care providers in underserved communities lead to less preventive services and poor health outcomes.
- Rates of referral to cardiac rehabilitation services are significantly less for African Americans and Hispanics than their White counterparts.

COVID-19



- Black and Hispanic individuals are three times as likely to contract COVID-19 as Whites in the United States.
- Members of underrepresented populations are often employed in occupations that increase their exposure to COVID-19.
- Suboptimal lifestyle practices resulting from health inequities can increase one's risk of contracting COVID-19.

Goal:
Creating balance at a higher level for all.



There is currently a major imbalance in risk factors for chronic disease, the rate of diagnosis, the access to health care services, and the outcomes of COVID-19, with a disproportionately higher detrimental impact on underrepresented populations in underserved communities.

To address this disparity, it will be vital to create a balance in healthy living behaviors and access to healthy living medicine across all populations and communities. In creating this balance, we should continually strive for higher levels of healthy living behaviors and access to healthy living medicine.