

The next
Pandemic will
[most likely
still] be a
SYNDEMIC

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Syndemic

A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population.

COVID-19 +
Health inequities due to SYSTEMIC RACISM =
SYNDEMIC

THECONVERSATION.COM

Doctors can't treat COVID-19 effectively without recognizing the social justice aspects of health





Who are you?

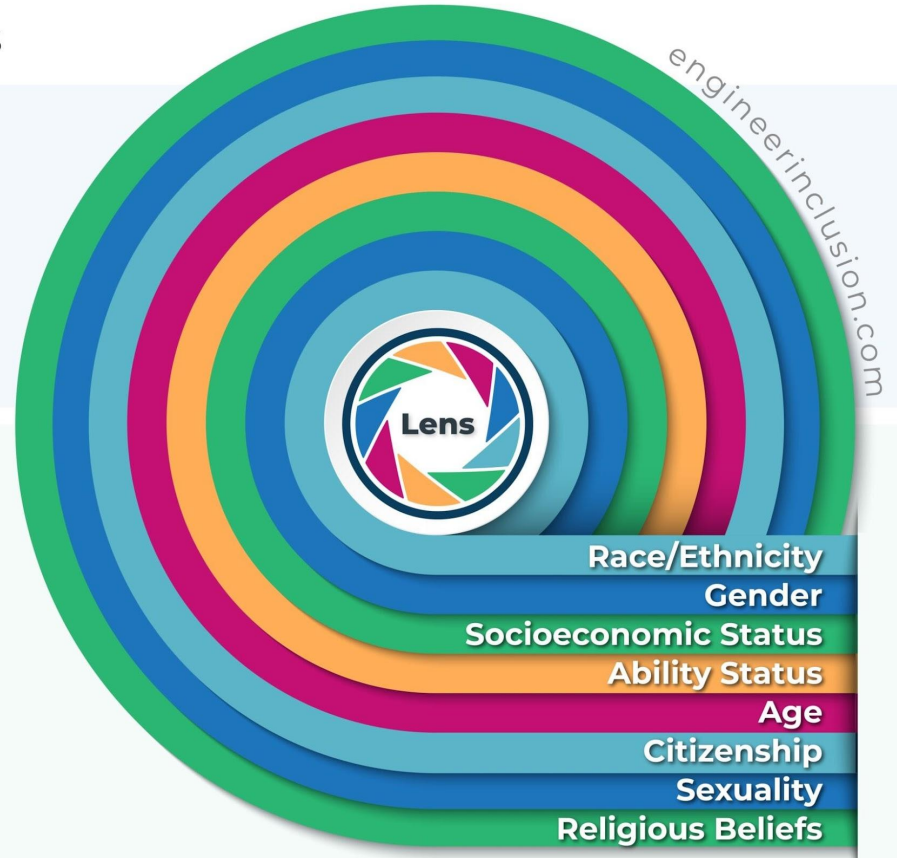



What is your lens?

Positionality is

- 1) the social and political context that creates your identity and
- 2) how your identity influences and biases your perception of and outlook on the world.

What is POSITIONALITY



The background of the slide is a collage of two photographs. On the left, a woman with long blonde hair is smiling, with a young girl in front of her. On the right, a family of four is sitting on a porch; a man in a light blue shirt is sitting on the steps, a woman is holding a baby, and another person is partially visible. The text is overlaid on the left side of the collage.

Born in Argentina, Rural Area
Second and third Immigrant Generation (From 3 countries) In
Argentina
First Generation Immigrant in the US
Latine
Group-Identity Locus
Cisgender
Physician, Fam Medicine, Adolescent Health (Primary Care in
the US/ Internal Medicine/ICU Argentina)
Works in the Safety Net all her life (on purpose): Healthcare is a
Human Right



The Shift

- Chain Migration –
 - the invasion –
- Puerto Rico's abandonment & blaming-
 - cancellation of tps for several groups-
 - the Muslim ban -
 - The wall-
 - Family separation at the border-
 - Caged Children -
 - Missing children -
 - Exploited children in trafficking -
 - Abused children at the border -
 - daca in limbo -
 - Family separation in our backyard -
 - Public charge -
- abduction of a citizen child for 2 days –
 - closing of the south border-
 - immigration czar-
 - ...and counting (daily)...

TPS: temporary protected status

A word cloud on a black background featuring terms related to border issues and family separation. The words are arranged in a non-linear fashion, with some being significantly larger than others. The colors used are blue and orange.

border family children separation
caged Children missing invasion exploited
chain Migration wall

Society for Adolescent Health and Medicine Position Paper

[https://www.jahonline.org/article/S1054-139X\(18\)30239-8/fulltext](https://www.jahonline.org/article/S1054-139X(18)30239-8/fulltext)

The screenshot shows a web browser displaying the article page. The browser's address bar shows the URL: [https://www.jahonline.org/article/S1054-139X\(18\)30239-8/fulltext](https://www.jahonline.org/article/S1054-139X(18)30239-8/fulltext). The page header includes the journal title "JOURNAL OF ADOLESCENT HEALTH" and the Society for Adolescent Health and Medicine (SAHM) logo. The article title is "Racism and Its Harmful Effects on Nondominant Racial–Ethnic Youth and Youth-Serving Providers: A Call to Action for Organizational Change". The author is listed as "The Society for Adolescent Health and Medicine". The DOI is <https://doi.org/10.1016/j.jadohealth.2018.06.003>. There is a "Check for updates" button. The page also indicates it is a "POSITION PAPER" from "VOLUME 63, ISSUE 2, P257-261, AUGUST 01, 2018". A PDF icon and "PDF [310 KB]" are visible in the top right corner.

Abstract

Abstract

Statement
of Problem

Methodolog
y

Positions

Summary/C

Racism can exert negative effects on the self-concepts, health and well-being, and life trajectories of both nondominant racial–ethnic (NDRE) youth and youth-serving providers. In the face of growing nationalism, ethnocentrism, xenophobia, and overt expressions of racism, the Society for Adolescent Health and Medicine recognizes the critically important need to address the issue of racism and its impact on both NDRE youth and youth-serving providers. Organizations involved in clinical care delivery and health professions training and education must recognize the deleterious effects of racism on health and well-being, take strong positions against discriminatory policies, practices, and events, and take action to promote safe and affirming environments. The positions presented in this paper provide a comprehensive set of

**Fear by Association:
Perceptions of Anti-Immigrant
Policy and Health Outcomes**

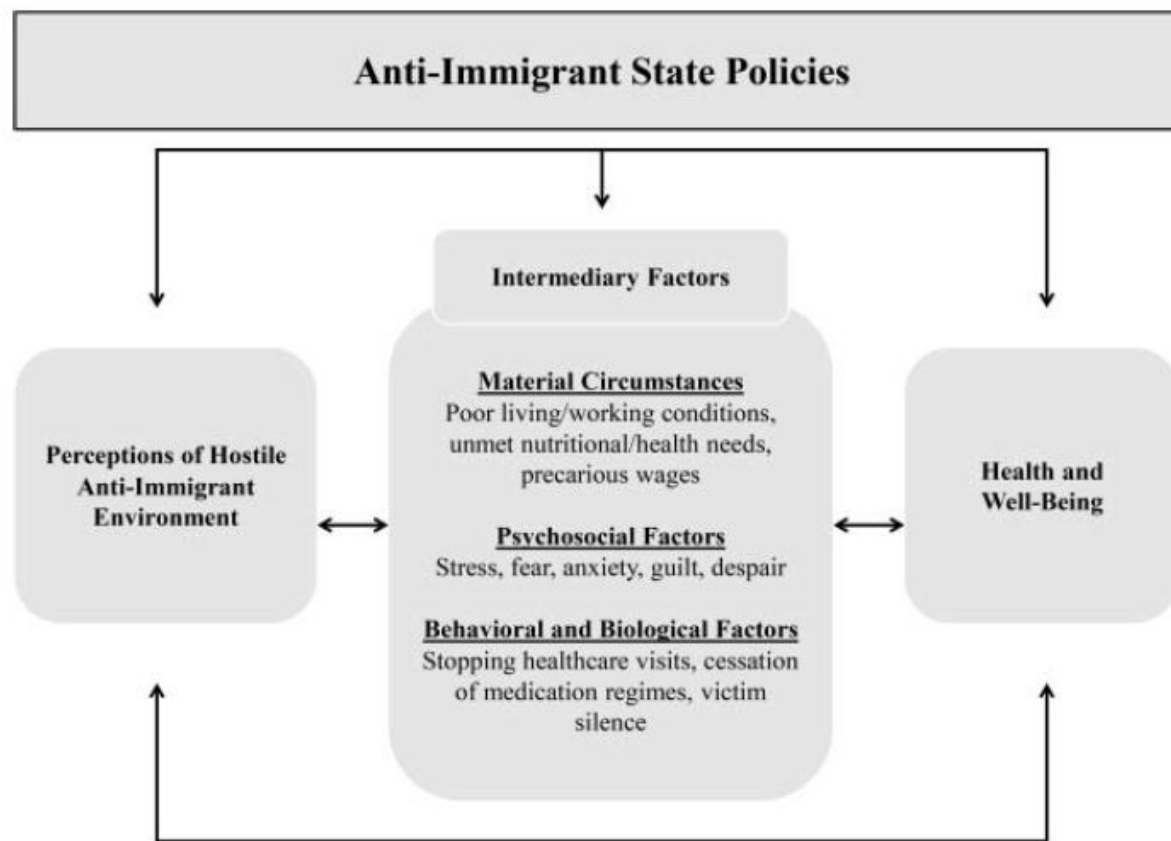


Figure 1 Pathway between State Anti-immigrant Laws and Health Outcomes

Source: Authors' own conceptualization of Solar and Irwin's (2007) SDH framework.



The Resilience in Immigration Lab

 [Our Goal](#)



- Any anxiety disorder (ICD-10 codes: F40-F45)
- Any mood disorder (ICD-10 codes: F31-F39)
- Youth reporting ever experiencing parental separation

100
CHILDREN and YOUTH SERVICES REVIEW 119 (2020) 105220



Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Increased rates of parental separation and anxiety among Latinx youth

Calla R. Brown^{a,*}, Maura Shramko^a, Diego Garcia-Huidobro^b, Kathleen K. Miller^a, Pooja Brar^a, Fredrick Ogugua^c, Maria Veronica Svetaz^{c,a,d}

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Fig. 1. Rates of APT youth ever experiencing parental separation, and number of visits with any anxiety or mood disorder diagnosis between 2009 and 2018.

(not published yet)

Deportation-related separation and well-being among Latinx/Hispanic youth

Lauren McPherson, Maura Shramko, Jia-Shyuan Su, Dora Palma, Maria Veronica Sveta

194 youth answered the questions about parental separation between **2017-2019**.

- Most **female (56%)**,
- **Born in the U.S. (68%)**
- **Mean age of 16.0 years**.
- Most parents were born in **Mexico (71%)**
- **Spanish** was the language most commonly spoken at home (61%).
- **more than one-third reported any history** of parental separation (42%), and
- **one in four** reported deportation-related separation (26%).

Table 3. Logistic regression models of separation status predicting youth well-being

	One person you trust	Daily meals	Has role model	Thought about running away	Thought seriously about suicide	In school	Been in trouble with the law
	OR	OR	OR	OR	OR	OR	OR
Reference group (no separation)							
Deportation related separation	0.321*	0.299*	0.297*	17.399*	4.226*	0.748	2.806
Separation for any other reason	0.543	0.619	0.444*	4.411*	1.916	0.216*	4.189*

Note. Models adjusted for age, gender, youth country of origin, youth primary language, parent country of origin. *p>.05

BECAUSE ALL OF THAT:

Continue Clinic nonstop

First telephone

2 weeks into that:

Telemedicine MyChart

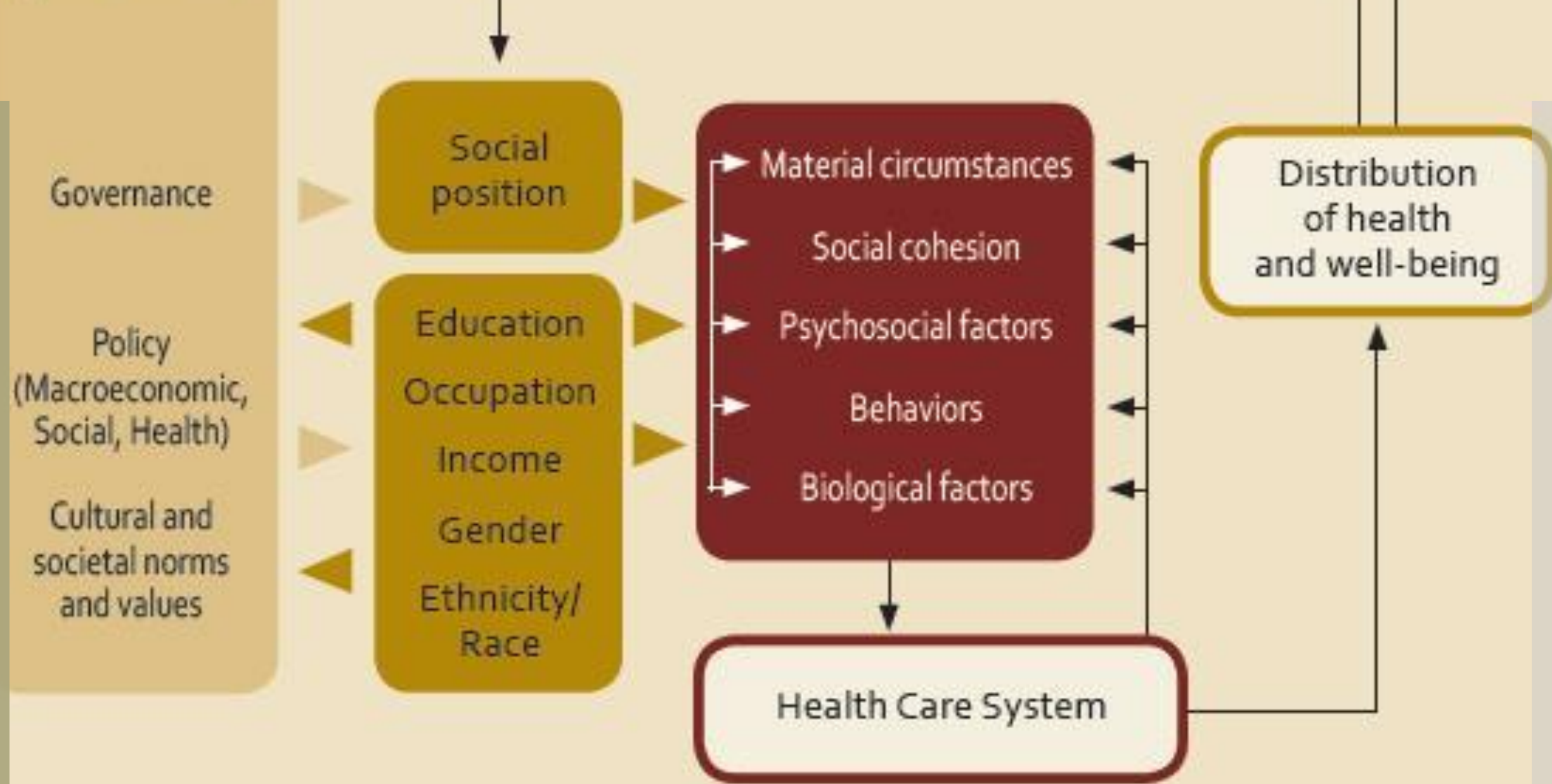
2 weeks into that:

text with link for

Telemedicine



- Viral Clinic
- Continue Clinical Care for our Latine Youth and their Families
- **Involved in several COVID-19 Responses:**
- Urgent Community Response “Surge”:
 - + Basic Need Groups
 - + Basic Need-COVID response survey,
 - + Telemedicine, and the Telemedicine-Health Equity response group
 - + Pre-recorded messages team, to send messages to patients that have other languages than English (w/ updates every two weeks).
- Hennepin Triage/Ethic committee using an equity lens , monitoring and readiness for the possible scarcity of resource preparation
- **MN COVID Ethic Committee: MCEC**



SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES



We, Healthcare (public and Individual)

Healthcare “added” disparities

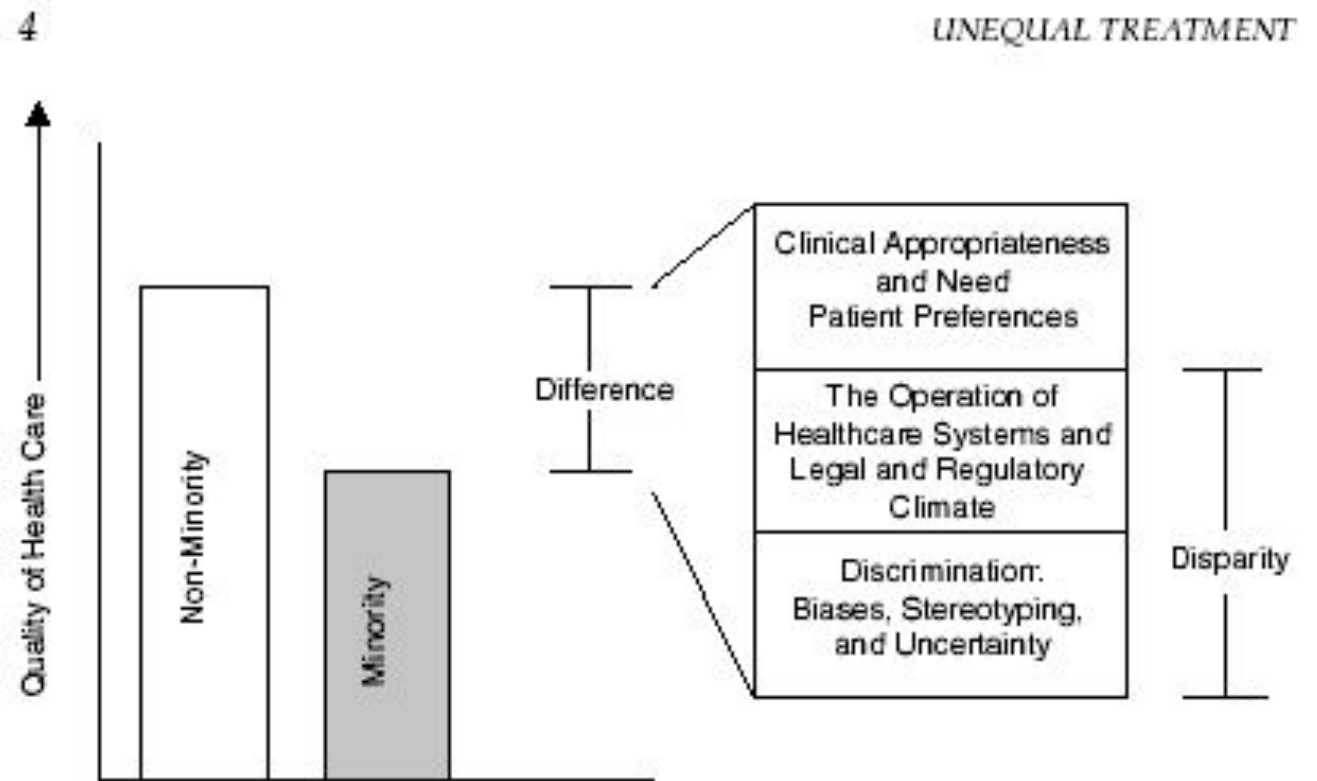


FIGURE S-1 Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.



The Epicenter and the CATALYZER



hria.org/covid-19-inequity/

DynaMed Plus Savings Hub UpToDate

 **Health Resources in Action**
Advancing Public Health and Medical Research

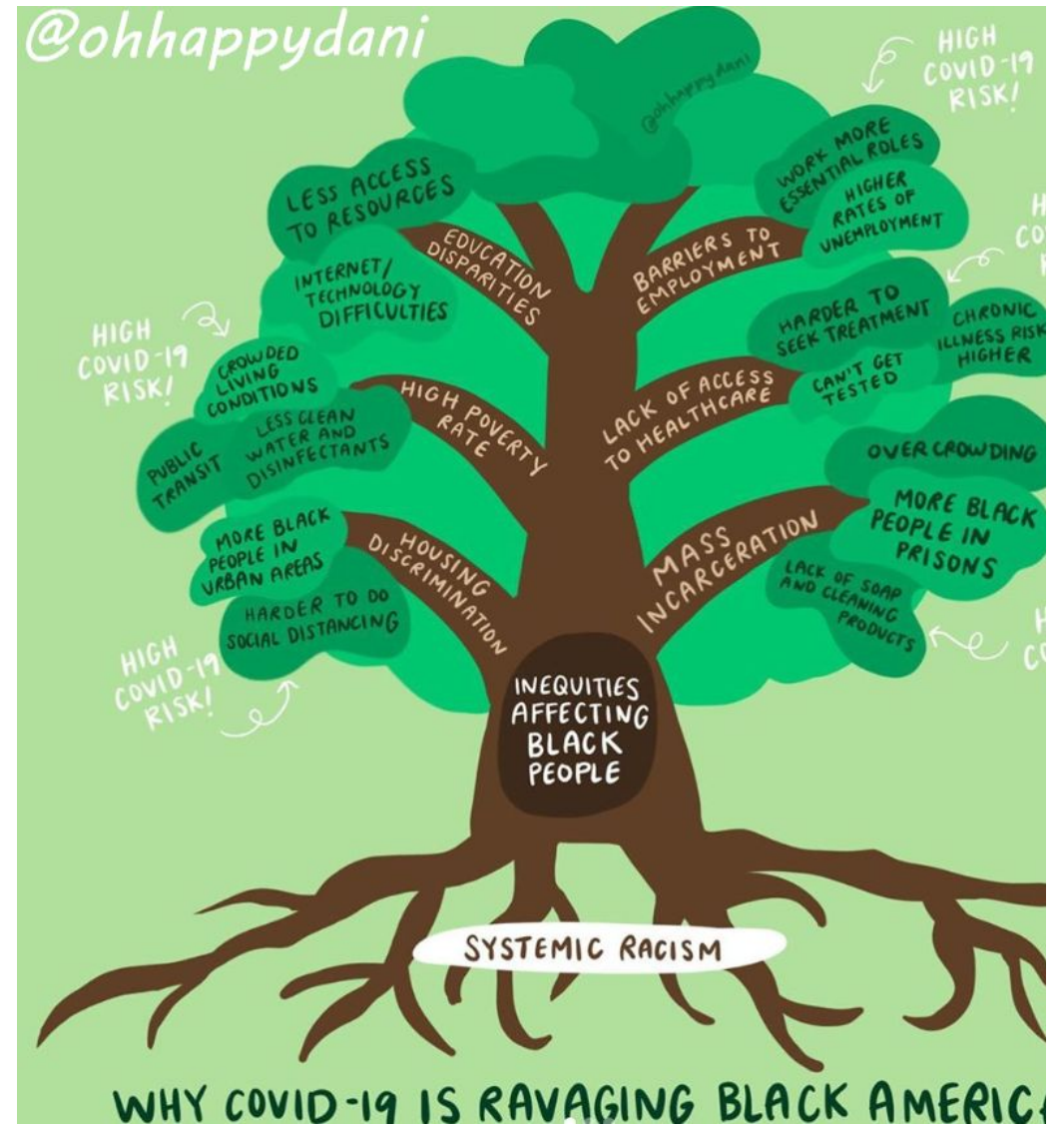
About Services Work in Action

COVID-19 and Dimensions of Health Inequity

Introduction



Testing, Treatment and Health Outcomes




Ability to socially distance

The New York Times

'White-Collar Quarantine' Over Virus Spotlights Class Divide

Child care options, internet access and extra living space leave a gulf between rich and poor in coping with disruptions to school and work.

 Give this article



"I'm concerned about her falling behind" in school, Betsy Rubio said of her daughter, Anahi. Their Brownsville, Texas, apartment lacks internet service. Scott Stephen Ball for The New York Times

By [Noam Scheiber](#), [Nelson D. Schwartz](#) and [Tiffany Hsu](#)

Racist Narratives and Stigma



Lack of Racial/ Ethnic Testing (other) Data

EQUAL ACCESS TO CARE

You have a right to health care regardless of your immigration status.



Don't be afraid to seek medical care.

If you are sick, injured, or need routine care, call your doctor or community health center. You should also call your doctor if you are coughing, feverish, feeling tired, or lacking sense of smell; or suspect that you have been exposed to the virus. In a medical emergency, go to the ER or call 911.



You have the right to safely get tested and seek care.

Federal and state privacy laws require health care providers to keep patients' personal information confidential (including immigration status).



There are government resources available to you.

MassHealth Limited can pay for testing and treatment for immigrants not eligible for other government programs. MassHealth Limited will NOT be considered for Public Charge decisions, meaning it will not affect access to a Green Card.

 [MassHealth - Making Health Care Work](#)

[For more information, visit \[http://go.mass.gov\]\(#\)](#)

Housing and other Social Determinants

@ohhappydani



Access to Economic Stimulus

The Great American Rescue is leaving minority businesses behind

As Congress closes in on the next small business stabilization package, equity can't be an afterthought.

By [Shirley Leung](#) Globe Columnist, Updated April 20, 2020, 7:57 p.m.



COMMENT MAY 15, 2023 ISSUE

ENDING THE COVID PUBLIC HEALTH EMERGENCY ISN'T ALL GOOD NEWS

Pandemic-era policy contained flashes of what is possible: real achievements in making life easier for millions of Americans.

By Dhruv Khullar

May 7, 2023

“flashes of
what is
possible”
|

SNAP

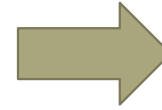
- March 2020: Supplemental Nutrition Assistance Programs: provided support for 40 million people
- The share of households with kids who were food insecure fell to 12 per cent (shockingly high in the world's richest country, and the lowest since the number was tracked 2 decades ago.)
- This year states began rolling back the extra benefits: SNAP recipients will lose around a third of their monthly allotments.

CHILD TAX CREDIT

- CHILD TAX CREDITS from the American Rescue Plan: Between the pre-pandemic period and the emergence of Omicron (late 2021): Child poverty rate fell by nearly half (from 10 % to 5 %, especially largest declines among Black and Hispanic children).
- Used: Food, clothing, rent, utilities

“flashes of
what is
possible”
||

Medicaid and the Children's Health Insurance Program



The “Great Unwinding”

- Additional funds for their Medicaid Programs
 - Now covers 93,000,000 people: more than 1 in 4 Americans
 - Country's over-all uninsured rate fell to 8 %
- Up to 15,000,000 could lose insurance.
 - “In the byzantine world of America's social safety net”, 7,000,000 still eligible could lose health coverage due to administrative burden
 - Currently nearly three quarters of children who lose Medicaid do so not because of no longer qualify but due to bureaucratic missing data/errors.

The future
does not look
good...

More divided
than before

The Baseline

- Will we be able to decrease the equity gap in between pandemics?

The Response

- Will we be able to create a quick Equity Bridge to decrease the effect of the next pandemic even if we could not advance 1?
- Will the “cultural liaison/thinkers” on our workforce be enough this time around?
 - Social Capital
 - **Minority Tax**
- WHAT WILL BE THE **modifier** IN THE DIFFERENT EQUATIONS THAT “CORRECTS” FOR INEQUALITY?

What **modifier**
do we use to
add “unequal”
to the
equation?

Innovative Uses of SVI During COVID-19

[Print](#)

In early 2020, the SARS-CoV-2 virus spread across the globe, and COVID-19 has now taken the lives of millions of people worldwide. In the United States, the COVID-19 pandemic has disproportionately affected communities of color. **The Geospatial Research, Analysis, and Services Program’s (GRASP) CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI)** helps communities prepare for, respond to, and recover from public health emergencies by identifying socially vulnerable areas of the country based on factors such as [socioeconomic status and race/ethnicity](#).



Public Health Impact: Social vulnerability increases health risks for many communities. These projects show how public health officials can use the CDC/ATSDR SVI and the expertise of GRASP team members to consider socially vulnerable populations’ locations and strategically allocate response efforts.

Partners: Massachusetts Department of Public Health; HHS Office of Minority Health; CDC COVID-19 Task Force; Office of the Surgeon General; National Institute of Environmental Health Sciences; North Carolina State University, and Texas A&M University.

Expertise Provided: Database management, data visualization development, collaborations with federal and local public health institutions, interactive mapping, and project coordination.

On this Page

[SVI Projects and Collaborations](#)

[Use of SVI in Science and the Media](#)

