



## No. This Is Us...Really. WHY HEALTH DISPARITIES INDICATE AMERICA'S UNDERLYING, UNTREATED CHRONIC ILLNESS

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Every February, we stop to shed light on health inequity—but for people living with spondyloarthritis (SpA), especially within communities of color, inequity is not limited to just one month. It's a persistent and chronic reality with lifelong consequences. Health disparities don't just create short-term obstacles; they shape disease outcomes, quality of life, and impact overall trust in the healthcare system. But what if the system that causes disparities is functioning exactly how it was designed?

I recently heard a phrase I think captures the essence of these challenges: "I looked in your cup to see if you needed more; you looked in mine to see if I had more than you." This tension illustrates a long-standing misunderstanding of equity in America—one that continues to influence health policy, access to care, and who ultimately suffers the consequences and burden of chronic disease.

Although spondyloarthritis and other autoimmune diseases don't discriminate by race or ethnicity, the systems responsible for diagnosis, treatment, and ongoing care often do. Health inequity refers to avoidable, unfair, and unjust differences in health outcomes. These inequities are driven by interconnected social, economic, and environmental factors—and for communities of color, they are compounded by historical and systemic barriers, including racism, discrimination, and chronic underinvestment in care.

The consequences are measurable and enduring. The average delay to diagnosis for spondyloarthritis is seven to ten years. For people in communities of color, that delay is often longer. Limited access to specialists, insurance gaps, and under-recognition of inflammatory back pain contribute to missed or delayed diagnoses. When bias creeps into conversations about whose pain is believed and whose pain is likely to be scrutinized and questioned, health outcomes are negatively impacted. Without early intervention, individuals within communities of color may face increased pain, irreversible joint damage, disability, and diminished quality of life—outcomes that cannot be undone once they take hold.

Economic inequity further deepens these disparities. Many individuals struggle to afford medications, physical therapy, imaging, and ongoing specialist care. Financial strain forces impossible choices between health and basic necessities, reinforcing a cycle in which limited resources worsen disease, reduce work capacity, and lead to long-term economic instability.

Cultural and structural barriers within healthcare systems also play a critical role. When providers lack cultural competence—or when bias influences how symptoms are interpreted—patients may be misunderstood, dismissed, or misdiagnosed. A history of mistreatment, medical harm, and distrust discourages individuals from seeking care altogether, further delaying treatment and worsening outcomes.

How much worse could long-standing inequities become? The short answer is: extremely bad. Recent policy changes have made it harder to see who is being left out by reducing transparency and weakening data systems. When federal datasets that include race, ethnicity, sexual orientation, and gender identity are removed or limited, it becomes harder to find and fix disparities. If we stop measuring inequities, it is easier to ignore them. Is this just a mistake, or is it a choice to avoid responsibility for fixing these problems?

Policies and decisions made about health disparities have real and lasting effects for people with spondyloarthritis, such as delayed diagnoses, irreversible disease, financial struggles, and lives limited by barriers that should not exist. To fix inequity, we need ongoing investment, clear data, culturally competent care, and a shared promise that no one is left out because of who they are or where they live.

Equity is not about taking from one cup to fill another. If this doesn't resonate, allow me to rephrase it a little differently: Equity does not mean diminishing or taking from one person to give to another. It means making sure everyone has enough to live well. Isn't that what we all want—or at least shouldn't we?