Health Inequities and COVID-19
Outline

• Current data on health inequities and COVID 19
• Why COVID 19 inequities exist
• What can we do
Current data and COVID 19 inequities

- Racial/ethnic minorities
- Sexual/gender minorities
- Intimate Partner Violence
Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

- First CDC data reporting COVID 19 hospitalizations by race/ethnicity
- 14 states represented: CA, CO, CT, GA, IO, MD, MI, MN, NM, NY, OH, OR, TN, UT
- 580 patients had race/ethnicity date reported

https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm
COVID 19 Hospitalizations by Race/Ethnicity

- **non-Hispanic White**: 45%
- **non-Hispanic Black**: 33%
- **Hispanic**: 8%
- **Asian**: 6%
- **Unknown**: 8%
COVID 19 Hospitalizations by Race/Ethnicity

US Population Race/Ethnicity

- **non-Hispanic White**: 45%
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COVID-19 Deaths by Race:

Coronavirus deaths and race

COVID-19 is disproportionately killing black Americans, according to data released by several states.

<table>
<thead>
<tr>
<th>State</th>
<th>Blacks</th>
<th>Whites</th>
<th>Total deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>5.8</td>
<td>27</td>
<td>407</td>
</tr>
<tr>
<td>Michigan</td>
<td>2.6</td>
<td>21.6</td>
<td>298</td>
</tr>
<tr>
<td>Illinois</td>
<td>1.3</td>
<td>7.2</td>
<td>129</td>
</tr>
<tr>
<td>North Carolina</td>
<td>0.4</td>
<td>0.6</td>
<td>13</td>
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Xenophobia and COVID 19

Fear or hatred of people from other countries
# Xenophobia and COVID 19

## International opinions of China divided

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<tr>
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# Xenophobia and COVID-19

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Non-English Speaking Patients

• 1 in 5 Americans speak a language other than English at home

• Civil Rights Act of 1964 – **REQUIRES** hospitals to provide access to language interpretation if they receive federal funding

• Language barriers sited in NYC during COVID 19 crisis

Undocumented Patients

U.S. Citizenship and Immigration Services Statement:

“USCIS encourages all those including aliens, with symptoms that resemble Coronavirus Disease 2019 (Covid-19) to seek necessary medical treatment or preventive services. Such treatment or preventive services will not negatively affect any alien as part of future Public Charge analysis.”
Undocumented Patients

- $1 Trillion in economic relief will not reach most undocumented immigrants or their families

- Due to recent “public charge” rules many undocumented families have withdrawn from Supplemental Nutrition Program (SNAP) and other safety nets

- High COVID 19 risk in ICE detention facilities
LGBTQ Community

- Data about the LGBTQ community and COVID-19 are lacking/unclear
- LGBTQ people are more likely to work in affected industries
  - Restaurant/food service
  - Hospitals
  - Retail
- LGBTQ people tend to have less financial resources
  - 1:10 are unemployed
  - More likely to live in poverty than straight/cisgender
- LGBTQ youth are at increased risk during social distancing
A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.
IPV and Pregnancy

• Approximately 324,000 pregnant women are victims of IPV in the US each year

• Homicide is the leading cause of death for pregnant women

• 50-75% of women who are abused before pregnancy are abused during pregnancy

• 77% of pregnant homicides occur in the first trimester

IPV Resources and COVID 19

- Depending on the state there may be fewer resources for legal action or shelters
- Investigate and disseminate IPV resources
- National Domestic Violence Hotline
  - 1-800-799-7233
  - Text LOVEIS to 22522
  - free, bilingual, 24/7 and confidential
Why COVID-19 Inequities Exist

- Patient Level Factors
- Provider Level Factors
- Policy Level Factors
Etiology of COVID 19 Inequities

• Patient Level Factors
  • Social Determinants of Health
  • Baseline co-morbidities
  • Employment status
  • Myths
  • Mistrust due to profiling and mistreatment
Etiology of COVID 19 Inequities

• Provider Level Factors

  • Exhaustion, fatigue and anxiety increase the risk for bias

  • Limited cultural competency

  • More limited resources
Etiology of COVID-19 Inequities

- Policy Level Factors
  - Lack of data collection
  - Inequitable resource allocation
  - Limited transparency
What can we do?
What can we do?

- Provide high quality equitable, culturally-competent care
- Caring for each other and maintaining a culture of inclusion
- Advocating to leadership for all patients
Provide equitable, culturally-competent care

- Recognize equity vs. equality

- Effective cross-cultural communication
  - Start from a place of humility and curiosity
  - Find common ground
  - Recognize that most people are logical and their concerns are likely based in real experiences

- Perspective-taking

Thank you, Drs. Davidson and Pollack – Duke University
Maintaining a culture of inclusion

- No tolerance for racism/xenophobia
- Upstander Skills
- Vigilance for “othering” in attitudes/ rhetoric
Bystander → Upstander Skills

The 4 D’s to use:
- Direct
- Delay
- Delegate
- Distract

Three D’s to avoid:
- Being Defensive
- Being overly Dogmatic
- Doing nothing
Advocacy

At all levels:
• Institution
• State
• National

On multiple fronts:
• Access to care
• Resource allocation
• Policy making
Society for Maternal Fetal Medicine
SMFM Diversity in the Workforce Committee
Duke University School of Medicine:
Department of OB/GYN, Dr. Matthew Barber
Maternal Fetal Medicine, Dr. Brenna Hughes
Diversity and Inclusion Committee
Mentors/Sponsors:
Geeta Swamy, MD
Jeff Kuller, MD
Alice Cooper, OGNP, RNC
Laura Svetkey, MD
Kimberly Johnson, MD
Judy Seidenstein, Chief Diversity Officer

Communication Experts:
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