



Health Inequities and COVID-19



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Outline



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



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Current data and COVID 19 inequities

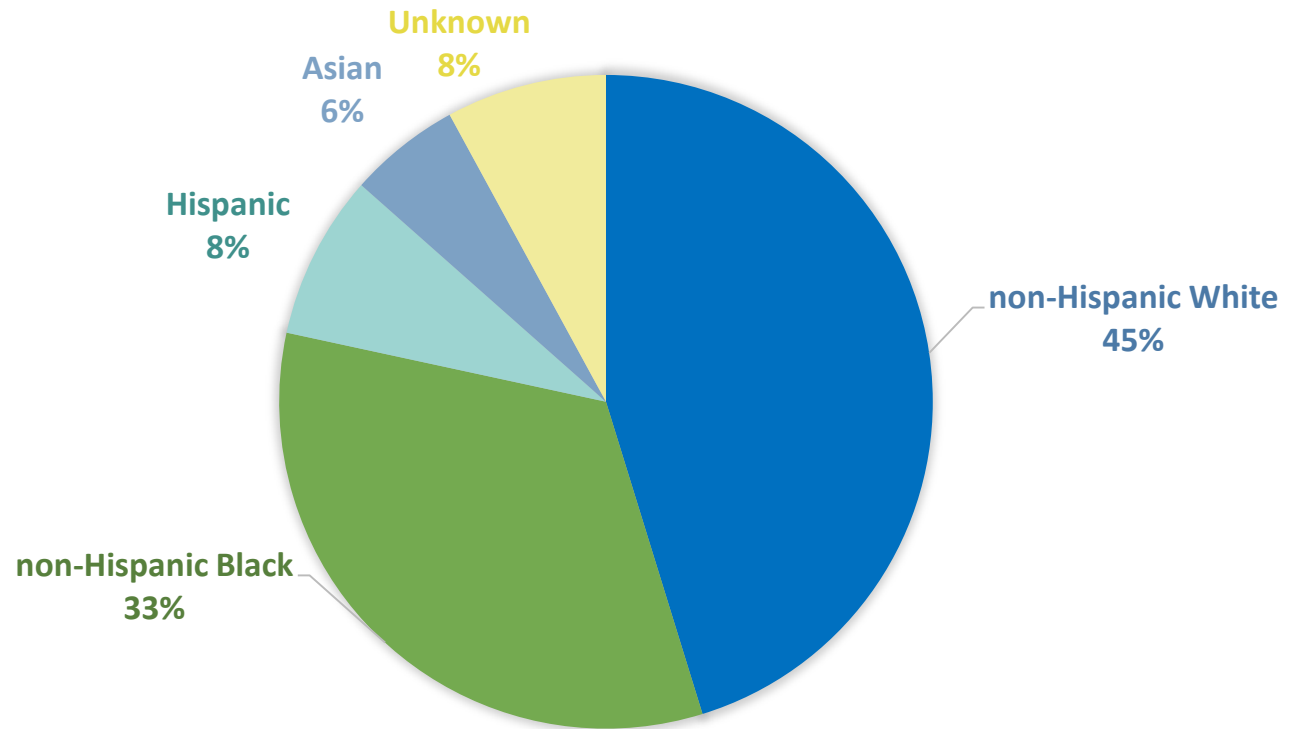


- Racial/ethnic minorities
- Sexual/gender minorities
- Intimate Partner Violence

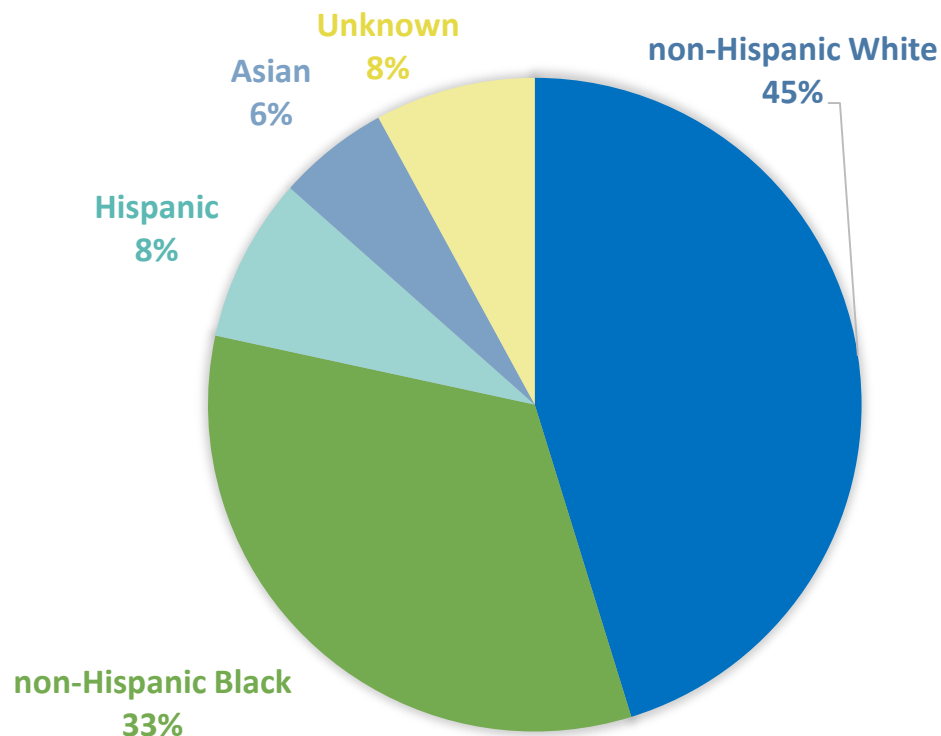
Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

- 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

COVID 19 Hospitalizations by Race/Ethnicity

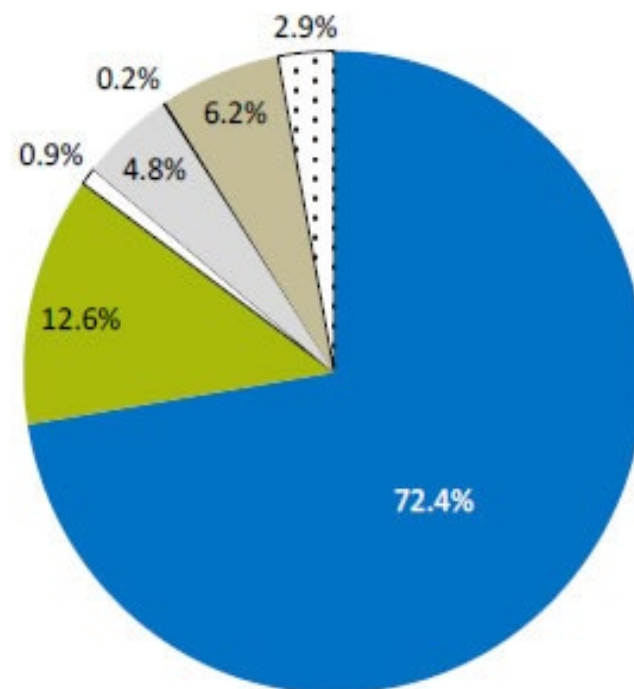


COVID 19 Hospitalizations by Race/Ethnicity



US Population Race/Ethnicity

- White
- American Indian/Alaska Native
- Black
- Asian
- Native Hawaiian/Pacific Islander
- Some Other Race
- >1 Race

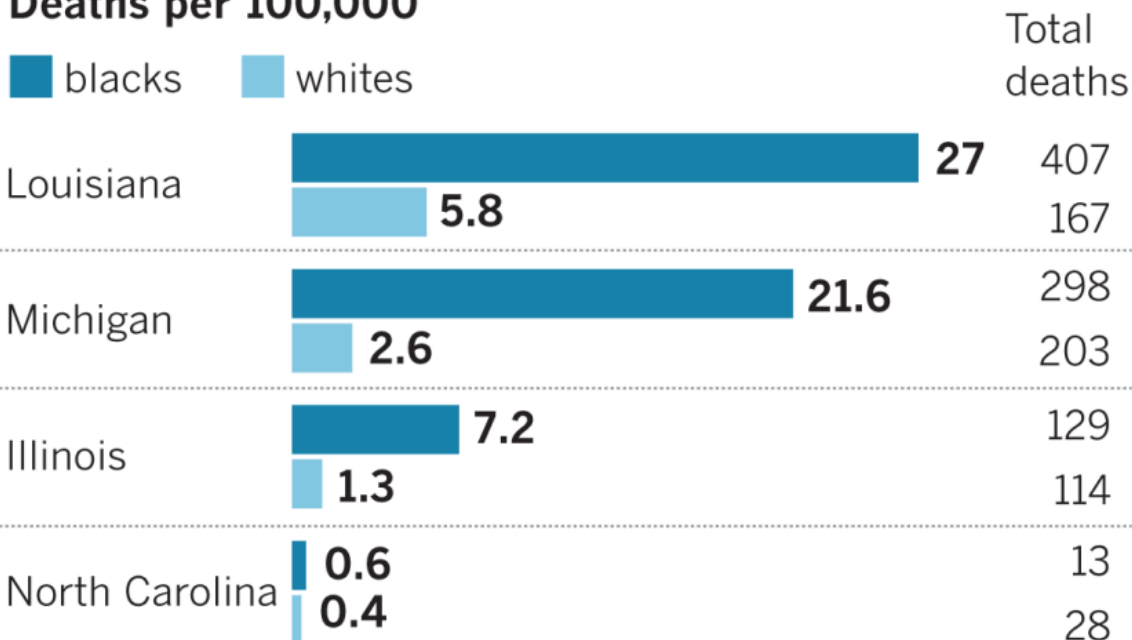


COVID19 Deaths by Race:

Coronavirus deaths and race

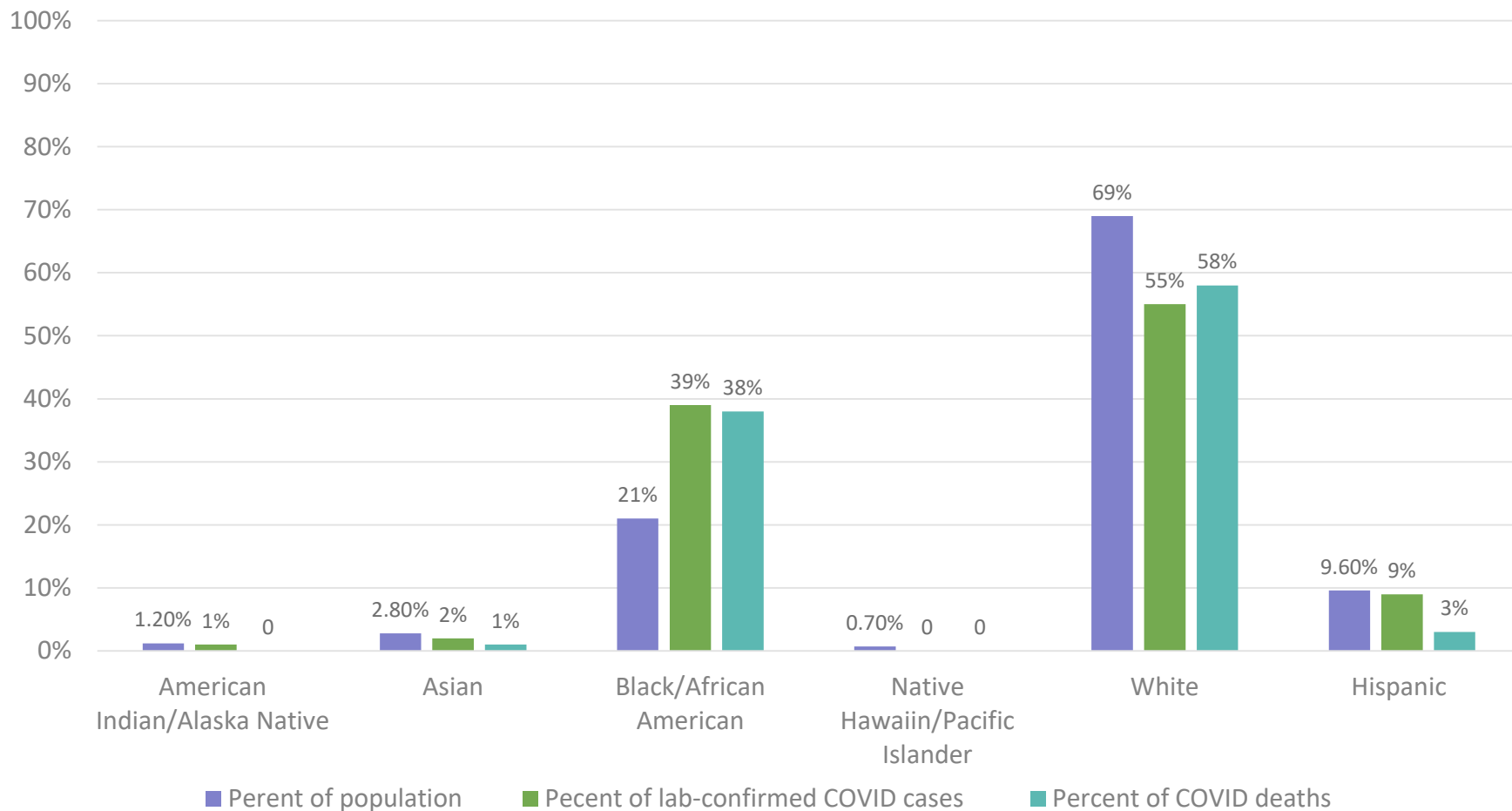
COVID-19 is disproportionately killing black Americans, according to data released by several states.

Deaths per 100,000



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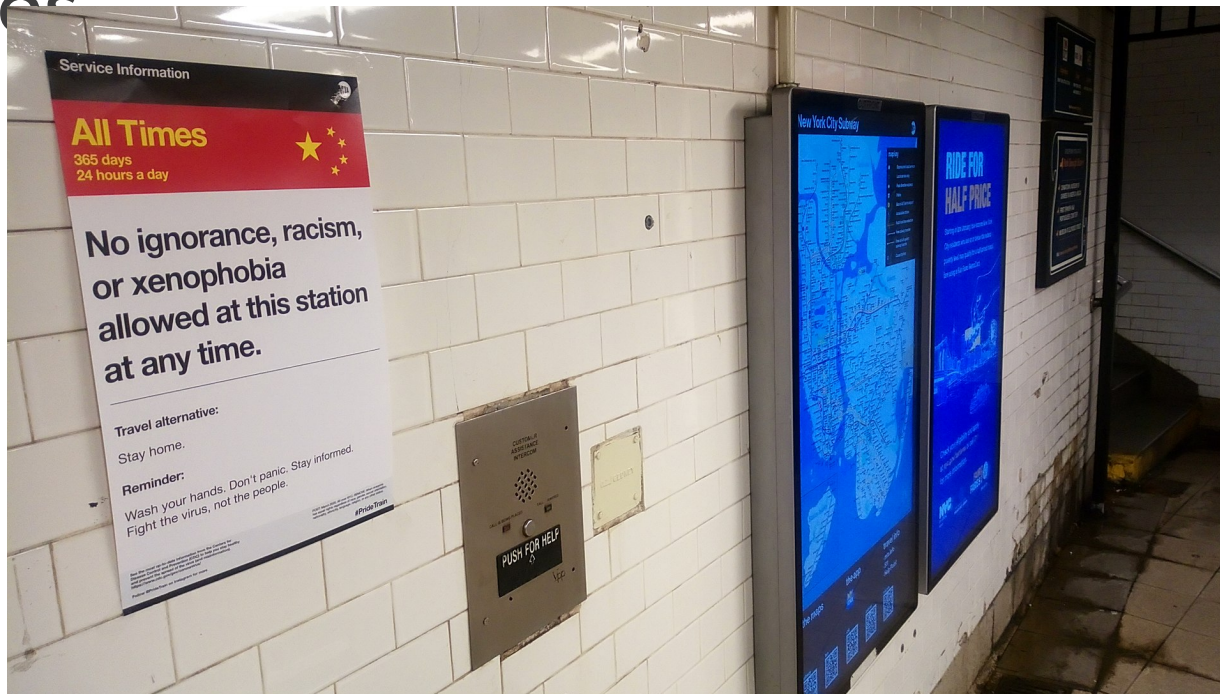
COVID 19 in North Carolina by Race and Ethnicity



Xenophobia and COVID 19



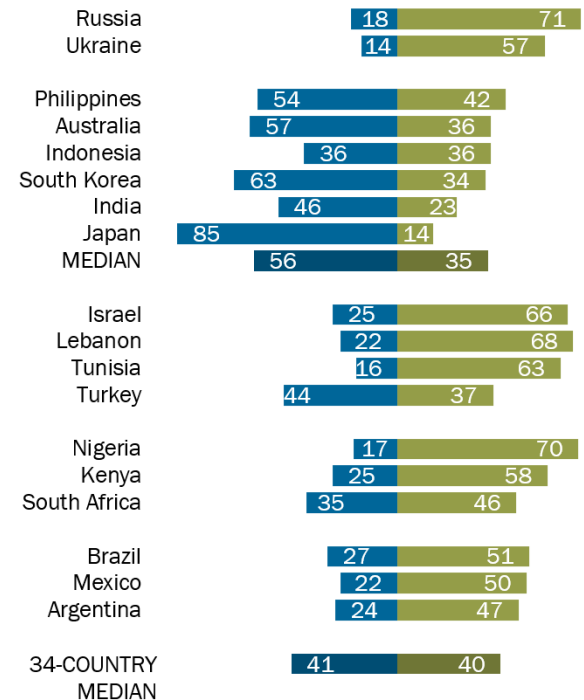
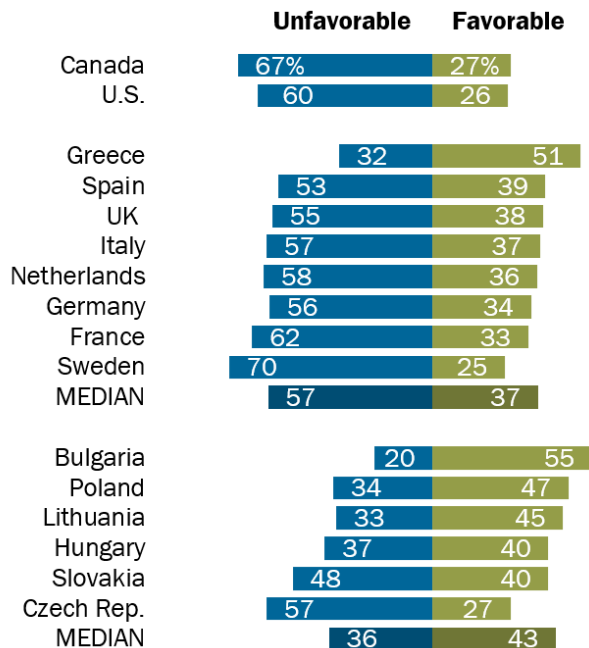
Fear or hatred of people from other countries



Xenophobia and COVID 19

International opinions of China divided

% who have a ___ opinion of China



Note: Don't know responses not shown.

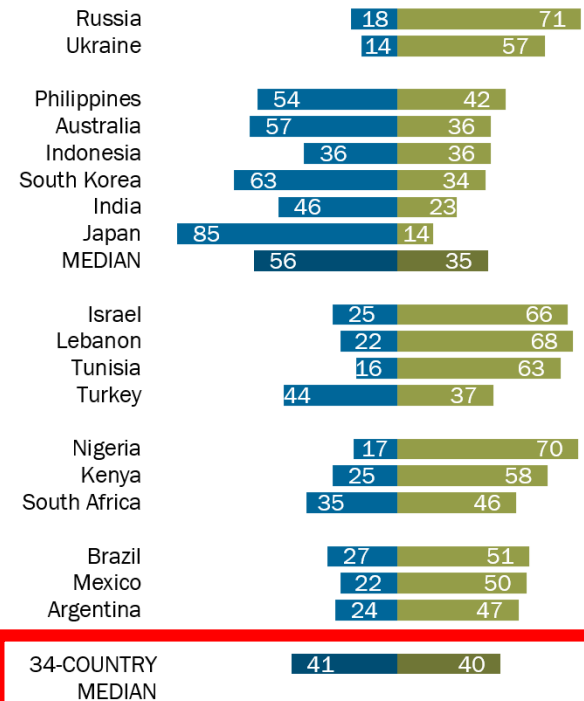
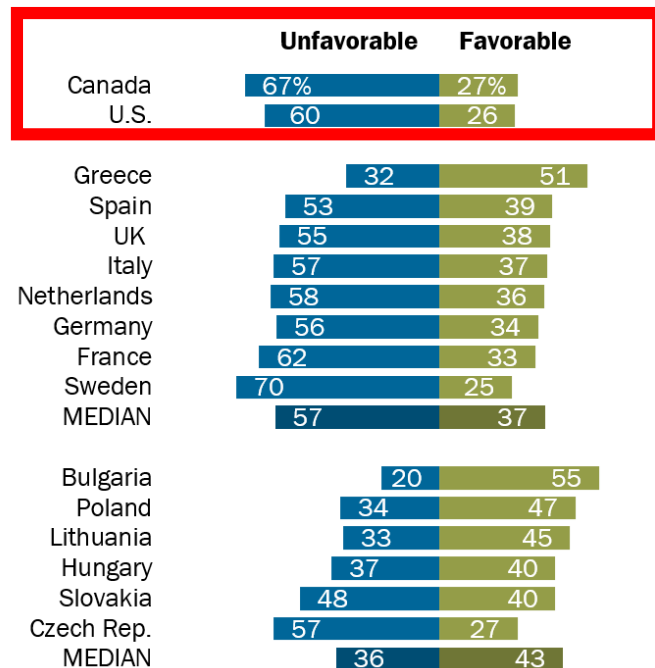
Source: Spring 2019 Global Attitudes Survey. Q8b.

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Xenophobia and COVID 19

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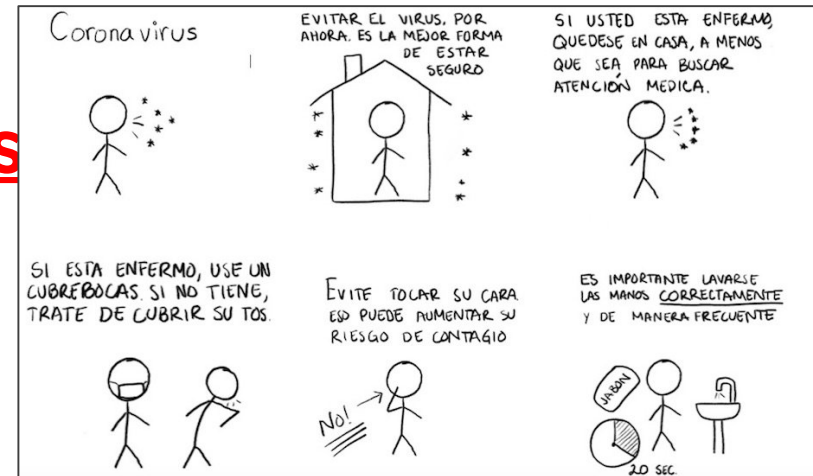
Source: Spring 2019 Global Attitudes Survey. Q8b.

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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 cited in NYC during COVID 19 crisis



<https://www.newhavenarts.org/arts-paper/articles/the-cartoonist-busting-covid-19-language-barriers>

Undocumented Patie



U.S. Citizenship
and Immigration
Services



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.**”*



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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

THE LIVES & LIVELIHOODS OF MANY IN
THE LGBTQ COMMUNITY
ARE AT RISK AMIDST
COVID-19 CRISIS



- 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

The New York Times



THE INTERPRETER

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.



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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 Hot
 - 1-800-799-7233
 - Text LOVEIS to 22522
 - free, bilingual, 24/7 and confidential

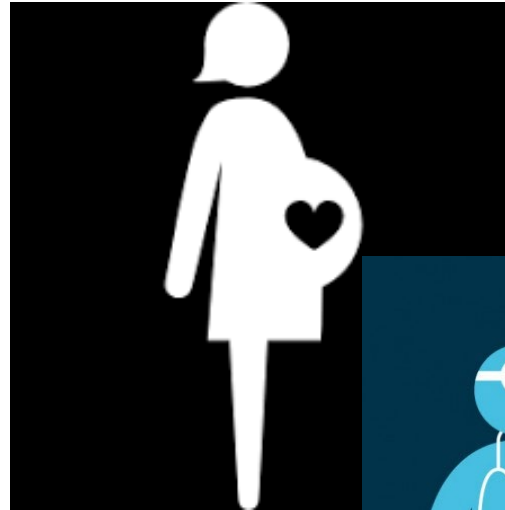


**NATIONAL
DOMESTIC
VIOLENCE
HOTLINE**

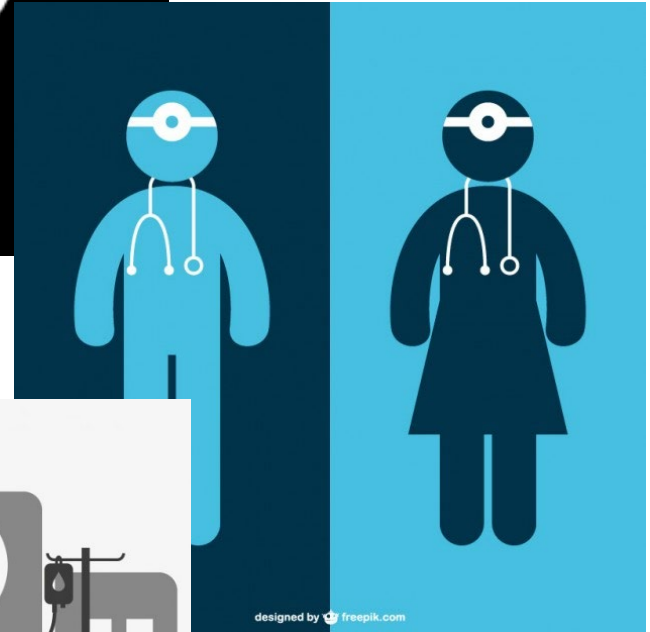
Why COVID 19 Inequities Exist



- Patient Level Factors



- Provider Level Factors



- Policy Level Factors



Etiology of COVID 19 Inequities



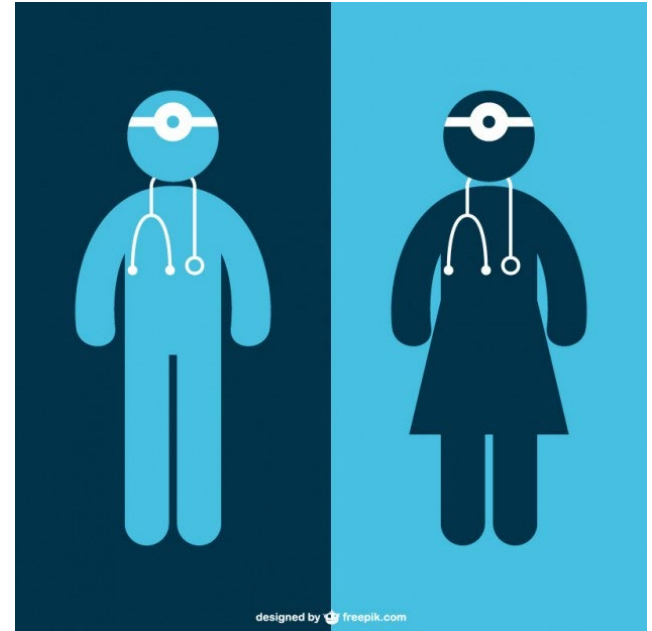
- Patient Level Factors
 - Social Determinants of Health
 - Baseline co-morbidities
 - Employment status
 - Myths
 - Mistrust due to profiling and mistreatment



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?

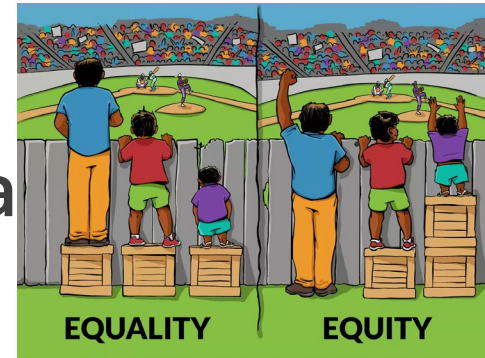


- Provide high quality equitable, culturally-competent care
- Caring for each other and maintaining a culture of inclusion
- Advocating to leadership for all patients

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



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



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SMFM Diversity in the Workforce Committee
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