

How COVID-19's egregious impact on minorities can trigger change

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There have been more than 1 million cases of COVID-19 in the U.S., leading to tens of thousands of deaths. Since the start of the pandemic, tens of millions have lost their jobs with many losing their health insurance too.

The impact on the nation's minorities has been particularly harsh. So severe, in fact, that one physician suggested in a *JAMA* Viewpoint essay that the enormity of the pandemic's impact on African Americans and other racial and ethnic minorities may create the will that finally leads to meaningful action on health inequity.

"The U.S. has needed a trigger to fully address health care disparities; COVID-19 may be that bellwether event," wrote AMA member Clyde Yancy, MD, Northwestern Medicine's chief of cardiology and vice dean for diversity and inclusion at Northwestern University's Feinberg School of Medicine.

The COVID-19 infection rate in predominantly black counties is three times of that seen in predominantly white counties and the death rate is six-fold higher, according to Johns Hopkins University and American Community Survey research cited by Dr. Yancy. Among Dr. Yancy's many accomplishments, he was elected to the National Academy of Medicine in 2016, is a highly cited researcher, and serves as deputy editor of *JAMA* Cardiology.

Throughout the COVID-19 pandemic, the AMA is carefully compiling critical health equity resources from across the web to shine a light on the structural issues that contribute to and could exacerbate already existing inequities.

"Egregious" disparities mount

Dr. Yancy noted that researchers have identified older age, the male gender, hypertension, diabetes, obesity, concomitant cardiovascular diseases—including coronary artery disease and heart failure—and myocardial injury as important risk factors associated with worse COVID-19 outcomes.

People with these risk factors can take action to protect themselves with hand-washing, wearing a mask in public spaces and maintaining physical distancing and social isolation.

That said, “evidence of potentially egregious health care disparities is now apparent,” with African Americans acquiring and dying from COVID-19 at much higher rates.

“Why is this uniquely important to me? I am an academic cardiologist; I study health care disparities; and I am a black man,” Dr. Yancy wrote. “But concerns go beyond these comorbidities. Where and how black individuals live matters. If race per se enters this discussion, it is because in so many communities, race determines home.”

He noted “the pernicious influence of adverse social determinants of health,” adding that many black people live in densely populated poor communities characterized by high crime rates and poor access to healthy food.

“Low socioeconomic status alone is a risk factor for total mortality independent of any other risk factors,” Dr. Yancy wrote.

“There is a segment of our society suffering disproportionately,” Dr. Yancy said in an interview before asking if society was OK with one group having a COVID-19 death rate that is six times higher than other groups.

“The magnitude and the scope mean that the narrative has to go from public health to public policy,” he said. “COVID-19 has unclothed all of the vulnerabilities of our system.”

Dr. Yancy compared the “pain point” American society is facing with COVID-19 to the civil rights movement that led to guaranteeing voting rights.

3 key messages

Three messages regarding the impact of COVID-19 need to go out, he said, with each tailored to a specific audience.

A clear message, endorsed by a trusted voice, needs to be sent to patients that, especially if you live in an at-risk community, you need to protect yourself. And, older individuals with pre-existing conditions such as obesity, diabetes, cardiovascular disease or hypertension are “uniquely targeted”

by COVID-19 and must take precautions, Dr. Yancy said.

The health care community needs to understand that there is a contingent of COVID-19 patients coming from poor circumstances that put them at particular risk. Many of them are essential workers who operate mass transit, keep the food supply chain running, and are maintaining sanitation. “They are the backbone of our society and should be recognized,” Dr. Yancy said. “They are ‘essential’ with a capital ‘E.’”

The public narrative cannot be a message dismissed as “Here we go again” as is unfortunately often the case with the list of racial and ethnic health inequities that includes worse outcomes for breast cancer, cardiovascular disease and maternal mortality, and “safely park everything in the health care disparity domain and go back to ‘normal.’”

It is time to end the refrain and “declare that a civil society will no longer accept disproportionate suffering,” Dr. Yancy wrote.

Set goals, make investments

He noted in the interview that there are three broad actions that can make this happen:

- Set goals for health.
- Invest in emergency preparedness and public health.
- Make substantial and sustainable investments in communities.

“If COVID-19 doesn’t make us value the luxury of health, then we haven’t been awake,” Dr. Yancy said. “We have to say health is important.”

What’s needed is “primordial prevention” or healthy behaviors that prevent the development of risk factors for diabetes, hypertension and obesity. It can be done with the same societal will that has cut rates of smoking tobacco.

“We have collectively said ‘smoking is a bad thing,’” Dr. Yancy explained. “We have to take that same will and say: ‘Health is a good thing,’ and ‘The cool thing is to be healthy.’”

Dr. Yancy, recalling that the last merit badge he earned as a Boy Scout was “emergency preparedness,” said that the U.S. can never again be in a position where it “scrambles for ventilators.”

“COVID-19 will dissipate, but we’ll still have the ongoing concerns of heart disease and stroke,” he said. “COVID-19 will eventually go away, but something like it—or even COVID-19 itself—will come back and we need to be better prepared.”

Regarding community investment, Dr. Yancy pointed to studies showing a 30-year life-expectancy gap between Chicago's affluent and poor communities, and he noted the city's COVID-19 deaths are concentrated in five African American communities.

Targeted investments in these communities could create a tremendous benefit for their residents' health, he said.

"I look at these as opportunities to recalibrate everything we do," Dr. Yancy said. "When COVID-19 dissipates, we don't have to let all the lessons learned dissipate with it."

Stay up to speed on the AMA's COVID-19 advocacy efforts and track the fast-moving pandemic with the AMA's COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the Centers for Disease Control and Prevention, and the World Health Organization.