

Policies must address COVID-19 impact on minoritized communities

JUN 10, 2020

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The need for the nation to move forward on improving health equity is demonstrated by the dramatically disproportionate impact the COVID-19 pandemic has had on racial and ethnic minoritized communities, the AMA told Congress.

“The COVID-19 pandemic has revealed starkly the disproportionate impact of the virus on communities of color,” the AMA told the U.S. House Ways and Means Committee. “The causes of the disproportionate impact are rooted in this country’s historical and structural racism and the social, economic, and health inequities that have resulted, and continue to result in, adverse health outcomes.”

The AMA submitted a statement for the record to the committee in connection with the panel’s recent hearing, “The Disproportionate Impact of COVID-19 on Communities of Color,” which—according to committee Chair Rep. Richard Neal, D Mass.—was the first official virtual committee hearing of the U.S. House of Representatives.

“COVID-19 has shone a light on our country’s centuries-old legacy of inequality,” Neal said, adding that this inequity greatly affects life expectancy in his state—even though Massachusetts leads the nation with the highest rate of residents with health insurance.

In Roxbury, a predominantly Black community, the average life expectancy is 59 years, compared to Back Bay, a predominantly white community, where the average life expectancy is 92 years, Neal said.

The AMA told the panel that the collection and reporting of racial data related to COVID-19 testing, hospitalizations, and mortality has been limited. This leads to struggles by physicians and public health authorities to fully attend to the unique needs of their patients and populations, and it hampers the efforts of legislators to design well-informed policies that will preserve lives.

Read why national COVID-19 patient data is vital to fixing inequity.

While data is incomplete, some alarming statistics are coming to light:

- Black Americans are dying at nearly two times their national population share, and in five out of the six counties with the highest COVID-19 death rates, they are the largest racial group, according to the COVID Racial Data Tracker.
- The Latinx community accounts for 49% of Virginia's COVID-19 cases where ethnicity is known despite accounting for only 10% of the state's population. Similarly, in Iowa and Wisconsin, the COVID-19 infection rate for Latinx individuals is five times their population share.
- American Indian/Alaska Natives are also disproportionately affected, and American Indians account for 60% of COVID-19 cases in New Mexico where they are only 9% of the state's population, and 21% of COVID-19 deaths in Arizona where they are just 4% of the population.

The testimony cites three key factors why African Americans are at higher risk for COVID-19:

- Structural inequities and social determinants of health (SDOH) that are influenced by bias and racial discrimination.
- Essential non-health care jobs, such as bus drivers, train operators and custodians, are overrepresented by communities of color.
- Pre-existing conditions, such as diabetes, hypertension and obesity are disproportionately higher among African Americans, in large part due to generations of food insecurity, lack of access to comprehensive medical care, and lack of access to safe green spaces for exercise and play.

Read why African American communities are being hard hit by COVID-19.

“Additional SDOH considerations have also contributed to the disproportionate impact of COVID-19 on marginalized and minoritized communities, including poverty, lack of access to health care, nutritious food, affordable housing, and accessible transportation, as well as congregate living with multi-generational family members and the fact that many people of color work ‘essential’ jobs that increase their exposure to the virus, such as in meatpacking plants, warehouses, supermarkets, hospitals, and nursing homes,” states the AMA testimony.

More than 28% of people diagnosed with COVID-19 in the U.S. are Hispanic, but the effect of COVID-19 on this community has not been widely addressed, the testimony states, quoting Aletha Maybank, MD, MPH, chief health equity officer and group vice president of the AMA.

Read details on COVID-19's impact in Latinx communities.

Citing the World Health Organization, the AMA told Congress that avoidable health inequities are produced and do not have to exist. There are actions that can close the gap.

To promote equity and to reduce differences in health outcomes, the AMA recommended Congress adopt the following policies:

Address implicit bias and unconscious bias. These biases are learned stereotypes that are automatic, unintentional, deeply engrained, universal, and able to influence behavior. Demonstrated impacts of these biases include disproportionate mortality among pregnant Black women. Moreover, shifting only evaluating individual levels of bias to also incorporating structural transformations that apply an equity lens in all medical practices, policies, and organizational performance metrics is imperative.

Address data challenges. Without improvements in data collection at all levels of government, it is difficult to know where virus “hot-spots” are occurring, and where testing and other resources need to be focused. The AMA worked with members of the House of Representatives to develop H.R. 6585, the “Equitable Data Collection and Disclosure on COVID-19 Act of 2020,” which would require the Health and Human Services Department to collect and report racial, ethnic, and other demographic data on COVID-19 testing, treatment, and fatality rates.

Address SDOH. Social risk factors, such as lack of access to health care, nutritious food, affordable housing, and accessible transportation, must be addressed beyond just the parameters of the pandemic. The AMA supports H.R. 4004, the “Social Determinants of Health Accelerator Act,” which is aimed at providing local communities with the funding and planning tools to implement solutions to the SDOH.

Invest in professional diversity. There is a need to expand the pipeline of racially and ethnically diverse, practicing physicians. This need extends to medical school, residency, and physicians in teaching and academic settings.

“It will take all of us working in partnership—and the AMA is committed to doing so—to build and continue on a path forward to address not only the specific health disparities that the COVID-19 pandemic has revealed, but also the underlying structural and institutional racism and SDOH and to advance health equity,” the AMA testimony states.