

What's needed to vanquish COVID-19 health inequities

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Lack of access to structural support, sick leave and technology, and a mistrust of doctors and hospitals are among the social factors that contribute to health inequities among people of color, according to Linda Rae Murray, MD, MPH, a past president of the American Public Health Association and a leader in Chicago's health community for more than 40 years. And in the COVID-19 pandemic, health inequity can be a killer.

While people of color in the U.S. have long experienced unequal access to health care, "this global pandemic gives us an opportunity to really look carefully at health inequities," Dr. Murray said during a JAMA Network™ livestreamed video interview.

"A lot of people blame differences in health status on people's personal health behaviors," she said. "Certainly, these are critically important. As a clinical physician. I spend time with my patients working on stopping smoking, watching their diet—all of those things.

"But really what we understand more and more is that the conditions in which people live, the structural factors as we call them ... all influence the health of individuals and the health of populations in profound ways."

Structural factors include whether people have health insurance coverage and whether they have access to paid time off for sick leave, said Dr. Murray, former chief medical officer of the Cook County Department of Public Health. She is now adjunct assistant professor at the University of Illinois at Chicago School of Public Health.

JAMA Medical News Associate Managing Editor Jennifer Abbasi interviewed Dr. Murray on Juneteenth, the commemoration of the end of slavery in the United States. 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.

Chicago data lays bare COVID-19 inequities

Statistics indicate that racial health inequities during the pandemic affect morbidity and mortality, as detailed in a recent *JAMA* Viewpoint essay. In Chicago, for example, rates of COVID-19 infections per capita (per 1000,000) as of May 6 were highest among Latinos (1,000), African Americans (925) and other racial classifications (865), compared with white residents (389).

Research also indicates that African Americans have disproportionately high death rates from COVID-19.

Structural social and economic factors add to the inequity picture when it comes to COVID-19.

“In most of our urban areas ... essential workers ... who are stocking the grocery stores, delivering the Amazon packages and running the subway and bus lines—these essential workers in the main are underpaid, don’t have access to sick time,” Dr. Murray said. “They match very well with lower-class, Black and brown communities.”

In these communities, workers may be under special pressure to go to work when they are ill, may live in crowded multigenerational homes and may have conflicting responsibilities that put them at risk.

“All of these structural factors account for these horrible differences in case rates and death rates,” Dr. Murray said. And as society faces a potential second wave of COVID-19 in the winter months, people need a broad range of social supports to help them avoid infection and deaths.

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

Digital divide, distrust

Technological factors also contribute to the inequities. “The issue of the digital divide is very real,” Dr. Murray said, and Black and Latino communities often lack access to effective Wi-Fi, preventing some residents from working at home to avoid exposure to disease.

Dr. Murray also noted that a long-standing distrust of medicine and hospitals remains pervasive in the African American community. Structural racism in medicine as an institution, “in hospitals, health clinics, our insurance plans ... is a constant source of irritation, is a constant reminder” of a historical pattern of structural racism in society.

Stay up to speed on 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. Also check out the JAMA Network COVID-19 resource center.