

How to tackle health inequities with science, data during pandemic

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Longstanding inequities have placed marginalized and minoritized communities at an increased risk of severe outcomes from COVID-19. The pandemic continues to highlight the troubling fact that there are larger structural and social drivers of health inequities persistent in Black and Latinx communities. This is where science and data can be used to address inequities that continue to plague the U.S. health system.

“COVID-19 has upended our lives in ways we could not imagine,” said AMA Immediate Past President Patrice A. Harris, MD, MA, during a session at the virtual 2020 convention for the National Association of Black Journalists and the National Association of Hispanic Journalists. “COVID-19 did not cause all of the issues that we’re seeing now, particularly other ones around health disparities and health inequities, but certainly it has revealed them in ways we simply cannot ignore.”

Here are some ways to address health inequities and use science and data to share accurate information in the COVID-19 era and moving forward.

Gather more data

“Oftentimes when it comes to race and ethnicity, the data is an afterthought—after we get through the acute phase,” said Dr. Harris. “This time the data could not be ignored; we saw the early data out of” Milwaukee, Chicago and New Orleans.

“We’re seeing this out of California where, regarding the Latinx community, the state department of public health reported that Latinos make up 55% of the state’s confirmed cases while the Latinx community is just 39% of the population,” she said. Dr. Harris added that there are similarly troubling statistics in San Francisco, where “70% of COVID-related deaths were in the Black community while the Black community is less than one-third of the population.”

The path forward “is science and obtaining the data—and when we don’t have it, it impairs our ability to act affectively,” said Dr. Harris.

Learn more about the role of data collection in the COVID-19 pandemic.

Include communities of color in vaccine trials

With vaccine trials underway, “we do need people from communities of color to volunteer for these studies,” said Dr. Harris. “There are many reasons why people from communities of color are hesitant to participate in clinical trials.

“We know issues around the Tuskegee study and Henrietta Lacks,” she said. There are reasons communities of color “have a sense of worry and concern and mistrust.”

“We in the medical community, the research community, have to make those linkages and make sure that we are worthy of trust,” said Dr. Harris. “One of the ways to demonstrate that you are trustworthy is to make sure folks have accurate information.”

“We tell you what we know, we tell you what we don’t know. It is very important that we have representatives from communities of color in these trials so that when we get the results, we can feel even more confident that they will work and more confident about the safety profile among a diverse set of patients,” she said.

Read about a top ethicist who makes the case for COVID-19 vaccine challenge trials.

Ensure equitable distribution of vaccines

There have been concerns about the speed of vaccine development and distribution, but “because this is such a national emergency and international emergency, you have more people” working on vaccines, said Dr. Harris. “You have more entities, more companies, more scientists singularly focused on this.”

“Developing a vaccine is one thing; getting it packaged and distributed is another,” she said. “It’s so important to raise the questions now.”

Take testing to the community

New Orleans and New York mapped “testing sites in ZIP codes, voicing the importance of taking testing to the neighborhood,” said Dr. Harris, adding that in Atlanta, “local public health took some of the testing sites to local churches and community centers.”

There has been a “lack of strategy” around testing “and not enough resources to get the tests that we need out there,” said Dr. Harris. “That is all the more reason to make sure testing is targeted and taking it to the community because if we are operating on a backdrop of not enough tests, we need to make sure that the tests we do have are targeted in the areas that most need them.”

Don’t overlook other issues

While in the middle of a pandemic, there are some other issues that should not go ignored. For example, the opioid epidemic.

“We’ve seen some increase in overdoses,” said Dr. Harris. “We do not have [complete] data to show that there’s a causal relationship, but we do know that in the midst of COVID there was interruption of services and the inability to access routine treatment and care; certainly there’s increased stress—all issues that could and do increase the risk for relapse or for overdoses.”

“Let’s not forget some of the other issues that still need attention,” she said. “As we appropriately amplify COVID, we need to make sure we’re also pulling the threads and showing how COVID relates to some of these other issues.”

Learn about the reports of increases in opioid-related overdose during the COVID pandemic.

The AMA continues to compile critical COVID-19 health equity resources to shine a light on the structural issues that contribute to and could exacerbate already existing inequities. Physicians can also access the AMA’s COVID-19 FAQs about health equity in a pandemic.