4 ways to integrate equity into public health emergency response

SEP 2, 2020

Sara Berg, MS
Senior News Writer

While health inequities have been well-documented in the U.S. for decades, they remain prevalent despite evidence of structural and racist impacts and continuous appeals for their elimination. All sectors are hearing the calls for action radiating across the country and world, and medicine and public health are not left out of those calls. It is vital that health systems and public health organizations come together to ensure health equity is further prioritized in medicine to enhance care for minoritized and marginalized communities.

“COVID-19 has absolutely exposed the inequities—longstanding, historical and contemporary—whether it’s in health or welfare or education, but it’s also elevated the need for the public health infrastructure to thrive,” said AMA Chief Health Equity Officer Aletha Maybank, MD, MPH , during a recent webinar hosted by the Centers for Disease Control and Prevention. It also exposes a divide with a “lack of structured and consistent connection between health care and public health systems at the national and local level.”

Here are four ways to ensure health equity has an integral role in how organizations respond during public health emergencies and moving forward.

Acknowledge own history

“What’s becoming real is so many health departments and institutions, including the AMA, have named racism as a public health threat now and that we have to have action behind it,” said Dr. Maybank, group vice president of the Center for Health Equity at the AMA. “We have to be able to look at our own history as institutions and how we may have perpetuated harm as well, not just in the contemporary context but in the historical context.”

Addressing health inequities will determine how physicians and organizations engage with patients and community partners. It will also determine how data is used.

“Data is very important for us as a radical tool for change and if we don’t really advance our narrative around the reduction of inequities in our language, we’re going to end up in the same place,” said Dr. Maybank.

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

Engage communities

Physicians and health systems should think of community engagement as a form of emergency preparedness.

For example, the AMA invested $2 million over two years to bolster Chicago West Side communities. The AMA’s investment is part of an overall contribution of $6 million made by a partnership of six Chicago hospital systems and partners committed to West Side United, a mission that seeks to cut in half the life-expectancy gap that exists between the city’s affluent communities and its poor West Side neighborhoods.

“When COVID came around, it was an opportunity for the mayor’s office to point in that direction” and start the city’s racial equity response teams, said Dr. Maybank. The AMA was “able to bring some other resources, data scientists, epidemiologists to really look at the problem of the missing racial data within Chicago.”

Learn more from the AMA about how Chicago investments tackle health inequities from the ground up .

Strengthen workforce diversity

Blacks, Latinx, Native Americans and Native Hawaiians make up a small percentage of the physician workforce. During the pandemic, the AMA took the opportunity to launch a survey “to understand the experiences of physicians that are racially marginalized,” said Dr. Maybank. The survey found that 91% of these physicians have patients who speak different languages.

“For the most part, Black and Latinx physicians are significantly more likely to proportionately serve patients of their own race and ethnicity,” she said. This is important “because evidence shows us that race concordance actually builds trust, better communication, adherence, as well as potentially better

outcomes."

"The insights of our study really help support this need to have an increasingly diverse workforce in medicine," said Dr. Maybank.

Enhance data collection

Most of the work being done at the health care level "is about understanding social needs. It's not really about the larger context of the social determinants of health within a neighborhood or the inequities around it, or even the structural determinants as well," said Dr. Maybank. "We still have to build up what that kind of methodology and analysis would fully look like for the health care system."

There is an opportunity through the Healthcare Anchor Network, which is a network of major health systems that have made commitments to move upstream, said Dr. Maybank. These health systems are "supporting not only their patients within the hospital walls and collecting information on social needs and building those systems to new," but also working within neighborhoods.

For example, with West Side United, Rush University Medical Center played a major role and is part of the Healthcare Anchor Network. Rush maintains a culture in which they "reach out and engage with the local health department and with the community residents," Dr. Maybank said.

This cross-collaborative "is going to be very important when it comes to data-sharing opportunities as we move forward and being able to set standards as it relates to collection of social needs as well as the determinants more broadly," said Dr. Maybank.

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.