

# STRATEGIES TO PROVIDE **EQUITABLE CARE** DURING **COVID-19**

## Health Equity, Defined

When **every person** has the opportunity to attain their **full health potential**.

When **no one** is **disadvantaged** from achieving this potential because of social position or other socially determined circumstances.



## Why Racism is Important in COVID-19

### Racism

**Social Determinants of Health**  
including access to healthcare, food, housing, and education

**Co-Morbid Conditions**

**COVID-19** Incidence & Outcomes

## IMPACTS

### Emerging Inequities in COVID-19

Increased rates of hospitalization and death in **Black, Hispanic and Native American communities**

Higher prevalence of COVID-19 disease among those of **low socioeconomic status**

Higher risk of infection in **prisons, group homes and residential treatment facilities**

Notable increase in xenophobia and bias towards **Asian Americans**

### COVID-Specific Threats to Health Equity

**Living and working circumstances** make **social distancing** challenging for some (e.g. undocumented people, the LGBTQ community), survivors of IPV.

**Inequitable access to COVID-19 testing.**

**Undocumented immigrants and uninsured people have limited access to public safety nets.**

### Challenges Accessing Telehealth

To accommodate social distancing, many health care services are being offered via computer or telephone. Yet, some people may have **difficulty accessing services this way** (e.g. people with disabilities or people without broadband internet access).

### Stress, time constraints, fatigue and fear

increase the risk of **biased behavior** among health care providers and among the general public.

## STRATEGIES

### Confront Bias with Proven Upstander Techniques

#### Direct

Directly address biased behavior. Advise the person that their behavior is biased or ask them to clarify their meaning/intent.

#### Distract

Disrupt a biased interaction by mentioning or doing something unrelated. Consider using when there is a concern for violence.

#### Delegate

Ask another person to help you address the biased behavior

#### Delay

Wait until a safer/more appropriate time then address biased behavior

### Increase Access to Community-Based Testing

### Design and Conduct Studies with Community Input and Participation from Inception

"Nothing *about* us *without* us"

**Advocate:** Ask policymakers to ensure that **all pregnant people have access to care**, that **health care workers have the resources they need to stay safe**, and that **pregnant people are included in COVID-19 research**.

### Provide Equitable Care

- Recognize racism is at the root of inequities
- Screen for social determinants of health
- Ask about:
  - ability to safely social distance
  - availability of cleaning supplies
  - access to internet/data for virtual visits
  - Screen more frequently for IPV and safety
- Identify key community resources:
  - Food banks or pantries
  - Housing assistance
  - Infection mitigation supplies (e.g. masks, sanitizer)
  - Intimate partner violence services
- Provide information in the language that your patient speaks, reads, or understands.
- Increase capacity for care for vulnerable populations (i.e. increase provider, nursing, social service resources)

### Remain Vigilant in Collecting Clinical, Quality & Safety Metrics

Data should be stratified by age, race, ethnicity, gender/gender identity, payor, employment status, and preferred language.

Collect **COVID-specific outcomes** such as **testing access** and **hospitalization rates**.