COVID-19 Conversations

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COVID19Conversations.org
#COVID19Conversations
An immigrant community faces a ‘catastrophic’ pandemic without help

Indian Country faces higher risks, lack of resources in COVID-19 fight

Hospitals in minority communities have long struggled - and then came Covid-19
Social Determinants of Health Disparities in the COVID-19 Pandemic: A Call to Action

APHA/NAM COVID-19 Conversations
April 29, 2020
The risks of COVID-19 exposure are not evenly distributed.
Other contributing factors

- Rising number of uninsured
- Inadequate investment in public health infrastructure
- Closing hospitals in rural areas
- Racial bias and discrimination in health care
A Conceptual Model: Health Disparities during Influenza Pandemic

<table>
<thead>
<tr>
<th>Measure</th>
<th>At higher risk of disease</th>
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<tbody>
<tr>
<td>Geographic and living situation</td>
<td>All minorities</td>
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<tr>
<td>Larger household size</td>
<td>Spanish-speaking Hispanics</td>
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<tr>
<td>Work-related inability to social distance</td>
<td>Spanish-speaking Hispanics</td>
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<tr>
<td>Difficulty accessing individual daycare</td>
<td>African Americans, Spanish-speaking Hispanics</td>
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<td>Difficulty avoiding public transportation</td>
<td>All minorities</td>
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<tr>
<td>Prevalence of chronic conditions (susceptibility to complications)</td>
<td>African Americans marginally higher</td>
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<tr>
<td>Difficulty accessing health care</td>
<td>Spanish-speaking Hispanics</td>
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<tr>
<td>Discrimination when accessing health care</td>
<td>All minorities</td>
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</tbody>
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Key Results from a Second Wave of Data Collection

- Higher incidence of influenzalike illness (ILI) was associated with greater inability to social distance at work and greater number of children in the home.

- Latinos had significantly higher ILI incidence associated with these determinants.

- Absence of workplace policies (sick leave) contributed to population attributable risk of 5M additional ILI cases in general population and 1.2M among Latinos.
What are the lessons we should have learned from H1N1?

1. Pass a national sick leave policy
2. Recognize and address entire groups in our workforce at risk in a pandemic
3. Expand access to health care
4. Address racial bias and discrimination in health care
5. Strengthen partnerships between communities, health departments and health care systems
6. Develop a pandemic plan informed by a health equity lens and health in all policies approach
Bring a health equity and health in all policies lens to the COVID-19 response and recovery

- Institutionalize reporting of racial and ethnic data for testing, cases, hospitalizations and deaths
- Review the use of scarce medical resources
- Examine all safety net and other programs to ensure they adequately protect vulnerable communities during the pandemic (e.g. prohibiting evictions)
- Integrate leaders from affected communities in task forces preparing for re-opening and recovery
- Integrate health equity data to foster planning for re-opening and recovery
Community Engagement

- Engage communities on locations of testing, educating community members about testing, and prepare all new contact tracers to work effectively
- Engage affected communities to identify barriers to seeking COVID-19 testing and care and implement feasible changes now
- Establish listening posts/community forums to hear their concerns and needs
- Mobilize community assets (i.e. faith communities, sororities and fraternities)
Increase Vaccine Uptake

- Mobilize community health workers/leaders on education and outreach about the flu vaccine in the fall
- Ensure adequate supplies in trusted community settings
- Begin dialogues about clinical trials for a COVID-19 vaccine
- Initiate education about the COVID-19 vaccine ahead of its release

Quinn, 2014
“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action.”
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