

# Public Statement on COVID-19 and Racial Disparities

4/29/2020

Equitas Health recognizes that the conditions contributing to the disproportionate experience of COVID-19 infections and deaths among African Americans is the result of the institutional racism embedded in our systems of housing, employment, education, healthcare, and environmental protection. This is a public—not personal—health problem, and the efforts aimed at decreasing COVID-19's impact on the African American community must therefore be systematic, not individual.

Research has already revealed several health determinants that directly correlate to the increased African American COVID-19 infection and mortality rates.

## **Social Distancing Not an Option**

African Americans disproportionately live, work, school, shop, and play in conditions that limit the ability to effectively social distance, and therefore put African American communities at increased risk of COVID-19 transmissions.

- Due to historic legal segregation, redlining, present day de facto segregation, the generational wealth gap, and inequitable school funding, African Americans are more likely to live work, learn, and play in more crowded conditions.
- High rates of employment in front line essential jobs, including public sector jobs, which—because of regulations that guard against discrimination based on race—have been an important path to the middle class, now put African Americans at increased risk of infection.
- Familial, church, and other support networks that African American communities have built to mitigate the impact of racism and meet basic needs like childcare, food security, and housing, increase necessary contact with extended family and community members.

## **Underlying Health Conditions**

African Americans disproportionately live with chronic health conditions that increase COVID-19 complications and fatalities. Decades of research and life experience has confirmed these health disparities are a result of many historic and present day manifestations of systematic racism, including:

- The American medical system's historic overt discrimination against and abuse of African Americans.
- Current impact of implicit, anti-Black bias on medical care provision.
- Current limited access to quality, affordable, culturally relevant healthcare.
- Lack of access to nutritious food.
- Increased exposure to water and air pollution.

- Mental and physical stress of weathering discrimination, erasure, threat of violence and other manifestations of racism.

### **Systematic Solutions**

This is a public—not personal—health problem, and the efforts aimed at decreasing COVID-19’s impact on the African American community must therefore be systematic, not individual.

### **Support for Local Black-Led Interventions**

As we learned in the early decades of the HIV/AIDS crisis, the interventions—formal and informal networks of care—that will buoy the most vulnerable through the COVID-19 pandemic, are local. And the experts—those most able to identify the challenges and conceive the solutions—are those most at-risk and those closest to them. Top-down approaches to public health crises consistently leave out those most in need of care. Our ability to reduce COVID-19 transmissions and fatalities among African Americans amid the current crisis, will depend on:

- A willingness of elected officials and public health departments to trust Black people and organizations to be the strategic leaders of COVID-19 prevention, testing, and treatment efforts.
- A commitment from the medical and social services sectors to participate in efforts and strategies identified by local Black leaders.
- Dedicated federal and state funding and resources to back local interventions.

### **Long Term Commitment to Reducing Health Disparities**

We must also re-commit to the work of uprooting the racism embedded in our housing, employment, education, environmental protection, and healthcare systems. As a provider of affordable care, Equitas Health is committed to increasing access to primary and specialty care by offering affordable healthcare in underserved predominantly African American neighborhoods. We are also doubling down on our efforts to confront implicit bias in our healthcare provision by instituting regular in-service training opportunities aimed at evaluating our service systems, patient interactions, and care plans for racial bias.

### **Healthcare for All**

Ultimately, all of our efforts must be underwritten by a national demand for universal access to healthcare. As long as access to adequate health insurance is dependent on having a certain kind of job, and access to reliable primary and preventative care is dependent on living in a certain neighborhood, our efforts to eliminate racial health disparities will amount to piecemeal stop gap measures that work for some people in some situations, but do not adequately address the many historic and systemic injustices that keep African Americans from care.