

Ensuring Equity Amid the COVID-19 Pandemic: A statement to members

June 5, 2020

The SARS-CoV-2 coronavirus has spurred an unprecedented global pandemic, leaving over 1 million Americans infected with COVID-19. Disturbingly, the data related to COVID-19 infection, hospitalization, and deaths have demonstrated alarming racial and ethnic disparities across the United States. Early reports noted that in Louisiana, over 70% of deaths from COVID-19 were African American compared to 32% of their population.¹ Milwaukee, Detroit, and Chicago each have reported disproportionately higher rates of deaths from COVID-19 in Black individuals compared to other racial and ethnic groups. Additionally, in cities like New York City, Boston, and Los Angeles, Hispanic Americans with COVID-19 infection are dying at far higher rates than their white counterparts.² And in states like New Mexico and Arizona, Native Americans with COVID-19 infection are dying at rates higher than their representation in the population.³

While some have targeted individual clinical risk factors including hypertension, diabetes, and chronic pulmonary conditions as the primary determinants of these disparities, extant research has described the structural and systemic factors that drive many of the health disparities in our nation.⁴ Racial and ethnic minorities continue to have the lowest rates of health insurance⁵ and therefore poorer access to primary and specialty care. Structural racism has resulted in decades of housing, education, incarceration, employment, and income inequality, each of which now place Black and Hispanic Americans at higher risk of COVID-19 infection and death.

The Society of General Internal Medicine (SGIM) has an incredible opportunity to take leadership in addressing the inequities that are now at the forefront of this pandemic. Our members are frontline clinicians, daily providing high quality care to every patient that walks through their doors. We are health system leaders who are influencing health care policy at the local and national level. We are researchers, studying optimal primary care models to treat patients during the pandemic and leading health services research to intervene upon the social determinants of the disparities which have been highlighted by the COVID-19 pandemic. We are educators, training the future generation of health care professionals to provide equitable care, in times of scarcity or times of abundance. We are innovators, driven into action to solve the most challenging health problems in our nation while striving towards a just system of care.⁶

The members of the SGIM Health Equity Commission, Minorities in Medicine Interest Group and the leadership of SGIM have reviewed the literature, reports, and surveys that have examined racial and ethnic disparities in COVID-19 infection and mortality and offer the following key recommendations to address this crisis:

1. The Society of General Internal Medicine supports the calls for complete and comprehensive race, ethnicity, and language data related to COVID-19 testing, infection, and death to explore drivers and identify solutions for the pervasive disparities we are observing. We recommend, for accountability, that the reporting of such data be a

requirement for entities receiving COVID-related funding including state and federal, public and foundation research grants.

2. The Society of General Internal Medicine recommends increased access to COVID-19 testing for all individuals and communities, including populations that are particularly at risk, such as undocumented immigrants, incarcerated and homeless individuals.
3. The Society of General Internal Medicine supports ensuring access to high quality and equitable treatment for all persons along the care continuum, from prevention in the community, to initial presentation in primary and urgent care clinics, as well as in acute care settings, and post-acute care settings such as skilled nursing facilities, assisted living facilities, home care and hospice.
4. The Society of General Internal Medicine recommends that frontline clinicians and other healthcare support staff (e.g., nursing and administrative staff) are supported in caring for the most vulnerable populations including ensuring access to necessary personal protective equipment, clinical resources, and strategies to promote wellness and prevent burnout.
5. The Society of General Internal Medicine supports authentic and sustained engagement of healthcare systems and academic medical centers with communities and advocacy groups representing vulnerable populations and underserved populations in the development and implementation of both current pandemic control efforts and future pandemic planning and preparation (e.g., the use of community health workers, patient navigators, and community advisory boards).
6. The Society of General Internal Medicine supports continued research funding in the structural inequalities, social determinants of health, and health policy that contribute to disparities in racial and ethnic minority, rural, low income, and other vulnerable and underserved populations.

The leadership of SGIM applauds every member who has stepped up to support our colleagues and communities across the nation in need during this time. SGIM members have engaged local and national media and powerfully advocated and raised awareness of the burden of human suffering being experienced by the most vulnerable during this crisis.⁷ We remind all members that there is an SGIM Resources website⁸ with links for various local and national resources to address health equity amid this crisis. The SGIM puts forth these resources along with the above recommendations to empower stakeholders to advocate for policies aimed at eliminating disparities and establishing health equity among all persons during this pandemic and beyond. We look forward to coming together as a Society and as a nation to mitigate the inequities that are rooted within our health care system and ensuring equitable care for all.

References

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