

Addressing Health Inequities in Care During COVID-19

The COVID-19 public health emergency in New York City (NYC) has unfairly caused more illness and death among people who are Black and Latino/a. These health inequities (differences in health outcomes and the opportunities groups have to achieve optimal health that are rooted in social and structural injustices that are avoidable and unfair) are perpetuated by systemic racism, bias and stereotyping, and systems of oppression that prevent communities from having equal opportunities for health and well-being. Intersecting systems of oppression around race, ethnicity, class, immigration, gender and gender identity, and sexual orientation can amplify the effects of each individual factor, putting affected individuals at even greater risk of poor health outcomes.

As routine medical care is restored, considering the unique needs of high-risk patients and communities disproportionately affected by COVID-19 is critical to advance our efforts to suppress COVID-19 within NYC. Protecting the health of all New Yorkers is no easy task. Taking these steps will help reduce health inequities that your patients may experience:

1. Attend to High-Risk Patients

Black and Latino/a people are more likely to have underlying and chronic health conditions that can exacerbate COVID-19 illness. Structural and institutionalized systems of racism impact environmental factors that can impede a person's ability to live a healthy life and may lead to conditions like obesity, high blood pressure, asthma and cancer. Communicate concern to your patients about the factors that might put them at higher risk and take special consideration to educate them on COVID-19 prevention.

2. Help Patients Isolate or Quarantine Safely

Living conditions such as overcrowded housing, multigenerational households, and congregate living facilities like shelters place people at an increased risk of exposure to COVID-19 by undermining their ability to isolate safely. Inform your patients about NYC's [free hoteling program](#) for COVID-19 patients who are unable to safely isolate or separate at home.

3. Support Essential Workers

Black and Latino/a New Yorkers comprise a disproportionate percentage of the essential workforce in NYC. These essential jobs — predominantly in the service industry — require leaving home and travel within the city, thereby putting essential workers at an increased risk of COVID-19 exposure. Educate patients on [correct use of face coverings](#), [healthy hand hygiene](#), [sneeze and cough etiquette](#), and [cleaning and disinfecting shared spaces](#). Encourage patients to call you if they experience [symptoms of COVID-19](#).

Remind patients that many workers are [entitled to sick leave for COVID-19](#) and they should not experience job loss for remaining home while ill. Additionally, patients can call **311** to access NYC's Worker Protection Hotline and to [learn more about NYC labor laws](#).

4. Reach Out to Immigrants and Undocumented New Yorkers

COVID-19 has exacerbated many barriers to care for immigrants and undocumented people, including lack of insurance or fear of immigration enforcement. Reach out to immigrant patients and assure them that COVID-19 [testing](#) and care will be provided to anyone who seeks it [at NYC Health + Hospitals facilities](#), regardless of immigration status or ability to pay. The NYC Department of Health and Mental Hygiene provides [health insurance services](#) to the public, including enrollment counselors for individualized support. NYC Health + Hospitals also provide low-income residents and immigrants with [health insurance enrollment assistance](#).

5. Collect Accurate and Comprehensive Demographic Data

Asking patients how they describe their race, ethnicity and other demographic characteristics will improve our public health response by gathering information needed to identify communities most affected by COVID-19. It can also enable the provision of culturally competent care and foster connectedness and build trust with your patients.

Race and Ethnicity

Avoid making assumptions about a person’s race or ethnicity based on the way they may look or speak, or based on their name, religious affiliation or country of origin. Use the following questions:

1. Do you consider yourself to be Hispanic or Latino/a?
 Hispanic/Latino/a
 Non-Hispanic/Non-Latino/a
 Declines to answer
 Unknown (no information available)
2. Do you identify with one or more of the following races? You can describe yourself as more than one.
 White
 Black or African American
 Asian
 Native American or Alaskan Native
 Native Hawaiian or Pacific Islander
 Other race: _____
 Does not identify with any race
 Declines to answer
 Unknown (no information available)

Gender Identity and Sexual Orientation

The traditional question on gender, “Are you male or female?” assumes that gender is binary, does not account for the fluidity of gender, and denies many people’s lived experience. Instead, use a two-step question that asks a patient about their gender identity (how they see themselves and live their life) and their sex assigned at birth:

1. How do you identify your gender? Do you identify as:
 Woman or girl
 Man or boy
 Transgender woman or transgender girl
 Transgender man or transgender boy
 Nonbinary or genderqueer person
 Gender identity not listed:

 Declines to answer

2. What sex were you assigned at birth?
- Female
 - Male
 - Neither female nor male
3. Which of the following best describes your sexual orientation? Please select the one that best describes you:
- Gay or lesbian
 - Straight or heterosexual
 - Bisexual
 - Queer
 - Questioning or not sure
 - A sexual orientation not listed above: _____

6. Understand Implicit Bias

Implicit bias is the subtle or unconscious attitudes directed towards other groups of people that can affect our understanding, actions and decisions in an unintentional way. Implicit bias might have a role to play in the disproportionate outcomes of COVID-19, such as deciding who to test for COVID-19 or to whom to apply life-prolonging measures.

To address and mitigate the impact of [implicit bias](#) in your practice:

- Become aware of your own biases by taking a free [implicit bias test](#).
- Be aware of your own stress levels and how stress might amplify bias.
- Embrace humility and display a readiness to learn about your patients.
- Reframe your interactions with patients as interactions between equals.
- Practice evidence-based medicine.
- Speak up to combat bias in observed interactions.

7. Improve Language Access

In uncertain times, information provides patients with a sense of control and comfort. Patients with limited English proficiency might feel shame or stigma and be afraid to speak up if they do not understand information presented to them.

Accommodate patients with limited English proficiency, including:

- Appoint staff to coordinate language services and disseminate language service resources to all staff.
- Contract with service providers for language access through multiple types of media (e.g., telephone, video remote interpreting).
- Provide documents in multiple languages and in multiple locations, including at providers' initial point of contact. Documents should be professionally translated to ensure accuracy.
- "[Teach Back](#)" by asking your patients to explain to you in their own terms the health information communicated to them.

- Use plain language and ask open-ended questions. Be mindful of tone, pace and volume, and be aware of existing power dynamics.

For more information on addressing health inequities and advancing health equity in care, refer to [Dear Colleague COVID-19 Updates: Health Inequities and COVID-19](#).

The NYC Health Department may change recommendations as the situation evolves.

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