As the COVID-19 pandemic evolves, preliminary data indicate that minorities and individuals with lower socio-economic status are at increased risk of infection and mortality. These patterns are playing out across the country. In Milwaukee, African Americans account for about 70% of deaths from COVID-19, but just 26% of the population. In Louisiana, 70% of the residents who have died were African Americans, although they only make up 32% of the state’s population. Similarly, in Michigan, African Americans account for 33% of cases and roughly 40% of deaths, despite comprising only 14% of the population. And, two Native American pueblos in New Mexico have the highest infection rates of any U.S. county.

Newly available data from the Centers for Disease Control and Prevention show that African Americans account for 33% of confirmed COVID-19 cases and Latino Americans account for 23%. Both percentages exceed the groups’ share of the U.S. population, 13% and 18%, respectively.

Reasons for the disparities are multipronged:

- Individuals who are unable to socially distance because of work or living situations are more likely to be exposed to the virus.
- Minorities and individuals with lower socio-economic status may have higher rates of certain chronic conditions that exacerbate symptoms of COVID-19, such as diabetes, asthma and hypertension.

Awareness of the social determinants of health (SDOH) that impact patients and communities will help protect and treat our nation’s most vulnerable communities. This will enable hospitals and health systems to address health equity concerns while providing holistic care to meet their patients’ social and medical needs.

The following considerations can help hospitals address the social needs of their patients and community members during the COVID-19 pandemic.
Screening and Documenting Social Needs

The nature of how COVID-19 spreads makes it important to understand patients’ social circumstances. For example, living and working situations impact patients’ exposure, contraction and the spread of the virus. Providers are encouraged to continue screening for social needs and documenting responses in electronic health records.

Action Steps:
• As part of the social needs screening, ask patients about their living and working situations to assess the level of potential exposure to the virus.
• Use patient data to identify COVID-19 hot spots in the community.
• Include social workers on the care team to support the patient’s and family’s social needs.

Equity in Action

Atrium Health and Novant Health’s mobile testing program is aimed toward expanding COVID-19 testing in minority communities in Charlotte, N.C., where black residents comprised 50% of the confirmed COVID-19-positive individuals in the county.

Unconscious Bias

There is concern that minorities are being tested for the coronavirus at a lower rate, yet may be infected at a higher rate than nonminorities. The American Hospital Association, the American Medical Association and the American Nurses Association in April urged the Department of Health & Human Services to identify and address disparities in the federal response to COVID-19. Specifically, the groups pressed HHS to increase the availability of testing to ensure access to equitable treatment and disseminate timely, relevant, culturally appropriate and culturally sensitive public health information.

As testing and treatment decisions are made, care providers should be aware of any unconscious biases and continue to collect and record demographic data. In addition, the complex nature of the coronavirus makes it important to be aware of patients’ linguistic and cultural needs to ensure that they and their families understand COVID-19’s treatment and how to prevent its spread.

Action Steps:
• Conduct outreach to minority communities for COVID-19 education and testing.
• Record patient race, ethnicity and language data to detect disparities in disease burden and outcomes.
• Offer access to translators and materials that reflect a community’s predominant cultures.

Equity in Action

Massachusetts General Hospital’s registry of multilingual, front-line staff helps assign Spanish-speaking doctors to each medical team whenever possible to avoid having to use remote interpretation services.

Cambridge Health Alliance is identifying patients who would benefit from in-person interpretation, such as those who are hearing-impaired and do not use American Sign Language. It also has allocated personal protective equipment for on-site interpreters. The hospital’s discharge instructions also are in Arabic, Nepali and other languages, expanding beyond the Spanish, Portuguese and Haitian Creole translations it traditionally offers.
Housing

Housing security is a significant factor for COVID-19 prevention and treatment. Housing insecurity manifests itself through patients’ inability to pay rent, mortgage or utilities due to job loss. Sometimes this puts individuals and families at risk of eviction or homelessness.

Homelessness makes social distancing nearly impossible due to the lack of a private residence. Some communities are finding temporary housing for their homeless populations in empty hotels or college dorms to reduce the spread of the virus.

High-density living situations in the home or community fosters the likelihood that individuals will contract the virus and spread it to other household members. Furthermore, a household member who contracts the virus may not have sufficient space to self-quarantine, thus placing the entire family at risk.

Unsafe homes expose individuals to dangerous environmental threats, including poor air quality, mold, lead or pests, which may be particularly problematic for people with existing respiratory conditions. This is the same population that is particularly susceptible for contracting COVID-19.

Action Steps:
- Learn about the patient’s living situation to identify any risk factors.
- Ensure that infected individuals have a safe space to self-quarantine.
- Connect with community partners to explore housing options for homeless and housing insecure patients.

Equity in Action

The city of Chicago helped broker a deal between local hospitals and five hotels to repurpose empty rooms for patients. The hotels will house people who are waiting for test results but cannot return home; quarantine high-risk healthy individuals who cannot stay at home because of an ill family member; and isolate people who have been diagnosed with COVID-19 but cannot return home because of their living situation.

Providence St. Joseph Health’s foundation is donating $500,000 to support its community health partners throughout the COVID-19 outbreak. The donation is aimed at reducing social risk factors that could lead to disparate outcomes, such as housing and food insecurity.

Food

Many people are struggling to keep food in their homes and on their tables due to lost jobs or lost school meals. Where feasible, providers are encouraged to connect food-insecure patients and families with existing programs or community resources.

Action Steps:
- Refer food-insecure patients and families to food banks.
- Assist with the application for food stamps.
- Partner with food delivery services.
Equity in Action

**Boston Medical Center’s** on-site food pantry serves as a food access point for its community. Social workers pick up food from the pantry and make home deliveries to families in need. They have lifted frequency restrictions on the pantry, allowing families to come more often than the normally allotted visits every two weeks.

**Ascension Seton and Dell Medical School** received a $250,000 grant from the Bank of America Charitable Foundation to help address community nutritional needs in Austin, Texas, during the pandemic. By partnering with Good Apple, a doctor-prescribed grocery delivery service, they are providing Central Texas seniors and residents with compromised immune systems access to fresh, healthful food.

## Conclusion

While medically treating COVID-19 is urgent and essential, the need to address our most vulnerable individuals’ SDOH will not wane over the course of the pandemic. Identifying and addressing the social needs of patients and families is an important step to mitigate the inequities of COVID-19. See “5 Actions to Promote Health Equity During the COVID-19 Pandemic” for other steps hospitals are taking to address disparities illuminated by the health crisis.

The AHA wants to hear how your hospital is addressing health equity and your patients’ social needs. [Share your story](#) with us.

## Sources


2. Ibid


