

## **Racial & Ethnic Disparities Associated with COVID-19: A Crisis Within a Crisis**

### **Overview**

Racial and ethnic divides have been linked to a long history of socioeconomic and healthcare inequity in the U.S. The coronavirus pandemic has highlighted the inequities as “a crisis within a crisis” (Dowling & Kelly).

During the first four months, more than 4.4 million persons in the U.S. have tested positive for COVID-19. The coronavirus pandemic has resulted in hundreds of thousands of hospitalizations, many of which resulted in admissions to intensive care units, and caused more than 150,000 deaths. Data have shown that older adults, those with comorbidities (i.e. type 2 diabetes, cancer, serious heart conditions, chronic obstructive pulmonary disease, chronic kidney disease, and obesity), or those who are immunosuppressed are at greater risk for complications from the virus and a poorer prognosis (CDC, 2020). Data have also demonstrated that cases of COVID-19, hospitalizations, and deaths are higher in communities of color, particularly Black American and Hispanic/Latinx communities (Dowling & Kelly, 2020). In New Mexico and Arizona, cases of COVID-19 and related deaths in indigenous populations (Native Americans which includes American Indians and Native Alaskans) are much higher than in the white population (NAM, 2020).

According to the Center for Disease Control (CDC), Black Americans comprise 13% of the U.S. population, yet they comprise 26% of COVID-19 cases, 31% of hospitalizations and 23% deaths (Dowling & Kelly). Black Americans are getting sick and dying at mortality rates 2.4 times that of non-Hispanic whites (NAM, 2020). These disparities are likely to be even higher, as only 50% of cases reported to date to the CDC contain racial or ethnic identifiers.

Factors contributing to these inequities have much to do with social determinants of health: conditions of birth and early childhood, education, employment, social circumstances of elders, community resilience (transportation, housing and food, security), and access to health care (Marmot, 2015). In addition, it is important to recognize that structural racism, racial bias across institutions and society) and individual racism, conscious and unconscious (implicit bias) are also contributing factors. The coronavirus pandemic has impacted not only the health of all Americans, but it has also shut down the nation and brought the economy to a halt, increasing burdens on those already suffering financially and socially, especially racial and ethnic minorities (Galea & Abdalla, 2020).

### **Disparities in COVID Prevention/Screening**

All persons deserve equal access to prevention, testing and treatment (Dowling & Kelly, 2020). However, those who live in communities of poverty, with housing, employment, and food insecurities, and limited healthcare resources do not have adequate screening or protection against the virus. Persons who have limited healthcare literacy, social resources, and access to healthcare information about the coronavirus spread and its signs and symptoms are at great risk of exposure and infection.

It is known that the best method of protection against COVID-19 is primary prevention. However, racial and ethnic minorities are more likely to be exposed to the virus and less likely to be protected against it. Persons from communities of color are over-represented in the service industry and “essential jobs” in healthcare and factories that expose them to the virus. Unlike employees who are able to work from home, they are unable to shelter-in-place, increasing their exposure. Those from Black and Latinx communities are less likely to be able to work from home than Asians or whites (NAM, 2020). For those who are at home, with the growing rates of unemployment, many lack housing security or live in crowded multifamily homes where physical distancing is impossible to maintain (Metzl & Maybank, 2020). It is not surprising that the COVID-19 case numbers are higher in racial and ethnic minorities than in non-Hispanic whites.

Screening has become increasingly available in hot-spot cities at large centers; however, those in underserved communities and rural settings have limited access to testing centers. Fortunately, this is changing, with more cities, counties and states creating novel strategies to reach minority populations. Some cities in Texas are going into the homes

directly to do testing for those without transportation or insurance. Mobile units in South Carolina are traveling to rural areas. Other states are engaging faith-based communities to help reach those in need.

### **Disparities in Treatment**

Many ethnic and racial minorities are afraid to seek medical care when faced with a serious illness and this fear has not changed during the pandemic. Distrust of the healthcare system and providers has a long history related to discrimination and abuse. Many persons of color wait to seek healthcare until they are very ill with advanced stage disease. With the coronavirus, many persons from racial and ethnic minorities are less likely to seek medical attention early in their illness because of financial concerns, lack of insurance, and lack of paid sick leave (Hooper et al., 2020). Undocumented individuals are also less likely to seek treatment early. People from these vulnerable populations are more likely to present in the emergency room with very severe symptoms related the coronavirus and are at high risk for mortality.

### **Long-term Care**

Barriers to quality long term care (LTC) services and supports for racial and ethnic minorities and indigenous residents have existed well before COVID-19 (Shippee et al., 2020). Reports of lower quality of care for Black Americans in LTC, higher risk for under-treatment of pain, and greater use of restraints have been described. Persons with limited English proficiency often struggle to have their needs met due to communication barriers with staff in facilities where translation services are not provided.

With the coronavirus pandemic, additional barriers to quality care in LTC have shed new light the long-standing, often hidden disparities. Staffing issues are a growing concern as staff health is impacted by rising resident cases in some communities. Facilities in crowded urban settings are at risk for a higher prevalence of COVID-19 infections, as many staff are from minority populations, rely on public transportation to get to work and live in high-density housing. With increasing numbers of infected staff, there is an increase in resident cases and a decrease in optimum staffing, which ultimately impacts resident safety and quality of care.

An additional barrier to quality of life for those in LTC settings, is the mandate that family are not able to visit the residents during the pandemic. Residents miss the contact with their loved ones, and family caregivers are not able to advocate for their loved ones' needs on site. The social distancing requirements for all living and working in the facility negatively impacts already isolated older adults (Shippee et al., 2020). These conditions, added to the known disparities in LTC within minority and low-income communities, increase the morbidity and mortality of the coronavirus.

### **Disparities in Access to Palliative Care/Hospice**

Although there is a great deal of evidence that palliative care improves quality of life for patients and families, access to specialty palliative care services are still limited in some areas of the country and during the pandemic, in institutions that are overwhelmed with patients who are seriously ill. Due to limited resources, palliative care teams should be reserved equitably for *all* hospitalized with the coronavirus, particularly when there are severe symptoms, challenges communicating and triaging decisions, and family grief (Powell & Silveiria, 2020).

With the potential for patients admitted to the hospital with coronavirus to rapidly deteriorate, palliative care conversations should be initiated on admission. It is important to note that minorities are often referred to palliative care later in a serious illness disease trajectory than whites (Chidiac et al. 2020), making it essential to access services as soon as possible. Persons from racial and ethnic minorities may misunderstand the motivation for providers wanting to discuss treatment preferences due to a long history of mistrust of the medical system. A culturally sensitive approach is required (Payne, 2016).

Spirituality is an essential component of palliative care, yet access to hospital chaplains, community faith leaders and spiritual care has been limited by safety restrictions on visitation in many institutions during the pandemic (Ferrell et al., 2020). Spiritual and/or religious practices are important for quality of life, especially during times of serious illness. Nurses can provide spiritual care by asking all patients and families what is most important to them during this stressful time, and what, if any, spiritual practices or religious rituals should be honored at this time, especially if the patient is nearing end of life.

## What Can Be Done About Disparities During the Coronavirus Pandemic?

In response to the need for more accurate and comprehensive data on the infection rates, hospitalizations and deaths among racial and ethnic minorities, public policies and government resources are beginning to address the disparities in care.

### National Responses

- The US Congress mandated in the fourth pandemic response law, Paycheck Protection Program and Health Care Enhancement Act, PL 116-139, that The Department of Health & Human Services develop a strategic testing plan that addresses disparities in all communities.
- The National Institutes of Health (NIH) recently launched a program to set up, and coordinate data from underserved populations to improve our understanding of the extent of the spread of the virus among racial and ethnic minorities. This project is called RADx-UP: Rapid Acceleration of Diagnostics – Underserved Populations (NIH) <https://www.nih.gov/research-training/medical-research-initiatives/radx/radx-programs#radx-up>
- The CDC has created a Toolkit: Resources for Limited English Proficiency Populations (June 2020) to help healthcare professionals provide COVID- 19 information and care are for underserved populations such as migrants and refugees. Translation of critical information about COVID-19 is available in numerous languages. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html>
- Because it is so important to start advance care planning (ACP) discussions on admission, some agencies have emphasized general public education about starting ACP at home. These programs encourage end-of-life discussions among trusted family, in situations where cultural differences or medical mistrust may exist. The Conversation Project COVID Resources: <https://theconversationproject.org/wp-content/uploads/2020/04/tcpcovid19guide.pdf> and the Stanford Letter Project: <http://med.stanford.edu/letter.html>.
- **Nurses are Leading the Way: The American Academy of Nursing (AAN) and the American Nurses Association (ANA) Call for Social Justice to Address Racism and Health Equity in Communities of Color**  
*Nurses Stand to Uphold Human Dignity as Coronavirus Cases Continue to Rise Across the Nation*  
The AAN and ANA are calling for nurses to stand up for social justice, racism and discrimination among communities of color amidst the coronavirus pandemic and racial injustices (8/4/20): [https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Academy\\_ANA](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Academy_ANA)

### Individual Nurse Responses

Nurses, who are in the communities advocating for improving population health and at the bedside of those suffering during the pandemic, can be a strong voice for equitable care locally within their own communities and nationally, through their professional nursing organizations and by:

- 1) Role-modeling culturally sensitive care for all
  - a. Examine own biases and prejudices that interfere with the delivery of care
  - b. Practicing in accordance with the ANA Position Statement, *The Nurses' Role in Addressing Discrimination* (2018)
  - c. Become knowledgeable about the healthcare beliefs and practices of racial and ethnic communities you care for

- d. Assess each person as an individual for important cultural considerations related to providing care (“What do I need to know about you and your family that will help me take better care of you?”)
  - e. Work with interprofessional team members to provide culturally and linguistically appropriate care
  - f. Provide primary palliative care, including spiritual care, to those seriously ill with the coronavirus in a culturally appropriate manner.
- 2) Educating patients, families and communities about the coronavirus pandemic. Patients and families need clear, **honest** information about prevention, screening, and treatment. Utilize the new tools available from the CDC for those who have limited health literacy or English proficiency.
  - 3) Informing patients and families about the benefits of palliative care services for COVID-19 illnesses and hospice care and advocating for equitable delivery of these services.
  - 4) Educating colleagues about the role that social determinants of health play in the racial and ethnic disparities in care, especially during the pandemic.

### Additional Resources

American Nurses Association (ANA) Position Statement (2018): *The Nurse’s Role in Addressing Discrimination: Protecting and Promoting Inclusive Strategies in Practice Settings, Policy, and Advocacy*. This statement was recently revised and focuses on the nurses’ role in eliminating discrimination.

<https://www.nursingworld.org/~4ab207/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-in-addressing-discrimination.pdf>

National Association of Black Nurses (NBNA): This nursing organization has beautiful infographics for patients who are Black or Spanish speaking regarding COVID-19 information: [https://www.nbna.org/coronavirus%20\(covid-19\)%20statements](https://www.nbna.org/coronavirus%20(covid-19)%20statements)

National Association of Hispanic Nurses (NAHN): This nursing organization has an excellent section on voices from Hispanic nurses regarding COVID-19. <http://www.nahnet.org/>

Here is a poignant, recent article in NYT about the underrepresentation of Native Americans in the current data: <https://www.nytimes.com/2020/07/30/us/native-americans-coronavirus-data.html>

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