A Holistic Framework for tackling COVID-19 Health Disparities

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As Covid-19 continues to plague our nation, those most impacted by this pandemic are our BIPOC communities. Black and Indigenous communities have been especially hit the hardest due to multigenerational systemic barriers that have put them in such a vulnerable position. Things like lack of health care, unethical medical experimentation, work discrimination, school discrimination, and the school to prison pipeline have all targeted BIPOC communities, and Black communities specifically, positioning them at a very vulnerable place to survive a pandemic.
Concern Gathering

Minimizing harm to others

“Family members in my community have been suffering in silence from COVID because of stigmas, language barriers, lack of resources, and have also struggled to socially distance due to housing issues.”
- Student

Care for the vulnerable

“It’s scary to think about how I am part of the most marginalized and disproportionately affected category of COVID... My community has already been affected so greatly.”
- Student

Being treated fairly by others

“Most of the dining and facilities staff here are people of color and the university has thrown us into the trust of this virus without giving us the proper PPE, training, and breaks. We are expected to work longer hours under harsher conditions for the same pay. We are also at a much greater risk of contracting COVID-19 and we come from communities that are most affected by the virus.”
- Tufts Dining Worker

“How does evicting people make any sense during a pandemic? It will have the heaviest impact on POC in Boston, many of whom are renters and may have lost their jobs due to COVID.”
- Student
Black and Latinx Populations most at risk for getting COVID. As of November 19, Latinx population facing positivity rate that is about 2x times their population in the state of Massachusetts.

Black, Latinx, and Indigenous communities face 5x hospitalization rates than whites.

Boston Medical Center found, where race is reported, 80.3% of positive patients are either Black or Latinx, an increase from a normal 58% historical rate. Most of these patients had higher rates of underlying health issues.

Data on POC and COVID is lacking which shows lack of access to testing and knowledge. A KFF National study found in places where more than half of the people tested were people of color, half also tested positive. In Boston and Massachusetts, more than 30% of cases reported do not include race.

Massachusetts Immigrant and Refugee Advocacy Coalition, found 76.4% of households experiencing unemployment of some kind, 86.9% in undocumented households. The study also found 21% reported at least one family member with COVID-19 symptoms but only 30% having access to good medical care.

COVID-19 impact goes beyond the positivity rates in communities of color. COVID-19 impacts these communities differently and in increasing rates due to different social and economic factors.


OPTIONS

ADVOCACY
Giving voice to marginalized communities most impacted by COVID-19

COMMUNICATION
Accessible distribution of information on COVI-19 precautions and COVID data

POLICY
Legislative advocacy and passing bills to protect vulnerable populations

RESOURCES
Distribution of testing supplies to trace and prevent spread especially to communities currently with the least access to testing supplies
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<th><strong>Minimizing Harm to Others</strong></th>
<th><strong>Being Treated Fairly by Others</strong></th>
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<td>Legislative advocacy/passing bills to protect vulnerable populations - ex: housing stability bills, increase unemployment funding</td>
<td>Dialogues at Tufts so harm can be acknowledged and steps can be made to rectify those harms</td>
<td>Increased funding/support for community health workers in vulnerable communities to provide healthcare services and assist with other needs</td>
<td>Communities of color is a broad and large category to try to target all health disparities. We realize there are varying ethnic and racial groups within communities of color all of which should have targeted and specific issues that need to be addressed, on a group by group basis.</td>
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<td>Distribution of testing supplies to trace and prevent spread especially to communities currently with the least access to testing supplies</td>
<td>Addressing stigma and biases against certain groups of people in relation to COVID</td>
<td>Implementation of a comprehensive plan that specifically addresses the needs of non-union contracted workers in gaining PPE, testing, and resources for gaining other COVID related issues</td>
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<td>Accessible education and dissemination of information from trusted community members &amp; leaders around COVID</td>
<td>Use community health care liaisons (people who have high touch points in the community) to advocate for communities of color to health care providers</td>
<td>Directed support to the Division of Diversity of Inclusion from the larger university administration in order to help faculty and staff be equipped to support the most marginalized groups of students on campus, rather than fulfilling other needs held to them by the university</td>
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<td>There is no incentive or accountability measures in place to ensure that this is a main priority when it comes to COVID-19 policy, advocacy, communication, and distribution of resources. Funding for housing and unemployment may increase backlash from opposing groups of people such as landlords and/or white supremacists</td>
<td>Much of these actions require high community engagement which requires relationship building that does not currently exist.</td>
<td>If any of these actions are taken, it might require significant compromise since people in power are usually very resistant to these ideas. Compromise might weaken the effect of these actions and may not end up addressing the main concerns.</td>
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Thanks!

Sources:
https://www.derrickyoungjr.com/covid19

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