



What COVID-19 has Taught Us About Promoting Health Equity

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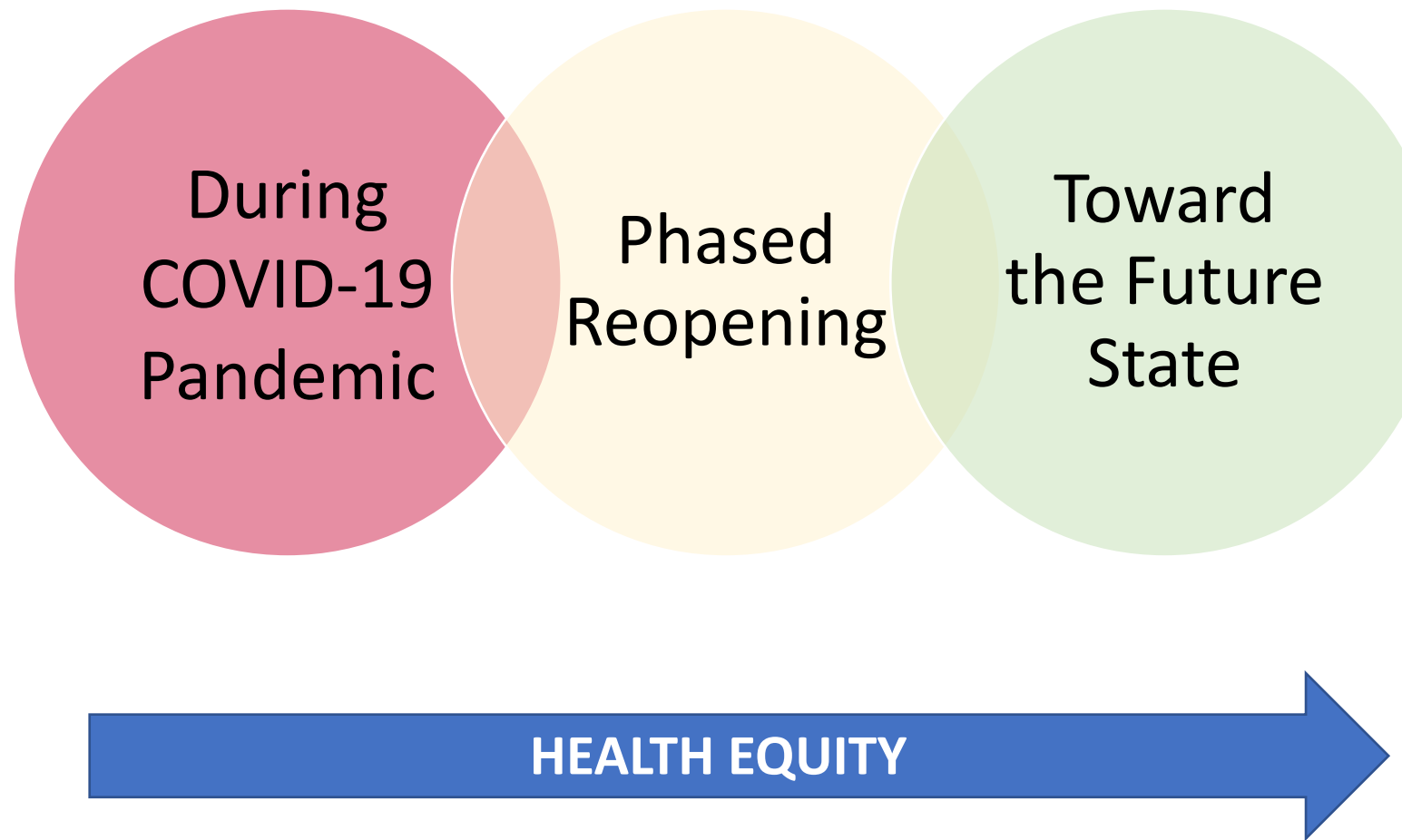
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MASSACHUSETTS
GENERAL HOSPITAL

Integrating Equity and Community Health into Reopening and Recovery

(credit: MGH Equity and Community Health COVID Taskforce)

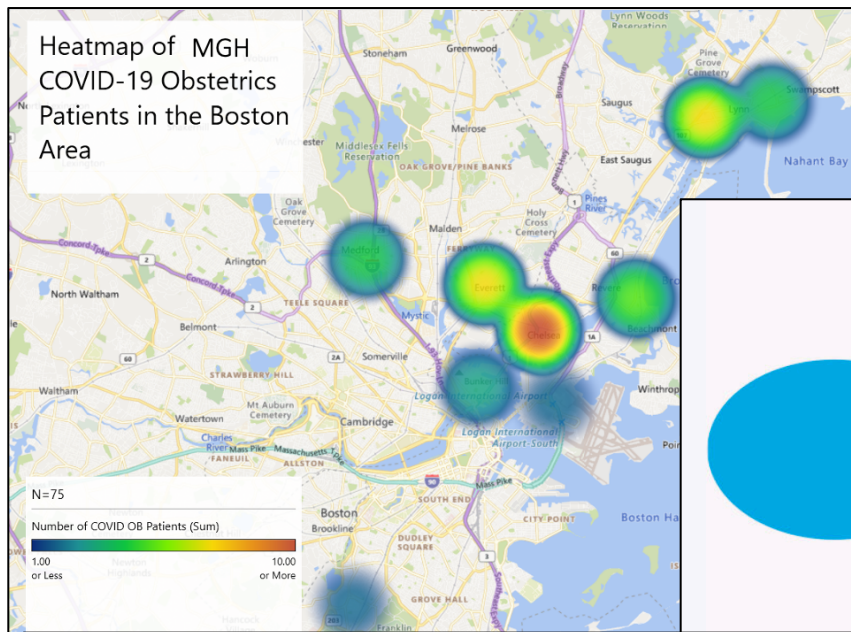


During the Pandemic

- Clinical care
- Community health and engagement
- Reproductive justice
- Bias and mistreatment
- Data and reporting
- Research
- Philanthropy

MGH Department of OB/GYN			4.10.20	Ongoing & Next Steps
Focus	Scope	Completed		
PRACTICE MANAGEMENT				
Workforce Recruitment	<ul style="list-style-type: none">Providers with facility in languages other than English, willing to help to conduct telemedicine visits, particularly for OB, understanding that virtual visits through an interpreter may lack the richness even of in-person visit with interpreterGiven emergence of Chelsea as hotspot, need to conduct visits of potentially greater length or complexity, see OB patients in the RIC, need to consider if need to redeploy providers and increase sessions at CHC	<ul style="list-style-type: none">Pushed out Center for Diversity and Inclusion survey for faculty to complete re: facility in other languagesReceived department-specific data from survey as well as credentialing informat	<ul style="list-style-type: none">How to use language data – time to solicit clinical partners to conduct telehealth visits for patients of LEP? Won't be very easy to foster these partnerships; for those with ready access to native/fluent speakers, can they hold	
BIAS AND MISTREATMENT				
Provider bias			<ul style="list-style-type: none">During times of crisis, clinician and system biases may be exaggerated, leading to further inappropriate differentials in care	<ul style="list-style-type: none">Re-emphasize during provider Town Halls
Community mistreatment			<ul style="list-style-type: none">Uptick in xenophobia and racism toward Asian-Americans, both in community and among providers	
DATA AND REPORTING				
Reporting			<ul style="list-style-type: none">Inequities in COVID, as well as other OB-related safety signals, like to be noted and exaggerated during this crisis	<ul style="list-style-type: none">Will continue metrics by race and insurance always done
RESEARCH				
	<ul style="list-style-type: none">OB telehealth visits will rely on having a blood pressure cuff available at homeVirtual visits to begin to enroll as of 4/6	<ul style="list-style-type: none">Secured phil blood pressu unable to af ownReviewed reaching vi including c (Google V point of c visits for telehealth	<ul style="list-style-type: none">To extent we are seeing considerable inequities in prevalence and severity of COVID disease, want to make sure experience of all our patients is captured equitably in planned research enrollment and endeavors	
PHILANTHROPY				
			<ul style="list-style-type: none">Department faculty and others likely willing to give for specific (or general) aid in this time of crisis	
REPRODUCTIVE JUSTICE				
Reproductive Justice		<ul style="list-style-type: none">During times of crisis, threats to reproductive justice may arise	<ul style="list-style-type: none">Increase provider consciousness of this possibility	<ul style="list-style-type: none">Push information about tubal ligation advocacy to group again
		<ul style="list-style-type: none">Review plans for reproductive life planning during third trimester OB visits so that contraception, if desired, can be appropriately (and non-coercively) arranged during inpatient stay or during virtual postpartum visitsWhile postpartum tubal ligations may not continue to be appropriate for		<ul style="list-style-type: none">able to accommodate keeping families together

Heatmap of MGH COVID-19 Obstetrics Patients in the Boston Area



What lessons do we carry into re-opening and beyond?



SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

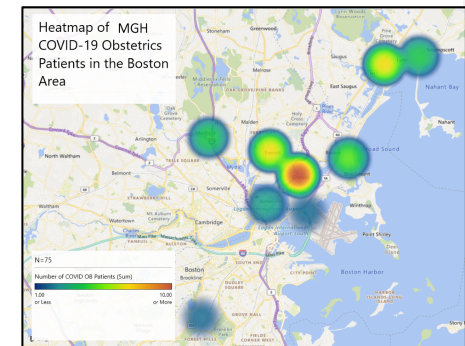
Source: NHS Health Scotland

STIGMA



The value of data

- Continue to track COVID, utilization and safety metrics by patient demographics (race/ethnicity, language, SES)
 - Infection, hospitalization, death rates
 - Virtual visits, “re-opening” visits
 - Pregnancy and neonatal outcomes
 - (**poll**)
- Population health approach
 - Creation of lists of cohorts to identify patients potentially falling through the cracks, particularly for vulnerable populations and those with COVID-19 infection



The importance of communication

- Understand language preference of patients and staff
- Ensure public health messaging accessible to multilingual audience
 - Similarly, recognize the language preference of staff, and tailor urgent messages for maximum uptake
- Multilingual care extenders



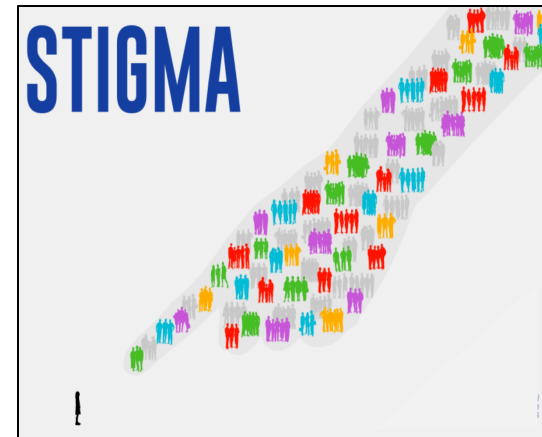
The interplay of community health and medical care

- Understand social determinants of health to be a dynamic and sometimes-situational construct
 - Screen frequently, know community resources
 - Food insecurity; housing “instability” vis-à-vis social distancing
 - (**poll**)
- Health care team expansion
 - Medical students
 - Community health navigators



The threat of stigma

- Recognize the value of data, but also the potential danger in its interpretation
- Reminder of our biases and how they may manifest
- Consider ways to document microaggressions and biases, teach upstander techniques



Still working on it

**What is patient
centered maternity
care?**

Continue to amplify the message

STRATEGIES TO PROVIDE EQUITABLE CARE DURING COVID-19

Health Equity, Defined

When **every person** has the opportunity to attain their **full health potential**.

When **no one** is **disadvantaged** from achieving this potential because of social position or other socially determined circumstances.



Why Racism is Important in COVID-19

Racism

Social Determinants of Health
including access to healthcare, food, housing, and education

Co-Morbid Conditions

COVID-19 Incidence & Outcomes

IMPACTS

Emerging Inequities in COVID-19

Increased rates of hospitalization and death in **Black, Hispanic and Native American communities**

Higher prevalence of COVID-19 disease among those of **low socioeconomic status**

Higher risk of infection in **prisons, group homes and residential treatment facilities**

Notable increase in xenophobia and bias towards **Asian Americans**

COVID-Specific Threats to Health Equity

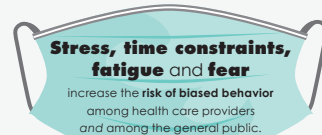
Living and working circumstances make **social distancing** challenging for some (e.g. undocumented people, the LGBTQ community, survivors of IPV).

Inequitable access to COVID-19 testing.

Undocumented immigrants and uninsured people have limited access to public safety nets.

Challenges Accessing Telehealth

To accommodate social distancing, many health care services are being offered via computer or telephone. Yet, some people may have difficulty accessing services this way (e.g. people with disabilities or people without broadband internet access).



STRATEGIES

Confront Bias with Proven Upstander Techniques

Direct

Directly address biased behavior. Advise the person that their behavior is biased or ask them to clarify their meaning/intent.

Distract

Disrupt a biased interaction by mentioning or doing something unrelated. Consider using when there is a concern for violence.

Delegate

Ask another person to help you address the biased behavior.

Delay

Wait until a safer/more appropriate time then address biased behavior.

Increase Access to Community-Based Testing

Design and Conduct Studies with Community Input and Participation from Inception



Advocate: Ask policymakers to ensure that **all pregnant people have access to care**, that **health care workers have the resources they need to stay safe**, and that **pregnant people are included in COVID-19 research**.

Provide Equitable Care

- ☐ Recognize racism is at the root of inequities
- ☐ Screen for social determinants of health
- ☐ Ask about:
 - ability to safely social distance
 - availability of cleaning supplies
 - access to internet/data for virtual visits
 - Screen more frequently for IPV and safety
- ☐ Identify key community resources:
 - Food banks or pantries
 - Housing assistance
 - Infection mitigation supplies (e.g. masks, sanitizer)
 - Intimate partner violence services
- ☐ Provide information in the language that your patient speaks, reads, or understands.
- ☐ Increase capacity for care for vulnerable populations (i.e. increase provider, nursing, social service resources)

Remain Vigilant in Collecting Clinical, Quality & Safety Metrics

Data should be stratified by age, race, ethnicity, gender/gender identity, payer, employment status, and preferred language.



Collect **COVID-specific outcomes** such as **testing access and hospitalization rates**.