

These groups are most vulnerable during the COVID-19 pandemic

April 1 2020, by Chen Reis and Lynn Lieberman Lawry



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How is the COVID-19 crisis impacting the most vulnerable among us?

Tens of millions of Americans fit that description—the <u>poor</u>, the <u>homeless</u>, <u>immigrants</u>, the <u>detained</u> and <u>incarcerated</u>, the <u>precariously employed</u> and the <u>uninsured</u>. Nearly one-quarter of adult Americans <u>do not have access</u> to medical benefits, paid sick leave or access to medical



care.

Already, the virus has revealed the faults, cracks and inequities in the U.S. health care system. As scholars in <u>humanitarian aid</u>, we're keenly attuned to these inequities. Here's a look at the challenges the U.S. faces to protect the health of everyone in our communities.

1. Mental health

Approximately 20% of U.S. adults have a mental health condition. More than 4 million endure serious mental illness. COVID-19 has the potential to make things much worse; isolation exacerbates depression and anxiety. Those with mental health issues who are self-isolating may find it difficult to get proper medication and therapy. As a result, some may turn to alcohol or drugs to self-medicate. Not only does this hurt the individual, it greatly increases the risk of violence in the home.

2. Domestic violence

Intimate partner violence, pervasive in the U.S., touches 1 in 4 women and 1 in 9 men. Studies suggest that a crisis only increases its incidence and severity. Often, the increases last well beyond the crisis. In China, there's evidence that intimate partner violence went up when COVID-19 forced people to stay at home.

Then there's an added risk factor: guns. COVID-19 brought with it a jump in the number of gun purchases. Studies show gun ownership is a key factor in deadly domestic violence; the risk of homicide goes up 500%. On average, 600 women are shot to death by a partner each year, and gun-related domestic killings rose more than a quarter between 2010-2017, a significant increase after four decades of decline.

3. Child abuse



In the U.S., up to 4 million children receive services for <u>child abuse</u> every year. Every day, five children die from abuse and neglect. Social isolation, economic fallout, closing schools and the stress resulting from families constantly in close quarters puts them at even higher risk. And with more guns in homes, the number of children killed by firearms will likely go up. It's already the <u>second-leading cause</u> of death for them.

There are also millions of low-income children that face school closures. Many of them are without home computers, so unlike most of their classmates, they can't do the online assignments. Other children, enrolled in Individualized Education Programs, are also often <u>left behind</u>, both in online and home-school scenarios.

4. Pregnant women

When emergencies occur, the needs of pregnant women suffer. Call it the "tyranny of the urgent," and it is not a uniquely American problem. During the COVID-19 outbreak in China, and the earlier Ebola pandemic in Africa, maternity care sometimes ceased altogether. In other cases, pregnant women were moved out to make room for pandemic patients.

In the U.S., as hospital resources are diverted, women who miscarry in early pregnancy may face delays, even for emergency procedures, with Black and Native American women particularly at risk. The U.S. already has the highest maternal mortality rate of any high-income country in the world.

What can people do?

People can work within their communities to <u>identify needs</u>. That includes, along with our neighborhoods, our virtual, religious and professional communities. One approach that's working in remote



African communities—called <u>Champion Communities</u> – targets the needs of the most vulnerable. The program can be adapted in the U.S. to provide online tools (like Google forms) to collect information on needs and resources. Social media –like <u>neighborhood-focused apps</u>, messaging groups on text, WhatsApp and FB Messenger—can also be used to check on the most vulnerable; #ittakesavillage is being used on <u>social media</u> to highlight these efforts.

And a footnote: Every telemedicine call should screen for intimate partner <u>violence</u> and child abuse. Every call needs to record the presence of firearms in the house. Providers, in cooperation with <u>intimate partner violence</u> and <u>child abuse</u> help lines, need to come up with protocols for identifying and safely checking in on those at risk. During this crisis, the <u>coronavirus</u> is not the only thing we have to fear.

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Provided by The Conversation

Citation: These groups are most vulnerable during the COVID-19 pandemic (2020, April 1) retrieved 25 January 2023 from https://medicalxpress.com/news/2020-04-groups-vulnerable-covid-pandemic.html

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