

COVID-19 has unmasked significant health disparities in the US

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The COVID-19 pandemic has unmasked longstanding racial and ethnic health-related disparities, according to a new article published today in the American Heart Association's flagship journal *Circulation*.

The perspective essay, "At the Heart of the Matter: Unmasking and Addressing COVID-19's Toll on Diverse Populations," notes higher rates of COVID-19 hospitalizations, deaths or positive cases among blacks, Hispanic/LatinX and Native Americans are being reported at local and national levels. The essay discusses the alarming nature of the problem and is a follow-up to a webinar by the Association of Black Cardiologists entitled, "At the Heart of the Matter: Unmasking the Invisibility of COVID-19 in Diverse Populations."

According to the article's authors, the health disparities exposed by the current public health crisis did not materialize in a vacuum but are largely driven by socio-economic and environmental factors. The emerging differences in COVID-19 complications by race/ethnicity are disturbing and might be in part driven by a higher prevalence of one or more pre-existing chronic health conditions such as hypertension, type 2 diabetes and [kidney disease](#) at an earlier age among U.S. minorities, and as such, is not surprising, they said.

Among the potential solutions, the writers note:

- Health care entities must collect and present COVID-19 data according to socio-demographic characteristics.

- COVID-19 testing must be easily available in all communities, and contact tracing must be relentless.
- Housing availability should be expanded. Facilities such as hotels and dorms should be used to quarantine symptomatic individuals to avoid spread to family members and neighbors. Suspension of foreclosures and evictions should occur.
- Incentives to provide free or discounted food delivery to low-income neighborhoods and the elderly are necessary. Food banks will benefit from additional funding to reduce food insecurity.
- Due to the increased reliance on telemedicine and [distance learning](#), policymakers should support broad access to computers and free internet for vulnerable communities.
- Employers should provide paid sick and quarantine leave to help reduce the risk of unwitting spread.

"Ultimately, lessons learned from the COVID-19 pandemic must be taken as an opportunity to address longstanding social and racial/ethnic disparities," wrote Michelle A. Albert, M.D. M.P.H., president of the Association of Black Cardiologists, professor of medicine and director of the CeNter for the StUdy of AdveRsiTy and CardiovascUlaR Disease (NURTURE Center) at the University of California, San Francisco. "Our vulnerable interconnectedness highlighted by the COVID-19 pandemic should ignite meaningful solution-focused collaborations among community leaders, scholars and policymakers to orchestrate sustainable change aimed at addressing pervasive health care disparities."

Albert was recently awarded one of 12 fast-tracked research grants from the American Heart Association to study the effects of COVID-19 on the body's cardiovascular and cerebrovascular systems. Albert's research will focus on how COVID-19 infection impacts the cardiovascular health of African American women.

The American Heart Association's recently launched the COVID-19 CVD Registry, powered by the Association's existing Get With The Guidelines program. The registry is designed to capture multiple key data points including race/ethnicity, biomarkers, pre-existing conditions, medications, in-hospital complications, and COVID-19 treatments and outcomes. The registry will yield meaningful insights into how COVID-19 impacts cardiovascular complications and outcomes in patients with COVID-19. To-date, 58 U.S. hospitals have joined the Association's COVID-19 CVD Registry and are actively submitting data.

More information: Norrissa Haynes et al. At the Heart of the Matter: Unmasking and Addressing COVID-19's Toll on Diverse Populations, *Circulation* (2020). [DOI: 10.1161/CIRCULATIONAHA.120.048126](https://doi.org/10.1161/CIRCULATIONAHA.120.048126)

Provided by American Heart Association

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