

Penn Public Health Launches Virtual Seminar Series on COVID-19's Disproportionate Impact on Communities of Color

As the nation's death toll continues to climb to more than 1300,000 lives lost from COVID-19, a growing body of evidence shows alarming disparities in communities of color related to COVID-19 testing access, mortality rates, economic impact, and workplace safety measures, among other factors. On May 21, Penn Public Health launched a new seminar series, "Inequities and COVID-19: The Disproportionate Impact on Communities of Color." The first seminar focused on health disparities that result from structural inequities and racism, and those factors critical to advancing equity including data collection, communication, policy change, and incorporating social determinants of health into health care delivery systems.

Heather Klusaritz, PhD, MSW, Penn Public Health's Director of Community Engagement, moderated the panel, featuring: Jaya Aysola, MD, DTMH, MPH, Assistant Professor and Executive Director of the Center for Health Equity and Advancement (CHEA) at Penn Medicine; Chenjerai Kumanyika, PhD, Assistant Professor of Journalism and Media Studies at Rutgers University; and Leslie Marant, JD, Chief Counsel at the Pennsylvania Human Relations Commission.

Since the onset of COVID-19 in the US, public health practitioners have called for comprehensive data collection practices to better understand how the virus impacts various communities. As a direct response, Pennsylvania Governor Tom Wolf established the COVID-19 Response Task Force for Health Disparities, led by Lt. Governor John Fetterman and executive directors of several commissions, including Marant. She stated nearly 70 percent of the information collected from COVID-19 patients had lacked demographic data prior to Gov. Wolf's focus on more comprehensive data collection. To emphasize the importance of data, Ms. Marant pointed out that: "Data drives resources. Data drives where the messaging goes, where testing is most needed, where hot spots are. We need to disaggregate the data so we can determine where our resources should go. In a pandemic like this, equality is not necessarily the goal. Equity is the goal. We have to drive resources where they are needed."

Kumanyika is no stranger to the importance of effective communication methods to advance social justice. In addition to his scholarly work on journalism and media, he has long been heard on public radio outlets and has co-created and hosted several podcasts including Scene on Radio and Uncivil. As data continues to be collected, Kumanyika reminded attendees that it is important to understand how we message and communicate the pandemic within communities of color. "In terms of how to frame things, when you want to frame something the first thing you've got to understand is what you're dealing with. The COVID virus is biological. But the disaster that the black community is facing is political."

Kumanyika urged public health researchers and advocates to work with political and community organizers to force what he called a "black public health agenda" that prioritizes the needs of marginalized communities. "Black people in particular have very good reasons to be skeptical about authoritative health voices - . In the past and under a current administration who is forcing public health officials to sometimes disseminate bad health information. So, we have to find a way to validate people in a way. We have to find a way to not talk down to people but to say, yes, when you're skeptical there is a reason, but there are better ways to be skeptical and to think critically about these issues."

For many, data showing grave disparities in communities of color is unsurprising. Public health threats, whether natural disasters or viral pandemics, compound the longstanding social, economic, and health inequities in communities of color. After Hurricane Katrina devastated New Orleans in 2005 and ravaged local health care infrastructure, Aysola assisted in the recovery process, focusing on enhanced delivery of primary care that integrated comprehensive mental health care, and expanded health education and disease prevention services for a growing Hispanic migrant population.

15 years after Hurricane Katrina, Aysola finds herself reflecting on her experiences as a front-line responder and says there are many lessons to be learned from past crises. “There are several similarities and potential lessons worth highlighting. One that comes to mind is the impact that the Hurricane had and what it revealed in terms of populations that were historically marginalized from the health care system at-large and remain so after the storm hit. The storm merely exacerbated underlying disparities and care access and highlighted social and political forces that sets the stage for certain populations to have unequal opportunities for optimal health.”

Aysola continued with her take on lessons learned: “When I think about the best way to prepare for another crisis, part of it is discussing the upstream factors that set the stage for those inequities. And discussing them in a way that doesn’t hide behind jargon. We need to start by raising awareness and using the same language to define the problem. We often conflate ancestry, class, education, income, personal agency as the only factors that create raced-based differences in health outcomes, but we fail to discuss race-based discrimination or racism as a reason for unequal health outcomes that are not explained by those other factors. ... How do we take a step back at a time when we are not in a time of crisis, and think about ways to chip away at those factors. That is a tall order, and I think some of the more concrete things that I learned on the front lines include taking a holistic view of health.”

Aysola said it is important to listen to communities and inventory their needs through ongoing assessments. “During down times of crisis, how well do we leverage those insights to really structure ourselves to address inequities.” One example she shared is a newly established COVID-19 Social Needs Response Team (SNRT), a partnership with the Center for Health Equity Advancement (CHEA), Penn Public Health (PPH), Department of Social Work and Case Management, and Department of Psychiatry. Drawing upon experiences integrating behavioral health and primary care for vulnerable families in post-Katrina New Orleans, Aysola worked to create a program that empowers medical and nursing students to work alongside licensed clinical social workers to assist patients experiencing distress or safety concerns, or that have immediate unmet social needs. Referrals to the SNRT come from ambulatory providers, triage call centers, community-facing websites, as well as COVID-19 teams involved in reporting test results and contact tracing. The SNRT approach is grounded in crisis intervention theory, empathetic inquiry, cultural humility, strong community ties, and public health partnerships.

With this grounding in how social inequities and racism have led to the disproportionate impact on communities of color, our next seminar in the series will focus on an example of identifying resources to solve the critical problem of unequal access to testing as we have a conversation with Dr. Ala Stanford, founder of Black Doctors COVID-19 Consortium.

