

# Modern Healthcare

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## The pandemic has exposed health disparities; we need to act on these painful lessons

Lloyd Dean

Lloyd Dean is CEO of Chicago-based CommonSpirit Health.

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COVID-19 has had a devastating impact on this country. Our nation has now surpassed <sup>[L]</sup><sub>[SEP]</sub> the grim total of 100,000 deaths from the pandemic. The economy continues to suffer, <sup>[L]</sup><sub>[SEP]</sub> and healthcare workers and hospitals have endured once-unimaginable stress.

One population seems to be bearing the brunt of the disease and its impact. Across our country, a disproportionate number of people of color are contracting—and dying from—COVID-19. With each new release of incidence and mortality data by race and ethnicity, the disparities are evident—and more pronounced and disturbing.

One recent study found that counties with a disproportionate number of African American residents have accounted for more than half of all COVID-19 diagnoses and deaths nationwide. In mid-May, New York Gov. Andrew Cuomo released data showing almost double the infection and hospitalization rates in certain New York City-area ZIP codes of high African American, Latino and low-income concentration, compared with the city's general population.

Historically unfair and unjust racial and ethnic health disparities are, more than ever, life-and-death disparities. Here's why.

COVID-19's disproportionate impact on people of color turns on a long history of economic disenfranchisement and unequal access to healthcare. African Americans are far more likely to have chronic health conditions like diabetes, obesity, asthma and hypertension, which all

weaken the immune system and increase COVID-19 's lethality. Disadvantaged communities also face socio-economic inequities, magnified by COVID-19's economic impact. Massive job and household income loss means these populations face higher exposure to community transmission and are less likely to have health coverage and access to testing and treatment.

I have dedicated my career to eliminating health disparities across all vulnerable and disenfranchised populations. It has been our organization's mission to address disparities in socio-economic status, including housing status, immigration status—in fact, any “status” at all.

Many health systems are working to connect patients with community services that address housing, food, employment, insurance and other needs. Today, those costs aren't covered by private insurance, Medicaid or Medicare. I applaud HHS Secretary Alex Azar and CMS Administrator Seema Verma for their public support for developing appropriate funding models.

Without a doubt, hospitals and other service providers need all the help they can get to tackle these barriers to health.

To rid America of health disparities, as we must, we need three things: data, capacity and well-funded policy commitments.

Gathering comprehensive, national data is the essential first step. We applaud Congress for including this critical data collection of racial, ethnic and other demographic data on COVID-19 testing, treatment and fatality rates in the Paycheck Protection Program and Health Care Enhancement Act.

Then, data in hand, we must strengthen healthcare capacity in minority communities with the greatest need—such as we did with the Los Angeles Surge Hospital, a partnership between Dignity Health, Kaiser Permanente and the state of California, to treat the expected surge of patients. I applaud New York Gov. Andrew Cuomo and his two provider partners, Northwell Health and Somos Community Care, for creating more than 70 faith-based testing sites in highly vulnerable New York communities.

Most of all, we need smart, well-resourced policies to enable people of color to be safe. No one should have to choose between their health or paying the rent; between putting their family at risk or food on the table. Along with other health systems like Advocate Aurora Health and Providence, we've suspended sending patients a bill for any cost-share for all

COVID-19 tests and treatments. Patients will not receive a bill until every avenue for federal aid and financial assistance is exhausted. I urge every health system and insurance provider to do the same.

We must remember that health and social equity is everyone's responsibility. Health is not just about what happens in the hospital. Health is where you live, learn, work, play and pray—and whether you have a home, a job and the community support systems you need along with access to equitable healthcare.

COVID-19 has been devastating, but also a catalyst for action and change. It's our collective responsibility to learn from and act on its painful lessons.

### Inline Play

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