AMERICAN PSYCHIATRIC ASSOCIATION

COVID-19 Pandemic Guidance Document

HEALTH EQUITY AND COVID-19

Prepared by the APA Committee on Psychiatric Dimensions of Disaster, Council on Research, and Council on Minority Mental Health and Health Disparities

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HEALTH EQUITY AND COVID-19

Health equity derives in large part from the primary social determinants of health—community violence, poverty, limited resources, food scarcity, racism/oppression—that are unevenly distributed across the United States. The COVID-19 crisis has highlighted the profound nature of health inequity within our nation. For traditionally disenfranchised populations, the cumulative effect of deficient/inferior healthcare access, unstable or congregate housing, stigma, and long-standing higher chronic disease burden have substantially increased morbidity and mortality during the pandemic. Vulnerable groups at increased risk for negative medical and mental health outcomes during this time include racial/ethnic minorities (e.g., Hispanic/Latinx, Blacks, and Alaskan natives/American Indians), homeless individuals, incarcerated individuals, individuals with substance use disorders, disabled/elderly individuals, gender/sexual minorities, and those with serious and persistent mental illness. Quarantine conditions additionally heighten risk for intimate partner violence and child abuse or neglect, particularly among already vulnerable groups.

Insufficient resources hinder these groups from practicing social distancing, employing appropriate protective gear (PPE), or fully benefitting from an increased reliance on tele-medicine for healthcare delivery, resulting in disproportionately higher rates of infection, hospitalization, and death. Such limitations represent a specific and serious disparity that is anticipated to continue negatively impacting these populations even after resolution of the immediate crisis.

Underlying systemic racism, bias, prejudice, bigotry, and overt indifference towards medical and psychiatric care for disadvantaged populations have contributed to these inequities. Increased collaboration among health providers, social service agencies, government and community leaders, policymakers, and others during this difficult time to mitigate the influence of systemic discriminatory bias, whether based on race, socio-economic status, sex, gender identity, sexual orientation, or other minority status, would help to improve quality of life for the most vulnerable.

In this context, the following would help to address the inequities and COVID-19:

1. Government-sponsored and accessible COVID-19 testing for all, including:
    - ED/inpatient testing.
    - In-house quarantining recommendations.

2. Increased funding for public health and education initiatives that:
    - Decrease stigma and prevent ostracism of those infected with COVID-19.
    - Improve the social determinants of health for marginalized communities.
    - Strengthen engagement with marginalized communities.
    - Promote self-advocacy.

3. Identification of short- and long-term priorities for outreach efforts to assist at-risk individuals and families, such as:
    - Temporary housing/hoteling.
    - Employment/benefits/insurance.
    - Case management for serious mental illness.
    - Crisis intervention (e.g., for intimate partner violence, child abuse and neglect, suicidal ideation).
    - Inpatient to outpatient transitions.

4. Expanding the public health infrastructure and social safety net to be more effective and equitable, to include:
    - More robust paid sick and family leave.
    - Enhanced unemployment benefits.
    - Universal health care.

5. Addressing and eliminating racism in the justice system, and intrinsic bias against mentally ill and minority populations, through education and reform.

6. Reduced bureaucratic and logistical barriers to healthcare access, such as for:
    - Advocating for helplines, ED, and ICU.
    - Tele-health/Internet access.
    - Tech support.

7. Rational policies and regulations that support thoughtful, practical prescribing habits, such as:
    - Lessened liability for urgent care centers in refilling medications, including higher risk medications like mood stabilizers.

8. Addressing mistrust of the healthcare system and medical research establishment within marginalized communities due to historic misinformation/maltreatment through:
    - Collecting equity-related data in COVID-related research investigations.
    - Emphasizing information needed to serve marginalized communities.
    - Protecting personally identifiable healthcare information.

9. Ensuring that the efforts listed above should be delivered with cultural and linguistic competence, in a way that is attuned to the needs and wishes of the diverse populations served.