

# 5-Step Action Plan to Reduce Racial Health Disparities in COVID-19



Presented by **Dr. Rhonda Medows**

## ★ **STEP 1: Outreach to Communities of Color**

Providing COVID prevention outreach and care resources for communities of color now and going to local community benefits people and asking them point-blank about organizations that mainly address the needs of African Americans, Native Americans, and Latinx.

These communities are not going to just call and ask us to come because they don't think we're going to anyway. We have to pick up the phone and call; text; email; and offer the outreach to make up for the long history of not doing that. We need to tell them the reason we're calling, which is to try and get ahead of the next wave or peak of COVID-19. We also need to be patient in our interactions because many in these communities are not used to people calling and offering to help.

Outreach in every community should look like this, regardless of which health system is involved. If I were still in state government, and running the state's public health systems, I would be having the same conversations with my community and county public health directors.

## ★ **STEP 2: Increase COVID Tests in Local Communities**

The key is to go where people are, be they in the community clinics, or with church health lay leaders. At Providence, we've put COVID information and testing sites, literally a block away from protest sites. We got mobile sites and mobile vans out and reached out to our lab partners to ensure there was a sufficient supply of testing kits. We even got people — who ordinarily sit in offices — to volunteer to staff these things. The lab may have a person that they want you to use actually to administer the test. You can also teach your health professionals to do the testing. While they're doing the tests, they should also be having a conversation with the person that they're poking. Afterward, we hand them branded patient information, masks, and hand sanitizers.

## ★ **STEP 3: Confirm Improved Local Health Care Access, Such as Telehealth**

At Providence, we had 7000 primary care doctors who suddenly became telehealth doctors. We'd let patients know at our testing sites that we have telemedicine and how to access this and other resources online. It may seem like everybody should already know this information, but not everybody does. We were also able to provide information in multiple languages.

## ★ **STEP 4: Provide Antiviral Drugs Equitably to All Patients in Need**

Commitments will need to be secured from public policy, states, counties, cities, health care providers, and systems themselves. We need to make certain antiviral drugs will be available in adequate supply in all provider settings. We cannot assume that it is or that it will stay that way, especially those like Dexamethasone that have gotten all the headlines.

## ★ **STEP 5: Commit to Prioritizing Future Vaccine Use for Those at Greater Risk of Higher Mortality**

Public health experts at all levels of government and health systems are already thinking about how to prioritize who will get the first batches of the COVID vaccine once available. Unfortunately, what typically happens is we fail to prioritize and make vaccines available first to those with the highest risk because they get lost in the politics.

I propose that we consider our frontline first because we need our health professionals healthy and well to take care of people. Second, we need to learn from this first wave and prioritize certain groups of people, such as those in nursing homes and those with chronic conditions. We also need to prioritize vaccinations for populations with higher morbidity and mortality rates, including African Americans, Latinx, and Native Americans.

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Dr. Medows is President, Population Health at Providence St. Joseph Health, the nation's third-largest nonprofit health system. She's also a USofC Board Member and CEO of Ayin Health Solutions, a population health management company launched by Providence.

