

Albany Minority Health Task Force Position Paper on Racial Disparities in COVID-19

The Albany Minority Health Task Force (AMHTF) is an assemblage of professionals from the Albany community who are concerned with the health status of communities of Color within the Capital Region. Since 2005 the AMHTF has collaborated with faculty from the University at Albany to facilitate research that reflects the concerns of the local community. The members, who meet on a monthly basis, represent only themselves rather than any employers, agencies or institutions they may be associated with. The AMHTF seeks to identify health issues in communities of Color from the perspective of its members, encourage research in the community by University at Albany faculty with methods that are scientifically rigorous, culturally appropriate, and that benefits the needs of the communities, and aid in the dissemination of that research to the community. While the AMHTF is affiliated with Center for the Elimination of Minority Health Disparities at the University at Albany, the views of the task force do not necessarily represent those of the University.

The Albany Minority Health Task Force provides this position paper addressing racial disparities in COVID-19, including recommendations for short and long-term interventions, to the University, and to public policy makers and public health leaders, in an effort to improve the health of the minority community in the immediate face of the COVID-19 pandemic and address the long-standing health inequities that underlie its disparate impact on minority communities.

COVID-19 is disproportionately affecting the African American and Latino/a population. As of April 27, 2020, according to statistics compiled by the New York State Department of Health, in New York State (excluding New York City), Black Americans account for 18% of COVID-19 fatalities, double their representation in the population overall (9%), while Hispanic (Latino/a) Americans account for 14% of COVID-19 fatalities (12% of overall population). The picture is even bleaker when comparing age adjusted death rates per 100,000, with all minority groups at more than twice the rate of whites, and some groups at three times or more that rate. In New York State, we have not yet measured the disparities that may exist in access to tests, exposure, number of cases, and treatment. However, the causes of other health disparities can inform our knowledge of the inequality observed in COVID-19 fatalities.

Disparities in fatalities can be attributed to inequalities in COVID-19 exposure, pre-existing chronic health conditions, testing access, and treatment. Due to a history of socio-economic disparities and structural racism, Black, Latino/a, and Native Americans in New York State are already burdened with the underlying conditions that can increase vulnerability to COVID-19, such as hypertension, type 2 diabetes, obesity, and asthma. Black Americans are significantly more likely to be exposed to COVID-19 due to their overrepresentation in jobs that make them essential workers, require increased contact with the general public, do not permit them to telecommute, or to practice preventative measures such as physical distancing or wearing personal protective equipment. Additionally, overrepresentation in New York State prisons and U.S. Immigration and Customs Enforcement detention centers can contribute to increased exposure to COVID-19 among Black and Latino/a inmates.

Public health responses can exacerbate these disparities further if they do not prioritize the most vulnerable. Based on our knowledge and first-hand experience, the Albany Minority Health Task Force strongly advises that short-term and long-term COVID-19 interventions prioritize Black and Latino/a residents and individuals living in poverty. It is imperative that government officials take immediate actions to protect poor and minority communities in New York State, as well as long-term actions address health inequities and create a more resilient and healthy society. Toward this end, we provide the following recommendations:

- Continue to expand accessible testing in neighborhoods that rely on public transportation and face transportation challenges.

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- Prioritize testing individuals with underlying medical conditions such as cardiovascular disease, disorders of the immune system, type 2 diabetes and obesity.
- Aggressively counter misinformation and provide accurate information that is written in plain language and is easily accessible to all, including non-English speakers.
- Provide guidelines to and oversight of businesses to ensure that employees are able to practice physical distancing and/or provided with necessary protective equipment, including those in essential service positions.
- Create strategic plans to address the trauma experienced in African American, Latino/a, and impoverished communities by the COVID-19 deaths of family, friends, and community members.
- Give ongoing attention to disparities in housing, employment with livable wages, health literacy, and expansion of affordable, culturally competent health care to reduce the underlying disorders that increase COVID-19 vulnerability.
- Codify statewide health and safety emergency preparedness and response procedures that address the vulnerability of African American and Latino/a communities and individuals

The rapid spread of COVID-19 in New York State and the high proportion of deaths among communities of Color, have demonstrated how structural racism and inequality weakens our state's ability to respond to and survive a public health crisis. In rebuilding after this crisis, it is imperative that we build a more resilient society by creating policies that focus on the distribution of affordable health care, resources, income, workers' rights, and political power to disenfranchised groups - namely Black, Latino/a, and Native Americans, and the poor and disabled.