



Coronavirus Disease 2019 (COVID-19): Ensuring Equity & Talking to Communities

Office of Community Health, Equity and Wellness

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COMMUNITY HEALTH, EQUITY & WELLNESS

Who is most at-risk during this pandemic?

- People experiencing homelessness
- Lower income workers
- Elderly people aged 65+
- People with pre-existing conditions
- Incarcerated people
- People experiencing domestic violence
- People experiencing mental illness

Public health expert says African Americans are at greater risk of death from coronavirus

Take this COVID-19 as serious as a heart attack, says Dr. Georges Benjamin

- African American populations are starting out sicker with more socioeconomic barriers – making them higher risk for severe illness due to COVID-19
- Healthcare systems have not earned the full trust of African American communities due to history of discrimination and bias that often persists today
 - This can prohibit African Americans from seeking testing and care for COVID-19
- African Americans are less likely to work jobs that guarantee paid sick time and the ability to work remotely

Lower-income workers

- Many employers do not offer any or enough paid sick time or paid family leave
- Lower-income workers are less likely to have the ability to work remotely, further risking exposure to COVID-19
- Lower-income workers are more likely to be essential workers, doing jobs that allow many others to stay home and avoid large groups of people



Elderly & immunocompromised populations

- **Immunocompromised** means to have a health condition that makes the immune system less able to fight off disease
- People aged 65+ and those who are immunocompromised are more likely to become seriously ill from COVID-19
- Some conditions that may cause one's immune system to be immunocompromised are cancer, HIV/AIDS, and patients taking certain immunosuppressive drugs
- If you are elderly or immunocompromised and having any symptoms, call you doctor immediately



Fighting for equity during COVID-19

- Fight back against language of fear and othering
 - Don't further marginalize elderly, sick, and Asian populations when talking about who's at risk and who's at fault for COVID-19
- **Think first** before stating that this virus “is only dangerous for the elderly or those with an underlying condition”
 - This type of statement inherently places greater value on younger, healthier people
- Provide resources for employment, medical care, childcare, food and housing access, and more
- Ensure everyone understands the COVID-19 pandemic
 - COVID-19 resources in many languages: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html> and <https://wnycosh.org/coronavirus/>



How to talk to communities about COVID-19

Health and hygiene in communities

- Acknowledge that health and hygiene practices look different throughout different cultures.
- Acknowledge and respect that different cultures have different beliefs and understanding of how disease works.
- There might be times when information we present contradicts the cultural practices of community members.

Calling in with compassion

- Be mindful of the justified lack of trust in healthcare systems and government that exist amongst communities of color
- Don't further stigmatize marginalized populations that are experiencing stigma and discrimination due to COVID-19
 - Asian populations, communities of color
- Fights myths and misinformation without disregarding the reasons people may not trust the information coming from health professionals



Facts, Not Fear

- Stick to the facts, don't spread rumors, and avoid stigmatizing patients
- Poor information could help disease spread; good info could help halt it
- Use sources like the CDC, World Health Organization, and [Michigan.Gov/Coronavirus](https://www.michigan.gov/coronavirus) for information
- **Social stigma:** Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease.



Why is COVID-19 causing stigma?

- The stigma associated with COVID-19 is based on three main factors:
 - 1) It is a disease that's new and for which there are still many unknowns
 - 2) We are often afraid of the unknown
 - 3) It is easy to associate that fear with 'others'
- Stigma can:
 - Drive people to hide the illness to avoid discrimination
 - Prevent people from seeking health care immediately
 - Discourage them from adopting healthy behaviors

DO - Talk about the new coronavirus disease (COVID-19)

DON'T - Attach locations or ethnicity to the disease, this is not a “Wuhan Virus”, “Chinese Virus” or “Asian Virus”.

DO - Talk about “people who have COVID-19”

DON'T - Refer to people with the disease as “COVID-19 cases” or “victims”

DO - Talk about people “acquiring” or “contracting” COVID-19

DON'T - Talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.



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DO - Speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

DON'T - Repeat or share unconfirmed rumors, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

DO - Talk positively and emphasize the effectiveness of prevention measures. For most people this is a disease they can overcome.

DON'T - Emphasize or dwell on the negative, or messages of threat. Don't be dismissive towards people worried about COVID-19 or minimize the seriousness of the pandemic.

DO - Emphasize the effectiveness of adopting protective measures like staying home to prevent getting the new coronavirus, as well as early screening, testing and treatment.