Road Map Bulletin: Examining Racial Disparities in the COVID-19 Pandemic

This past Monday, the United States celebrated Martin Luther King, Jr. Day, acknowledging the incredible and inspiring life of one of the leading civil rights leaders in our country. We want to highlight a video created for MLK Day by leaders from the Black Leaders Advocating for Change and Community (BLACC) Employee Resource Group reciting Dr. King’s “I Have a Dream” speech. You can watch the video and honor Dr. King’s legacy here or by clicking below.

The recent surge in COVID-19 cases is once again challenging our nation's health care system—and here at Mount Sinai, our colleagues are stepping up to treat and care for New Yorkers every day. Your unyielding commitment to our neighbors’ health does not go unnoticed, and we want to thank everyone for their hard work as we weather this surge.
This latest wave is also a reminder of the disproportionate impact of COVID-19 on communities of color, which were hit worst and first by the pandemic. This is not a coincidence—Black, Indigenous, and People of Color (BIPOC) communities have long had unequal access to preventive care and faced worse social determinants of health, which are environmental conditions that affect health outcomes and risks.

By transforming Mount Sinai into an anti-racist institution, the Road Map will help ensure that our Health System consciously acknowledges and addresses this inequity, providing our communities with the care they need and deserve.

An important step to addressing these disparities is understanding them. Since the onset of the pandemic nearly two years ago, BIPOC communities nationwide have faced higher risks of COVID-19 infection, hospitalization, and death.

For example, according to data from New York City, the COVID-19 case rate for Latino New Yorkers is nearly 19,000 per 100,000 residents—18 percent higher than the rate for white residents.

Even worse, hospitalization rates for Black and Latino New Yorkers are nearly double those of our white neighbors.

There are many causes for this disparity. One structural factor to consider is individuals’ ability to work remotely. While many New Yorkers were able to work remotely during the pandemic, that was not an option for essential workers, from those who deliver our takeout meals and stock grocery store shelves, to our colleagues across the Health System, to those who keep our public transit system running. These workers—many of whom are people of color—risked exposure on their commutes and at work to keep critical services functioning, especially during the early days of the pandemic.

We also know that COVID-19 more often leads to hospitalization and death for patients with comorbidities like asthma and diabetes, among many others. Due to social determinants of health like proximity to highways, lack of fresh produce in food deserts, improper maintenance of residential areas, and fewer options for preventive health care, communities of color have higher rates of the underlying conditions that make COVID-19 more dangerous. Addressing these environmental and social factors will be key to providing health equity going forward and preparing our communities to fight the next health crisis that emerges.

The good news—as everyone in our Health System knows—is that vaccines and boosters substantially reduce the risk of being infected with COVID-19, being hospitalized, or dying. The bad news is that the rollout of COVID-19 testing, vaccines, and boosters has not been equitable.
Black and Latino vaccination rates still trail white vaccination rates by 10 percent or more in half of the states.

While we have made progress and the racial gap in vaccinations in our city has been narrowing, it is still significant.

This vaccination disparity can be linked to a number of factors, including a lack of vaccine sites in communities of color (especially early in the country’s vaccination efforts), inability to take time off to get vaccinated or deal with post-vaccination side effects, and some BIPOC individuals’ understandable skepticism of new medical treatments given our country’s painful and immoral history of experimenting on people of color. These issues are compounded by disinformation campaigns that remain disproportionately aimed at communities of color.

Disparities like this are what spurred Mount Sinai to establish the Institute for Health Equity Research in May 2020. The Institute’s mission is to help us all better understand and address the health issues—including but not limited to COVID-19—that plague our most vulnerable communities. The Institute is led by Carol R Horowitz, MD, MPH, Dean for Gender Equity in Science and Medicine at the Icahn School of Medicine at Mount Sinai, and Lynne D. Richardson, MD, Professor of Emergency Medicine and Population Health Science and Policy at Icahn Mount Sinai. Last October, we spoke with Lynne about the New York City Board of Health’s declaration that racism is a public health crisis.

Carol R Horowitz, MD, MPH
Lynne D. Richardson, MD

It appears that, finally, the Omicron-driven wave of COVID-19 cases may be declining, but we must remain vigilant. The reality is that while COVID-19 does not discriminate, our societal structures do—and that puts communities of color in harm’s way.
Equity must remain at the center of our response to COVID-19 and our work post-pandemic.

Join Us for an Upcoming Event

Chats for Change: Deeper Dive Series on White Supremacy Culture Characteristics: Fear — Join facilitators David Muller, MD, Dean for Medical Education, and Leona Hess, PhD, Director of Strategy and Equity Education Programs, on Tuesday, January 25, at noon to continue the discussion of racism and white supremacy culture. Examine how both use fear to disconnect us from each other across lines of race, within our racial groups, from ourselves, from the earth, and from the wisdom we carry inside us. Explore how white supremacy culture’s number one strategy is to make us afraid, and brainstorm what we can do to address this fear. Join on Zoom.