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How **Diversity, Equity, Inclusion** and the **Social Determinants of Health** Relate to the **COVID-19 Response**

by Janet B. Reid, Ph.D.

"Due to our need to focus on COVID-19, diversity, equity and inclusion will have to move to the back burner for now."

That's what the Senior Vice President of Human Resources said to her direct report, the Vice President of Diversity, Equity, and Inclusion (DEI). The VP of DEI called me wondering how, after many years of focusing on DEI, his healthcare system isn't recognizing its criticality to addressing the coronavirus pandemic. A few days later, I received a call from a senior official who leads her system's efforts in the social determinants of health (SDoH). She was similarly informed by her manager.

I reflected on this with my long-time business collaborator, Vincent Brown, CEO of V. Randolph Brown Consulting. Many of his clients were reporting the same. We concluded that some deemphasis might emanate from the still too common belief that DEI and SDoH are "programs" which are expendable in a crisis like this one. Our contrasting belief is that DEI and SDoH are "mindsets," not expendable checklist items. Instead of being the eleventh thing to do on a top-ten priorities list, they are the way the ten are best approached. The virus is spread by people interacting with others who are like and unlike themselves. Where there are people interactions, DEI is involved. It is spread throughout neighborhoods, communities, cities and states. This means SDoH is involved. To abate this epidemic, one must consider DEI and SDoH questions and solutions. It's certainly not a time for their deemphasis.

Since all people are vulnerable to the coronavirus, we must recognize that if one population set or geographic location is not properly focused on, the consequences impact everyone. The disease operates "inclusively" and directly or indirectly touches every aspect of humanity. In early 2020 many Americans missed this point. To some, the coronavirus was an interesting story about an unfortunate circumstance in a city near the middle of China—but it was irrelevant to health in the United States. Soon after, despite clear evidence of the spread to other regions in the world, many were not concerned because it was affecting countries other than our own. Now, we better understand global connectedness. As we seek solutions, we must know that fighting an "inclusive" virus like COVID-19 requires inclusive thinking.

On a positive note, there are examples of DEI being practiced spontaneously. There is increased communication, and, in some cases, collaboration between the public and private sectors. One encouraging result is the private sector's conversion of manufacturing facilities to produce needed supplies. In some cases, healthcare systems that typically compete are working together with city and regional officials to prepare for the overflow of patients and the distribution of supplies. Some new and highly effective cross-functional teams are being formed within healthcare systems. Some neglected neighborhoods are becoming a new focus for the previously uninvolved, resulting in a deeper understanding of the many tenets of SDoH: income/employment, education, childhood trauma, chronic stress, environmental quality, access to healthcare, demographics, etc. These types of actions should be acknowledged as acting with both the DEI and SDoH mindsets.

Below are a few examples of DEI and SDoH related COVID-19 questions that healthcare systems should consider. Each system should create their own unique set.

1. Access to Testing and Care:

- Some drive through testing centers are being constructed.
  - Are they accessible to people with the greatest need? Are they able to be quickly moved if necessary?
  - Are there easily accessible testing alternatives for those without cars? Can a system's existing mobile screening vans be repurposed for virus testing?
- Some public transportation routes and schedules are being altered due to fewer riders.
  - How do the alterations impact access to primary care or EDs?
  - Could some public transportation vehicles be repurposed to increase healthcare access?
- Are decisions about whom to test or send home carried out equitably for different people presenting with the same symptoms? Are some being misdiagnosed because of under-testing? Are

measures in place to eliminate potential healthcare disparities?

2. Palliative, Hospice and Family Care:

- » Technology is being utilized to connect loved ones with those who are sick and dying. What can be done for families without access to cell phones, laptops and tablets?
  - › Can electronic equipment temporarily be made available?
  - › Can families share comforting thoughts in other ways?
  - › In geographies without shelter-in-place mandates, can transportation alternatives be created?
- » Is there a large and diverse enough set of spiritual and religious leaders to cover the needs of all patients and families?
- » Are translation services adequate to communicate delicate and complicated COVID-19 issues so that patients and families can make the best decisions?
- » What kind of support is there for those providing palliative, hospice and spiritual/religious care?

3. Working from Home:

- » Are flexible hours or other alternatives being used to connect to the workplace?
- » What considerations should be given to those who have special-needs family members, elders and children within their workplace?
- » Are they equipped to address workers in distress?
- » Is COVID-19 spoken about in terms that don't perpetuate stereotypes or foster unhelpful and negative narratives?
- » How might working from home impact an employee's ability to maintain his/her previous quality and quantity of output? Will there be performance evaluation repercussions?
- » Are managers receiving coaching on how to effectively conduct remote meetings? Are they equipped to address workers who are in distress? What skills are needed to compensate for not being able to read an employee's body language?
- » Are there opportunities for workers to express their feelings about the new reality and get helpful information?
- » Are there health and safety guidelines for those who live in crowded or multi-family households where some members' jobs put them in close contact with the general public?

4. Furloughs, Lay-offs, Downsizings:

- » How can these actions be done equitably with no unnecessary disproportionate impacts on certain demographic groups?
- » How will the resulting under/unemployment and the lack of healthcare insurance impact the SDoH?
- » Are there re-training and re-hiring possibilities for workers whose jobs won't return?

5. People Without Permanent Housing and Those in Unfavorable Domestic Situations:

- » How can people without permanent housing be informed, and their healthcare needs properly addressed? Where can they get protective gear such as face masks? How can social distancing be accommodated in their living circumstances?
- » Unfavorable domestic situations can be exacerbated by shelter-in-place orders. Are there ways to deliver needed information or aid to victims who are now living in constant close proximity to their abusers?

In these unprecedented times, we will learn more about how critical DEI and SDoH are to all aspects of healthcare. Let's ensure that these lessons continue to be applied in the future.

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