COVID-19 Widening the Health Care Disparities Gap in the Central Valley

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The coronavirus pandemic has created new barriers as it relates to healthcare, such as limited office hours or delayed visits and procedures, which can lead to foregone healthcare. For many in the Valley, difficulty accessing the healthcare system, and the increased burden of illness that ensues, is not something new. This complex, multi-factorial construct, known as healthcare disparities, is the result of differences in health insurance coverage, access to healthcare and variances in healthcare quality across certain racial, ethnic and socioeconomic groups.

Healthcare Disparities and Social Determinants of Health

Although these disparities refer to differences in healthcare between groups, these differences are not necessarily the result of health needs, treatment recommendations or patient preferences. There are individual, societal and environmental factors that play crucial roles, and are closely linked with healthcare disparities. These factors are known as social determinants of health and include the patient’s economic stability, the physical environment, level of education, degree of food security and access to healthy food options, community and social context in which they live, as well as the healthcare system itself. For example, a patient may want to exercise and make healthy food choices as part of their plan to control their diabetes and hypertension. However, they live in a food desert, in a neighborhood without sidewalks, without access to a gym or green space. In addition, taking even one day off from their minimum wage job places their financial stability at risk. Irrespective of their desires to live a healthy lifestyle, they are unable to follow through with the plan.
Health Care Disparities and COVID-19

Then comes the pandemic

- Frontline workers are at increased risk for contracting coronavirus, as they do not have the option to work from home and often work in close quarters with others. For those essential workers living paycheck to paycheck, a day off to visit the doctor could be financially devastating, let alone two weeks without work.

- Telehealth appointments, which seem convenient, may pose financial stress or even be impossible depending upon access to updated devices, wifi, internet speed or broadband services in our remote geographic areas.

- Student access to virtual education has faced similar technological challenges, widening any educational gaps that may already exist. For households where English is not the primary language, older children may serve as the primary teachers for younger siblings.

- Families who, for financial or cultural reasons, live in multi-generational housing are less likely to be able to physically quarantine are at higher risk for spread within the household.

- School and day care closures have left working-parent households reeling, without childcare or relying on extended family and neighbors for care and educational support.

- For many underrepresented groups, there is historically legitimate reason for distrust in doctors and healthcare. The constantly changing coronavirus landscape, and often conflicting statements surrounding the disease, have increased fear and distrust for some individuals.*

Awareness that these disparities exist is only the first step toward closing these gaps. Taking the time to recognize the barriers families face, how these have been complicated due to the pandemic and working with families and within our larger systems will help mitigate the health and healthcare disparities, and positively impact the overall physical, social and mental health status and quality of life of our patients and families.

*The effects of COVID-19 are not limited to the bullet points