A Resolution to Promote Equity and to Reduce Differences in Outcomes of Health related issues

Whereas, the need for the nation to move forward on improving equity in health care is demonstrated by the disproportionate impact that certain diseases have had on racial and ethnic minoritized communities; and

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Whereas, the COVID-19 pandemic has revealed starkly the disproportionate impact of the virus on such communities. The AMA testified before the U.S. House Ways and Means Committee that: "The causes of the disproportionate impact are rooted in this country's historical and structural racism and the social, economic, and health inequities that have resulted, and continue to result in, adverse health outcomes"; and

Whereas, although data is incomplete as of this writing, it has been reported in the on-line publication "Salud America" (10/1/21)t hat numerous governmental agencies have compiled the following information:

Black Americans are dying at nearly two times their national population share, and in five out of the six counties with the highest COVID-19 death rates, they are the largest racial group, according to the COVID Racial Data Tracker.

The Latinx community accounts for 49% of Virginia's COVID-19 cases where ethnicity is known despite accounting for only 10% of the state's population. Similarly, in Iowa and Wisconsin, the COVID-19 infection rate for Latinx individuals is five times their population share.

American Indian/Alaska Natives are also disproportionately affected, and American Indians account for 60% of COVID-19 cases in New Mexico where they are only 9% of the state's population, and 21% of COVID-19 deaths in Arizona where they are just 4% of the population.

Whereas, the testimony cites three key factors why Communities of color are at higher risk for COVID-19:

1. Structural inequities and social determinants of health ("SDOH") that are influenced by bias and racial discrimination. Essential non-health care jobs,

such as bus drivers, train operators and custodians, are overrepresented by communities of color.

2. Pre-existing conditions, such as diabetes, hypertension and obesity are disproportionately higher among African Americans, in large part due to generations of food insecurity, lack of access to comprehensive medical care, and lack of access to safe green spaces for exercise and play.

3. "Additional SDOH considerations have also contributed to the disproportionate impact of COVID-19 on marginalized and minoritized communities, including poverty, lack of access to health care, nutritious food, affordable housing, and accessible transportation, as well as congregate living with multi-generational family members and the fact that many people of color work 'essential' jobs that increase their exposure to the virus, such as in meatpacking plants, warehouses, supermarkets, hospitals, and nursing homes">

Whereas, more than 28% of people diagnosed with COVID-19 in the U.S. are Hispanic, but the effect of COVID-19 on this community has not been widely studied the testimony states, quoting Aletha Maybank, M.D., MPH, chief health equity officer and group vice president of the AMA; and

Whereas, to promote equity and to reduce differences in health outcomes, it is suggested that Congress adopt legislation to advance the following policies:

1. Address implicit bias and unconscious bias in the provision of health care. These biases are learned stereotypes that are automatic, unintentional, deeply engrained, universal, and able to influence behavior.

2. Address challenges related to data collection. Without improvements in data collection at all levels of government, it is difficult to know where virus "hot-spots" are occurring, and where testing and other resources need to be focused. H.R. 6585, the "Equitable Data Collection and Disclosure on COVID-19 Act of 2020," which would require the Health and Human Services Department to collect and report racial, ethnic, and other demographic data on COVID-19 testing, treatment, and fatality rates.

3. Address SDOH. Social risk factors, such as lack of access to health care, nutritious food, affordable housing, and accessible transportation, must be addressed beyond just the parameters of the pandemic. H.R. 4004, the "Social

Determinants of Health Accelerator Act," is aimed at providing local communities with the funding and planning tools to implement solutions to the SDOH.

Therefore be it resolved that this 155th Annual Convention of the Episcopal Diocese of Long Island hereby encourages that Congress adopt the aforesaid policies that would serve to promote equity and to reduce differences in health outcomes: address implicit bias and unconscious bias; address data challenges; address Social Determinants Of Health; and invest in professional diversity; and be it further

Be it further resolved, that this 155th Annual Convention of the Episcopal Diocese of Long Island adopts the aforementioned resolution and hereby directs the Secretary of this Convention to forward this resolution to the Secretary of General Convention of The Episcopal Church as a duly authorized resolution from this Diocese.

Submitted by:
The Rev. Sheldon N.N. Hamblin, Rector, St. Paul's Church in the Village of Flatbush, Brooklyn, NY
The Rev. Canon Dr. Lynn A. Collins, Rector, St. John the Evangelist, Lynbrook, NY
The Rev. Landon Moore, Priest-in-Charge, St. George's, Bedford-Stuyvesant, Brooklyn, NY
The Rev. Kassinda T. Ellis, Rector, St. Joseph's, Queens Village, NY
The Rev. Donovan I. Leys, St. Gabriel's Church, Prospect Lefferts Gardens, Brooklyn, NY
Mrs. Darleyne E. Mayers, Warden, Church of the Transfiguration, Freeport, NY
Mr. Edward F. Barrow, Warden, St. Paul's Church in the Village of Flatbush, Brooklyn, NY