

The Center for Better Health and COVID-19's Lessons for Achieving Health Equity

By Lynn Todman, PhD, Vice President of Health Equity

The COVID-19 pandemic has been a painful experience for our nation. It has shown us the deep and widespread health issues that trouble many of our communities of color.

As Brookings Institute scholar Dr. Stuart Butler details in his [recent JAMA article](#), COVID-19 has “underscored the deep inequities in our health care system.” An unfair and inequitable health care system was not news to communities of color – but thanks to COVID, it is now recognized as an undeniable reality and one which must be addressed.

Dr. Butler outlines four takeaways from the lesson of COVID-19 on our nation. The Center for Better Health in Benton Harbor, Mich., established in November 2020 and funded by the CARES Act addresses two of the most important lessons:

Lesson 1: Provide Health Services Where People Are

The center provides health screenings, health education, legal and social navigation supports, at 100 W. Main St., right in downtown Benton Harbor. Free COVID-19 testing is offered in the parking lot of Benton Harbor High School, a location that is known and accessible to many Benton Harbor residents.

By bringing the center to the people, we have helped remove some of the transportation issues and mental barriers associated with getting care on “the other side of the river” in St. Joseph, where the main hospital is located.

Lesson 2: Focus on Improving Interracial Communication

Recognizing the need for clear and relevant communications between the health system and Benton Harbor's community, we partnered with cultural translators to figure out messaging that would reach and sit well with the community. We partnered with local pastors, college students, community organizers, local businesspeople, and other “influencers” to distribute important health messages. We used innovative social media techniques, including hip-hop videos to reach younger audiences, while still employing traditional media to reach other key audiences.

Health communications can no longer be viewed as a one-way transaction from the health system to the community. To effectively communicate with community members, the health system must be in relationship with the community and support community ideas and insights into how best to deliver important health information. Health communications must leverage peer-to-peer influence to effectively inform community members.

Read more about Dr. Butler's ideas below:

Four COVID-19 Lessons for Achieving Health Equity

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The coronavirus disease 2019 (COVID-19) pandemic has underscored the deep inequities in our health care system. The disproportionately high levels of COVID-19 [cases, hospitalizations, and deaths](#) among non-White racial groups reflect poorer [underlying health](#), housing, and job conditions among these minority groups, as well as an inequitable distribution of health resources and persistent gaps in insurance coverage.

The basic disparities in coverage and resource allocations obviously need to be addressed to achieve a more equitable health system in the US. But COVID-19 also has provided many other lessons about our health system that need to be taken to heart. Even with a rebalancing of spending, it is essential to respond to such lessons to create a more equitable and effective system. Consider just 4.

Lesson 1: Provide Health Services Where People Are

The COVID-19 pandemic has made it very clear that for households in underserved communities and for those least connected to health resources, it is critical to take services to people rather than always expecting people to travel to obtain them. That is why it is so important to decentralize care by building up the infrastructure of health services within underresourced communities. One component of this would be to expand the network of [community health centers](#) that serve people in their own neighborhoods. It is also important to expand opportunities for health services to be delivered within the local institutions that people frequent, not just in shopping centers but also by such steps as creating miniclinics within [housing complexes](#) and expanding the [role of school-based clinics](#).

Lesson 2: Focus on Improving Interracial Communication

Public health officials have faced serious challenges in encouraging good health practices and timely care during the pandemic. Poor communication and distrust between physicians and patients are factors and, for health care encounters generally, they lead to poorer health outcomes. The suspicion among Black individuals regarding a COVID-19 vaccine has [deep historical roots](#). But more generally, insensitive or awkward interracial communication in health care is an impediment that disproportionately affects [Black individuals](#) and other minorities, and appears connected to differences in such areas as [pain management](#) and perhaps even [birth outcomes](#).

There are strategies for improving trust and effective communication. Teaching better communication skills to physicians and nurses is one strategy. But another technique is to use intermediaries essentially as cultural translators. City Health Works in New York City, for instance,

has a team of community “[health coaches](#)” who build trust and better communication between health professionals and patients. Some local institutions could also play this role. Barbershops, for instance, have a unique social role in the Black community, and some barbers have been [recruited and trained](#) to engage their clients in conversation about men’s physical and mental health and link them to necessary care.

Lesson 3: Strengthen the Caregiving Workforce for Older Adults

Infections introduced into nursing homes by caregiving staff appear to be an important element in the COVID-19 [perfect storm](#) that engulfed these facilities. The [characteristics of the caregiving workforce](#) increased the risk of virus transmission. A high proportion of caregivers, for example, are themselves at high risk. They work multiple jobs and often take public transportation to work, and almost half live [close to the poverty level or below](#). The health and socioeconomic conditions of the staff at most nursing homes and in home-based caregiving systems are a microcosm of the gaps and weaknesses in the health system.

COVID-19 drew attention to the caregiver workforce and has reinforced the importance of [improving the conditions](#) and skills of professional caregivers for the benefit of residents as well as the staff. One needed step is to increase Medicaid and other payments to make possible improved pay levels and to attract staff with higher skills. Another is to revamp the training and regulation of caregivers, which varies widely among the states in both scope and intensity. It will be impossible for the US to have effective care for older adults without these and other reforms for the workforce.

Lesson 4: Say Goodbye to Employer-Sponsored Insurance

For millions of families, the COVID-19 shock of losing employment has been compounded by the temporary or permanent loss of health insurance. The profound weakness and inequities of insurance linked to the workplace have become very evident thanks to the economic effect of COVID-19. This unique feature of the US system, encouraged by the [tax-free status](#) of the part of compensation allocated to health insurance, did help over many decades to expand coverage among working families in the US. But for those who do not work for employers offering insurance or are only loosely connected to the full-time workforce—such as part-time workers, seasonal, and retail workers as well as workers in the gig economy—employment-based insurance is rare. And even when employer-sponsored insurance is offered, their share of the cost for buying family coverage for themselves and their dependents is prohibitive for many workers. It is not surprising, then, that the rate of doubt is highest among groups, such as Black and Latino individuals, whose employment often does not provide affordable employer-sponsored insurance.

The COVID-19 experience should spur a long-overdue reassessment of employer-sponsored insurance for working families. The Affordable Care Act exchange plans and subsidies were a major step forward and created a more affordable and available alternative for millions of families. But current law [prevents workers](#) with the offer of employer-sponsored insurance that meets federal requirements from choosing a subsidized Affordable Care Act alternative, even if that alternative is much more affordable. At the very least, that firewall needs to be removed as President-elect Joe Biden [proposed](#). If tax benefits and subsidies generally were unconnected to the place of work, the double whammy of a lost job and lost health coverage would end.

COVID-19 has taught us many lessons about public health and the transmission of disease. It has also shed a stronger light on the deficiencies and inequities in the US health system. As efforts to combat the spread and effect of COVID-19 continue, it will be important to also address the many lessons it has taught lawmakers about these fundamental weaknesses of the system.

Article Information

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