Letters to the Editor

Focusing on Vulnerable Populations During COVID-19

To the Editor: We have seen during prior pandemics that vulnerable populations are at a higher risk for presenting with more severe illness. Despite these lessons, we in medicine continue to face incredible challenges protecting the most vulnerable; we are seeing these same inequities during COVID-19. There are many vulnerable groups, including but not limited to racial/ethnic minorities, children, the elderly, immigrants/refugees, those who are socioeconomically disadvantaged, disabled, underinsured, from rural communities, incarcerated, facing domestic violence, LGBTQ+, and with certain medical conditions (e.g., severe mental illness). And, although African Americans are disproportionately affected by COVID-19,[1] data on race are still vastly underreported.[2] In addition, the effects of stay-at-home orders put essential workers, who are lower-wage earners and unable to work from home, among the most vulnerable.

We need an immediate call to action to protect the most vulnerable from COVID-19, and we must apply the lessons learned from previous crises, such as Hurricane Katrina, using a patient-centered framework. We cannot wait to study these effects until after the damage is done. Social care should be better integrated into health care for vulnerable populations to connect them with needed social and economic services[3] through interventions such as:

• Disseminating cultural and linguistically concordant educational materials via email, social media, and phone;

• A phone hotline for the community to ask questions and connect with services, including legal aid during this crisis;

• Public and private industry partnerships to provide free/subsidized phone, Internet, and broadband, which are essential for distance learning, remote working, and telehealth;

• Food delivery programs for low-income COVID-19-positive populations and others in quarantine and at risk of food insecurity during this time of social distancing; and

• Leveraging and employing current technologies, such as geospatial mapping and/or predictive modeling at the zip code level, to determine COVID-19 hotspots to target for intervention and better understand at-risk populations.

Inequities further exacerbate the impact of COVID-19 on vulnerable populations. We can turn the tide and use this moment to improve the lives of these patients. It is both morally right to advance health equity among vulnerable populations and essential to protect the health of the public.

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